

**ATRIUM HEALTH FLOYD
PATIENT CARE SERVICES**



TITLE: De-Escalation of Broad Spectrum Antibiotics	Policy No.: AHF PCS-06-062
Purpose: To prompt the clinical evaluation for the need of two or more antibiotics (broad-spectrum antibiotic coverage) on inpatients after 72 hours when more diagnostic information is available to decrease unnecessary antibiotic exposure and the development of resistance.	Developed Date: 5/2017 Review Date: 4/18, 12/20, 2/22 Revised Date: 11/22 Review Responsibility: Pharmacy Directors, Senior VP; Chief of Patient Services, Administrator/CNO, Infectious Disease Physician, Clinical Pharmacy Coordinator, Pharmacy and Therapeutics Committee, Antimicrobial Stewardship Team, Executive Committee of the Medical Staff
Expected Outcomes: Prompt review (antibiotic time-out) and limit the use of unnecessary antibiotics to decrease toxicity and the development of resistance.	
Reference Standards: MM.09.01.01	

POLICY

The focus of de-escalation is based on the availability of microbiology results around the day 3 therapy point. The empiric antibiotic(s) may be stopped or reduced in number and/or narrowed in spectrum.

PROCEDURE

ACTIONS	KEY POINTS
1. The Antimicrobial Stewardship Pharmacist (or designee) will monitor daily alerts to assist with de-escalation generated in EPIC.	1. The goal in reviewing EPIC's customized alerts is to identify and review patients with opportunity for de-escalation, including those who have received two or more antibiotics for at least 72 hours. If the patient is in the ICU on two or more antimicrobials for > 72 hours, an antimicrobial stewardship or critical care pharmacist may contact the attending to request consideration of an ID consult if continued broad-spectrum therapy is ordered without a planned length of therapy noted by the ordering physician in the progress notes.

ACTIONS	KEY POINTS
<p>2. AH Floyd Medical Center: After an alert fires, the Antimicrobial Stewardship Pharmacist (or designee) may send a communication in Secure Chat in EPIC to the attending physician to notify them that 72 hours of broad-spectrum coverage has been administered.</p> <p>AH Floyd Polk Medical Center: After an alert fires, the pharmacist will notify the prescriber that 72 hours of broad-spectrum coverage has been administered.</p> <p>Antimicrobial used for Indications not related to infection will be excluded – such as rifaximin for hepatic encephalopathy or erythromycin for gastroparesis).</p> <p>3. Upon receipt of the message in EPIC, the physician/prescriber will respond to either:</p> <ul style="list-style-type: none">A. Continue current antimicrobial therapy with no changes;B. Discontinue certain antimicrobials now or at a specific future date; orC. Replace certain antimicrobial(s) with a more narrow-spectrum agent. <p>4. Once the physician/prescriber responds in Secure Chat or via phone call, the Antimicrobial Stewardship Pharmacist (or designee) will document physician/prescriber responses and track treatment changes in EPIC.</p>	<p>2. This message prompts a “time out” for the attending physician to evaluate the antimicrobials to eliminate unnecessary broad empiric antimicrobial coverage.</p> <p>3. The physician/prescriber response is vital to the utility of the time out process in evaluating the need of de-escalating unnecessary broad-spectrum therapy.</p> <p>By knowing the specific organism(s) and the sensitivity profile(s), more narrow-spectrum therapy can be implemented, and the duration of therapy should be stated.</p> <p>4. Reports of antimicrobial de-escalation will be presented at the Antimicrobial Stewardship Team meetings for review and implementation of program improvements.</p>