



## Preferred Antibiotics in Primary Care

In many cases in Primary Care the **Preferred Antibiotic is No Antibiotic**

See [www.antibioticprescribing.ie/](http://www.antibioticprescribing.ie/) Below are the preferred first line treatment choices when antibiotics are indicated and which antibiotics we should reduce the use of, to minimise resistance.

Respiratory Infections (upper and lower)	Urinary Tract Infections	Soft tissue infections – cellulitis, acne
Penicillin V (phenoxymethylpenicillin) Calvapen®	Trimethoprim	Flucloxacillin
Amoxicillin	Nitrofurantoin	Doxycycline
Doxycycline	Fosfomycin	Lymecycline (Tetralysal®)
Amoxicillin and Clarithromycin if Community Acquired Pneumonia (CAP)	Cephalexin	Trimethoprim
Clarithromycin if true penicillin allergy or specific clinical indication		

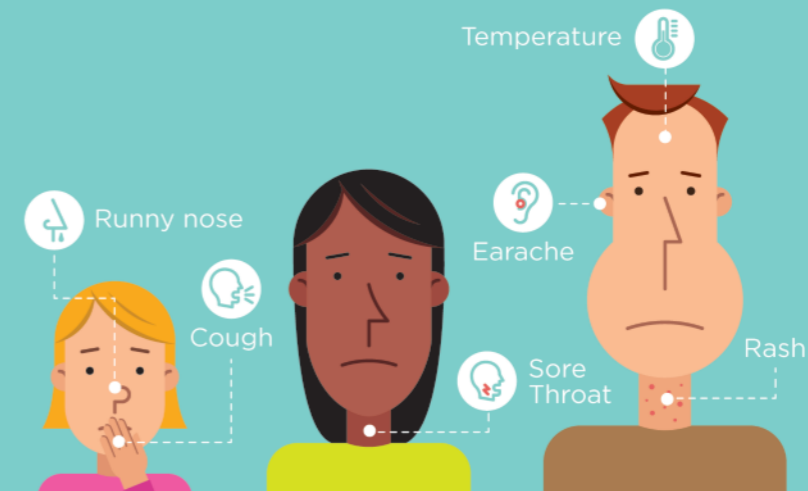


## Antibiotics to be avoided First Line in Primary Care

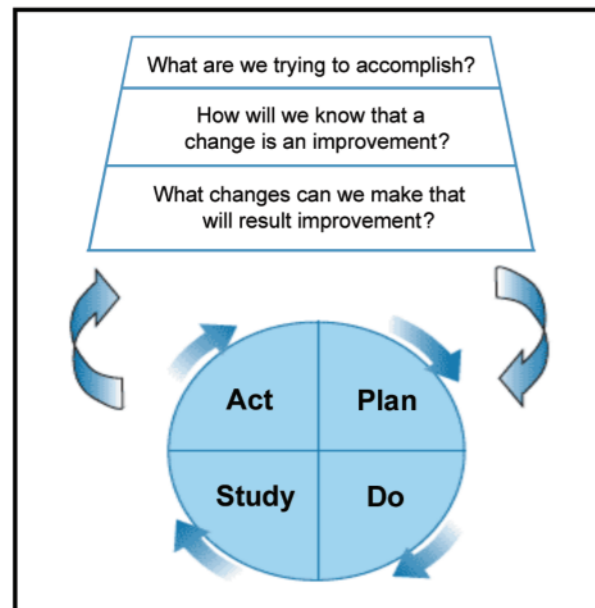
Co- amoxiclav (unless animal or human bite, facial cellulitis, post partum endometritis, caesarean wound infections, pyelonephritis)	Azithromycin – only on advice of consultant or if treating STI
Ciprofloxacin (only in proven resistant UTI or acute prostatitis)	Moxifloxacin – only on consultant advice
Most third generation cephalosporins	Macrolides (unless TRUE PENICILLIN ALLERGY or specific indication e.g. mycoplasma, helicobacter eradication)
Clindamycin	

Out of Hours Antibiotic Stewardship Improvement Project  
DDoc North Dublin and Southdoc Cork  
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## Demonstrating Quality Improvement in Action: Audit Tool

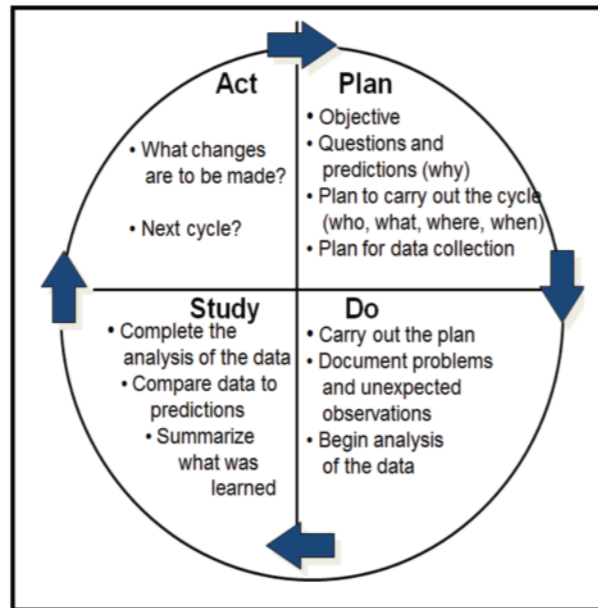


## Model for Improvement



You now have also completed several **Plan Do Study Act** cycles too!

