**TITLE:** De-Escalation of Broad Spectrum Antibiotics

**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.

**Policy No.: AHF PCS-06-062**

**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**

1. The Antimicrobial Stewardship Pharmacist (or designee) will monitor daily alerts to assist with de-escalation generated in EPIC.

**KEY POINTS**

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.
<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>KEY POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. AH Floyd Medical Center:</strong> 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.</td>
<td>2. This message prompts a “time out” for the attending physician to evaluate the antimicrobials to eliminate unnecessary broad empiric antimicrobial coverage.</td>
</tr>
</tbody>
</table>

**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.

Antimicrobial used for Indications not related to infection will be excluded – such as rifaximin for hepatic encephalopathy or erythromycin for gastroparesis).

3. Upon receipt of the message in EPIC, the physician/prescriber will respond to either:
   - A. Continue current antimicrobial therapy with no changes;
   - B. Discontinue certain antimicrobials now or at a specific future date; or
   - C. Replace certain antimicrobial(s) with a more narrow-spectrum agent.

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.

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.

   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.

4. Reports of antimicrobial de-escalation will be presented at the Antimicrobial Stewardship Team meetings for review and implementation of program improvements.