

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 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.