## Plan Do Study Act (PDSA)



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All materials are also available on [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)

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## Demonstrating Quality Improvement in Action: Audit Tool

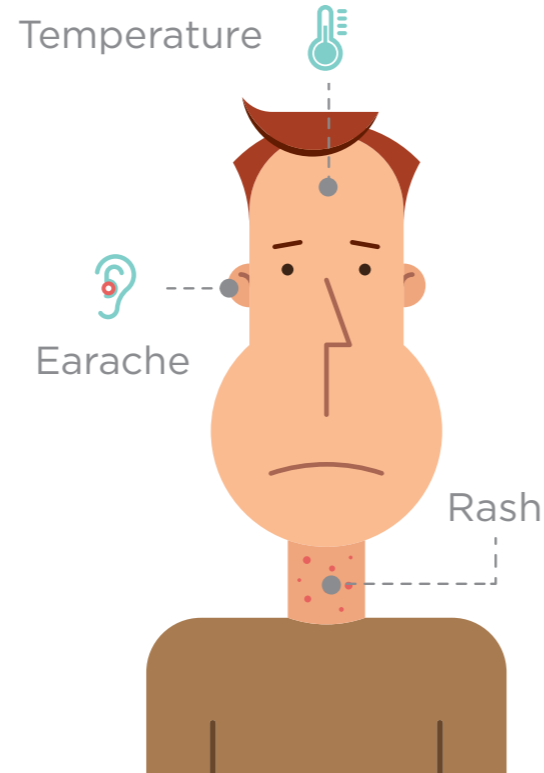
You can demonstrate improvement by using a simple antibiotic prescribing audit (page 2) to show policy in action.

You can use this rapid cycle analysis audit tool to show compliance with recommended preferred antibiotics – repeat it once a month for 4 cycles to demonstrate Quality Improvement over time.

You could show reduced e.g. co amoxiclav, quinolone, macrolide use as a % of your overall prescribing.

By using the audit tool you will have a measure of how compliant you are with recommended preferred antibiotics. Then use the model for improvement and PDSA (Plan, Do, Study, Act) methodologies to help you make small continual changes to improve your practice.

By re-measuring using the audit tool you can check for improvements in your practice.

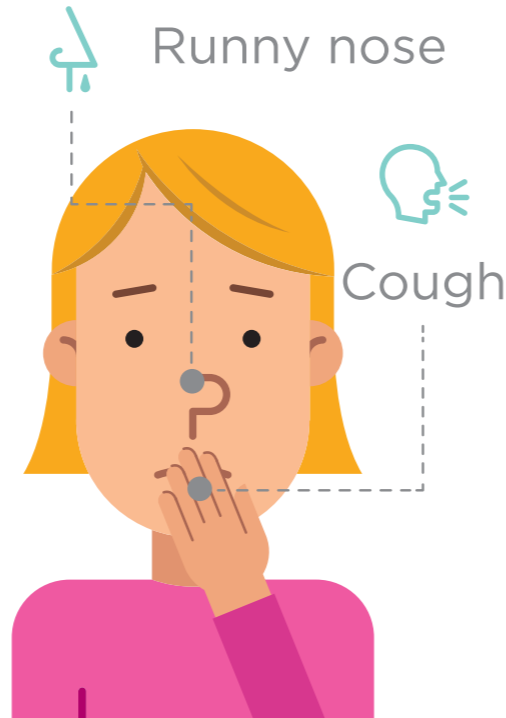


## Simple personal rapid cycle analysis preferred antibiotics audit tool

	Antibiotic Name	Condition	Age	Dose	Duration	Preferred	Justified	Correct	Comment
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

## Instructions on how to use the audit tool

1. Take 10 consultations where you prescribe an antibiotic. During the consultation record columns 1-5 without consulting any resource i.e what you usually use in this clinical situation.
2. Set aside sometime, open up [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie) and fill in the rest of the columns.
3. Score your self as % preferred antibiotics used, % overall correct i.e you can justify using "red" antibiotic and why.
4. Document what you learned e.g must use 7 day course for UTI pregnancy, my first line for condition x was incorrect.
5. Set a target /goal /QI improvement e.g. I seem to use a lot of macrolides that are not justified. Can I reduce this?



## Ask yourself: –

- What were your results?
  - Is there room for improvement?
  - How will I know a change is an improvement?
  - What changes could I test?
- \*\*Repeat the audit after your change to check for improvement.

## Remember:-

- Co-amoxiclav is not a recommended first line choice except for facial cellulitis, animal and human bites, post-partum caesarean wound infections or endometritis.
- True penicillin allergy is uncommon – keep macrolides, clarithromycin and azithromycin for when clinically indicated. There is serious potential for drug interactions with statins and drugs which prolong the QT interval.
- Ciprofloxacin should only be used where a UTI is known to be resistant to first line antibiotics.

