

Antimicrobial Stewardship Resources for Residential Care RESIST



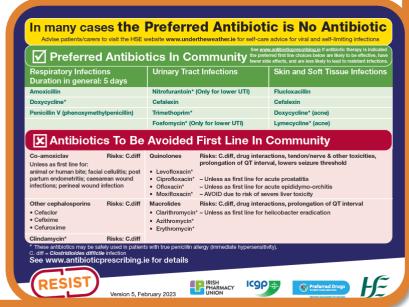
www.antibioticprescribing.ie is the national reference source for bestpractice guidelines for antibiotic use in residential care facilities, including a dedicated section for 'Antimicrobial Use in Long-Term Care Facilities'.



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





Antimicrobial Stewardship Resources for Residential Care Facilities



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 <u>azithromycin prophylaxis audit tool</u> 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 transmissionbased 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.