



D.I.S.Ch.A.R.G.E.

Antibiotics: FACTS AND SOLUTIONS



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How to improve antibiotic prescribing at hospital discharge.

Default orders and order sets

- Consider use of default transitions from IV to oral and recommendations within computerized order-entry to improve early transition to appropriate oral therapy (which can then be continued on discharge)
- Make sure default orders and order sets recommend guideline-appropriate antibiotic choice and duration

Incentivize

- Consider incorporating discharge antibiotic metrics into quality or compensation targets

Discharge Summary

- Require documentation of total antibiotic duration in discharge summary
 - Consider enforcing this rule by using smart phrases with hard stops for antibiotic duration in the discharge summary
 - E.g.: To treat (disease), Mr(s) X will continue (abx name) for X additional days, for X days total.

Checklist

- Use an antibiotic checklist at discharge to evaluate and ensure antibiotic appropriateness

Audit and Feedback

- Audit and provide feedback of discharge prescriptions (e.g., pharmacists or stewardship team, performance review, quality compensation targets)

Review: Incorporate antibiotic appropriateness into discharge review process using different members of the care team

- For example
 - With pharmacists (when reviewing or filling discharge medications)
 - With bedside nurse (when reviewing discharge medications)
 - During multidisciplinary/discharge rounds

Guidelines

- Make sure your institutional guidelines include oral antibiotic recommendations for discharge for common infections (e.g., pneumonia, urinary tract infection)
 - Prioritize non-fluoroquinolone antibiotics in guidelines
 - Recommend alternatives to fluoroquinolone antibiotics when possible
 - Provide a recommendation for appropriate duration for different disease states (e.g., 5 days for community-acquired pneumonia), making sure that total duration includes effective inpatient therapy

Educate providers on guidelines and discharge recommendations

- Formal lectures to residents, physicians (e.g., hospitalist, ID, ED), APPs
- Consider using pocket card
- Consider the use of multiple ways to post guidelines (e.g., websites, apps, printed books)

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