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The Antimicrobial Advocate Nebraska ASAP Newsletter

2024 ANTIMICROBIAL STEWARDSHIP SUMMIT

Smart Antibiotic Choices, Stronger Future

Registration is now open!
Click Here to Register Today!

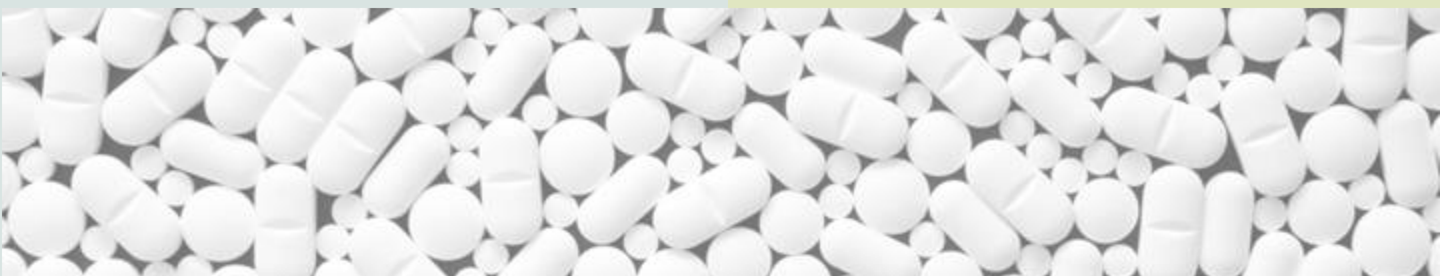
New ASAP Guidance Document Available for Long-Term Care!

NEBRASKA ANTIMICROBIAL STEWARDSHIP ASSESSMENT AND PROMOTION PROGRAM ASAP

Review of Antibiotic Prophylaxis in the Management of Recurrent Urinary Tract Infections (UTI) in Adults

Antibiotic prophylaxis for recurrent urinary tract infections in long-term care presents an opportunity for stewardship interventions and has become an area of interest for CMS surveyors.

Click HERE to access the new guidance document.



Shortening Hospital Stays

The SABATO Trial

A recently published randomized controlled trial showed that with careful consideration of appropriate patients and antimicrobials, switching to oral therapy may be an option for the treatment of *Staphylococcus aureus* bacteremia.

In this trial, in the appropriate patients, early oral therapy was shown to be non-inferior to IV therapy in the primary outcome and was associated with shorter length of hospital stay than IV therapy.

Click HERE to learn more about patient and regimen selection

Submitted by
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Patient Case

Uncomplicated skin abscess

A 74-year-old male without a PMH of diabetes presents to the emergency department with left lower extremity pain and redness and had a fever earlier today at home. He has been taking cephalexin for 3 days and has not noticed improvement. Exam reveals a 3 cm abscess. Incision and drainage is done, and he is stable currently.

What is the best antibiotic plan?

A. Change cephalexin to clindamycin
B. Change cephalexin to doxycycline
C. Continue cephalexin
D. Hold antibiotics

Patient Case Answer & Rationale

Best Answer: Doxycycline

- ✓ Incision/drainage is essential for clinical cure
- ✓ Adjunctive antibiotics are recommended for all abscesses >2 cm or in the following clinical situations:
  - Severe or extensive disease (multiple sites)
  - Rapid progression of soft tissue infection
  - Signs/symptoms of systemic illness
  - Immunosuppression or comorbidities (diabetes, HIV, active neoplasm)
  - Extremes of age
  - Associated septic phlebitis
  - Sensitive area (face, hand, genitals)
  - Lack of response to incision/drainage

Antibiotic Options for coverage of *Staphylococcus aureus* (including MRSA) and beta-hemolytic *Streptococcus* for mild to moderate outpatient treatment of abscesses:

Trimethoprim/Sulfamethoxazole DS 1 tab PO q12h
OR
Doxycycline/Minocycline 100 mg PO q12h
Duration 5 days

Visit these guidance links to learn more:

- Nebraska Medicine Skin and Soft Tissue Guidance
- IDSA Clinical Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections