



Antimicrobial Stewardship Resources for Residential Care Facilities



www.antibioticprescribing.ie is the national reference source for best-practice guidelines for antibiotic use in residential care facilities, including a dedicated section for '**Antimicrobial Use in Long-Term Care Facilities**'.



Antimicrobial Stewardship Supports

(clickable links)

- **Infographic** of key findings and recommendations from Antimicrobial PPS in HSE RCFs for Older Persons 2020/2021
- **Infographic** of key findings and recommendations from Antimicrobial PPS in HSE Mental Health 2021/2022
- **Preferred antibiotic use** in the Community Green/Red Table
- **Good Practice Points** for commonly used antibiotics
- **Supporting pneumococcal vaccination** in long-term care facilities
- **Position statements** for the use of dipstick urinalysis in assessing evidence of UTI in adults
- **The use of dipstick urinalysis for Older Persons** in residential care facilities 13 May 2022 (Webinar link to YouTube)
- **The use of dipstick urinalysis for Older Persons** in residential care facilities.pdf (Presentation Slides size 3.9 MB)
- **Decision Aid** for Management of Suspected UTI in Older Persons (over 65yrs) in Residential Care.pdf (size 736.4 KB)
- **National Antimicrobial Stewardship Guidance** for all healthcare settings
- www.hseland.ie includes the following educational modules:

- ◆ Antimicrobial Stewardship in Practice
- ◆ Prevention and management of Urinary Tract Infection
- ◆ *Clostridioides difficile* infection, IPC and AMS principles, prevention and management.
- ◆ Pneumococcal Polysaccharide Vaccine (PPV23)

- **National Standards for Infection Prevention and Control** in Community Services

In many cases the Preferred Antibiotic is No Antibiotic

Advise patients/carers to visit the HSE website www.undertheweather.ie for self-care advice for viral and self-limiting infections

Preferred Antibiotics In Community

See www.antibioticprescribing.ie If antibiotic therapy is indicated the preferred first line choices below are likely to be effective, have fewer side effects, and are less likely to lead to resistant infections.

Respiratory Infections Duration in general: 5 days	Urinary Tract Infections	Skin and Soft Tissue Infections
Amoxicillin	Nitrofurantoin* (Only for lower UTI)	Flucloxacillin
Doxycycline*	Cefalexin	Cefalexin
Penicillin V (phenoxymethylpenicillin)	Trimethoprim*	Doxycycline* (acne)
	Fosfomicin* (Only for lower UTI)	Lymecycline* (acne)

Antibiotics To Be Avoided First Line In Community

Co-amoxiclav Unless as first line for: animal or human bite; facial cellulitis; post partum endometritis; caesarean wound infections; perineal wound infection	Risks: C.diff	Quinolones • Levofloxacin* • Ciprofloxacin* • Ofloxacin* • Moxifloxacin*	Risks: C.diff, drug interactions, tendon/nerve & other toxicities, prolongation of QT interval, lowers seizure threshold – Unless as first line for acute prostatitis – Unless as first line for acute epididymo-orchitis – AVOID due to risk of severe liver toxicity
Other cephalosporins • Cefaclor • Cefixime • Cefuroxime	Risks: C.diff	Macrolides • Clarithromycin* • Azithromycin* • Erythromycin*	Risks: C.diff, drug interactions, prolongation of QT interval – Unless as first line for helicobacter eradication
Clindamycin*	Risks: C.diff		

* These antibiotics may be safely used in patients with true penicillin allergy (immediate hypersensitivity).

C. diff = *Clostridioides difficile* infection

See www.antibioticprescribing.ie for details



Version 5, February 2023





Audit Tools

Antibiotic UTI prophylaxis audit tool

The aim of this UTI prophylaxis audit tool is to enable review of residents currently prescribed antimicrobials for prophylaxis of urinary tract infections (UTIs). Further instructions and guidance can be found within the tool. You can download and use the antibiotic UTI prophylaxis audit tool here:

[Audit UTI Prophylaxis \(Excel Tool\).xlsm \(size 79.3 KB\)](#) which has auto-analysis. Please note the electronic tool is a macro-enabled file. Depending on your version of excel, you may receive prompts to 'Enable Editing' and 'Enable Content' for optimal functionality.

[Audit Tool for UTI Prophylaxis \(Word Version\).pdf \(size 261.9 KB\)](#)

Azithromycin prophylaxis in adults with respiratory disease audit tool

- The **[azithromycin prophylaxis audit tool](#)** is available to support healthcare professionals reviewing residents on azithromycin prophylaxis.

Good practice points for tackling HCAI/AMR IN RCFs

Reduce the spread of infection and disease

- Implement standard precautions for all residents at all times and transmission-based precautions when indicated.
- Reduce the risk of a catheter-associated urinary tract infection (CA-UTIs) by only inserting urinary catheters when clinically indicated. Ensure all staff are trained to properly manage the device. Review with medical team if you think the catheter is no longer required. Implement best practice guidelines in relation to preventing **urinary tract infection**.
- Promote the uptake of vaccine-preventable disease amongst staff and residents, e.g. influenza, COVID-19 and pneumococcal vaccine
- Implement device specific or condition specific IPC guidelines to prevent and control healthcare associated infection in line with ***Infection Prevention and Control (IPC) National Clinical Guideline No. 30.***



Optimise use of antibiotics

www.antibioticprescribing.ie is the reference source for best-practice guidelines for antibiotic use in residential care facilities

Good Practice Points for commonly used antibiotics:

- Antibiotic therapy (by mouth, injection or topical) should not be started unless there is clear evidence of infection and the indication should be clearly documented.
- For empiric treatment of infection, if an antibiotic is indicated, a Green (preferred) antibiotic should be chosen and Red (reserve) antibiotics should be avoided where possible.
- Duration of antibiotic therapy should be as short as possible to effectively treat the infection e.g. 5 days for Respiratory Tract Infections
- All antibiotic prescriptions should have a stop date or review date, including prophylactic antibiotics. Antibiotics prescribed for prophylaxis of UTI should be reviewed with a view to de-prescribing at 3-6 months.