Start Smart, Then Focus

An Antibiotic Care Bundle for Hospitals

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

RCSI

Day 1: Start Smart...

1. Start antibiotics only if there is clinical evidence of bacterial infection
   - If there is evidence of bacterial infection, prescribe in accordance with your local antibiotic guidelines and appropriately for the individual patient (see notes below)

2. Obtain appropriate cultures before starting antibiotics

3. Document in both the drug chart and medical notes:
   - Treatment indication
   - Drug name, dose, frequency and route
   - Treatment duration (or review date)

4. Ensure antibiotics are given within four hours of prescription
   - Within 1 hour for severe sepsis or neutropenic sepsis

When deciding on the most appropriate antibiotic(s) to prescribe, consider the following factors:
- History of drug allergy (document allergy type: minor (rash only) or major (anaphylaxis, angioedema))
- Recent culture results (e.g. is patient colonised with a multiple-resistant bacteria?)
- Recent antibiotic treatment
- Potential drug interactions
- Potential adverse effects (e.g. *C. difficile* infection is more likely with broad spectrum antibiotics)
- Some antibiotics are considered unsafe in pregnancy or young children
- Dose adjustment may be required for renal or hepatic failure

Consider removal of any foreign body/indwelling device, drainage of pus, or other surgical intervention

For advice on appropriate investigation and management of infections, consult your local infection specialist(s) (microbiologist, infectious disease physician and/or antimicrobial pharmacist)

...then Focus (Day 2 onwards)

At 24-48 hours after starting antibiotics, make an **Antimicrobial Prescribing Decision**
- Review the clinical diagnosis
- Review laboratory/radiology results
- Choose one of the five options below
- Document this decision

Options

1. Stop antibiotic(s)
   - no evidence of bacterial infection, or infection resolved
2. Switch from intravenous to oral antibiotic(s)
   - if patient meets criteria for oral switch
3. Change antibiotic(s)
   - narrower spectrum, if possible; broader spectrum, if indicated
4. Continue current antibiotic(s)
   - review again after further 24 hours
5. Outpatient parenteral antibiotic therapy
   - consult with local OPAT team

Developed by the RCPI Hospital Antimicrobial Stewardship Working Group (2012)
Adapted, with permission, from the UK Department of Health "Start Smart, Then Focus" hospital antimicrobial stewardship programme