

To: All Medical and Non-Medical Prescribers
CC: All Ward/Team Managers and Pharmacy Staff

November 2017

Antibiotic Prescribing Practice

The prescription of antibiotics on SSSFT inpatient wards is subject to clinical audit each year. I am pleased to inform you that the 2017 SSSFT audit data shows improved clinical practice standards against most audit criteria compared to the results in previous years.

In order to maintain and further promote high standards of clinical practice with antibiotics and as we move into the winter months when the number of prescriptions for antibiotics tend to increase, please can I remind you of the following local¹ (SSSFT) and national² (Public Health England) prescribing requirements in relation to antibiotics:

- Antibiotic treatment should not be initiated in the absence of bacterial infection
- Advise patients/carers and supporting clinical staff when antibiotics are not required and the reasons for this.
- Microbiology & other clinical investigations should be used to appropriately diagnose infection, monitor the response to treatment and the emergence of potential complications.
- Choose an appropriate antibiotic for the indication, in keeping with the SSSFT Antibiotic Formulary/Prescribing Guidelines¹ or alternatively as recommended by a Microbiologist.
- Consider patient allergy status, potential drug/drug & drug/food interactions, contraindications and possible side-effects before prescribing antibiotics.
- Document on the prescription card and in the patients clinical records the clinical indication for the prescription, the route of administration, the dose, frequency of administration and duration of treatment or review date.
- Switch to an effective antibiotic when susceptibility testing indicates resistance to the antibiotic currently prescribed.
- Document the outcome of antibiotic treatment in the patient's clinical records.
- Remind/educate patients/carers and supporting clinical staff of the importance of compliance with the prescribed antibiotic regime and the need to complete the full course of treatment.

Antimicrobial stewardship programmes from which these practice standards are derived aim to reduce the inappropriate prescribing of antibiotics as an overuse of antibiotics promotes the emergence of multi-drug resistant organisms. As fewer new antibiotics are being developed this has become a global public health problem as an increasing number of infections can no-longer be successfully treated.

Further information, including free educational materials and patient information leaflets can be accessed online from Public Health England² and the Royal College of General Practitioners³.

Best Wishes



Erica Young
Lead Clinical Pharmacist
Department of Pharmacy & Medicines Optimisation

References:

1. SSSFT Antibiotic Formulary/Antibiotic Prescribing Guidelines, 2016:
<http://www.southstaffordshirejointformulary.nhs.uk/docs/apg/Antimicrobial%20Guidance/Antimicrobial%20Guidelines%202016.pdf>
2. Public Health England. Antimicrobial Prescribing and Stewardship Competencies, 2013:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHA|prescrcompetencies_2_.pdf
3. Royal College of General Practitioners. TARGET Antibiotic Toolkit:
<http://www.rcgp.org.uk/clinical-and-research/toolkits/target-antibiotic-toolkit.aspx>
4. Department of Health. UK Five Year Antimicrobial Resistance Strategy, 2013 – 2018:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244058/20130902_UK_5_year_AMR_strategy.pdf