

**POLK MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES**



TITLE: De-Escalation of Broad-Spectrum Antibiotics	Policy No.: P-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: 7/2017 Review Date: 7/2020 Revised Date: 1/2018
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.	Review Responsibility: CNO, Director of Pharmacy, Antimicrobial Stewardship Team, Pharmacy and Therapeutics Committee, Executive Committee of the Medical Staff
Expected Outcomes: Prompt review and limiting the use of unnecessary antibiotics to decrease toxicity and the development of resistance.	
Reference Standards: MM.09.01.01	

Procedure

ACTIONS	KEY POINTS
<p>1. The pharmacist will monitor daily for the Poly-antibacterial de-escalation alerts as well as the Broad-spectrum antibacterial de-escalation alerts generated in the Theradoc system.</p>	<p>1. The Poly-antibacterial de-escalation alert identifies patients who have received two or more antibiotics for at least 72 hours. The Broad-spectrum antibacterial de-escalation alert identifies patients receiving broad spectrum antibacterial therapy of more than 72 hours. It currently takes up to 72 hours after cultures are collected for the microbiology department to have the organism identified and the final sensitivity reports available for physician review. Once this information is available, physicians have key information to tailor the antibiotic regimen for the organism and infection type.</p>

ACTIONS	KEY POINTS
<p>2. After the alert fires, the pharmacist will verbally notify the practitioner that 72 hours of broad-spectrum/poly-antibacterial coverage has been administered. Antimicrobials used for indications not related to infection will be excluded (such as rifaximin for hepatic encephalopathy or erythromycin for gastroparesis).</p> <p>3. Upon verbal notification from the pharmacist, the practitioner 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 practitioner has been notified, the pharmacist will document the practitioner's response and track treatment changes in the Theradoc System.</p>	<p>2. This notification will prompt the attending practitioner to evaluate the antimicrobial(s) and to eliminate unnecessary broad/empiric antimicrobial coverage.</p> <p>3. The practitioner's response is vital to the utility of the process in evaluating the need of de-escalating unnecessary broad-spectrum/poly-antibacterial 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 and quarterly at the P & T Committee meetings for review and implementation of program improvements.</p>