

THE ANTIMICROBIAL ADVOCATE

 **ASAP**
NEWSLETTER

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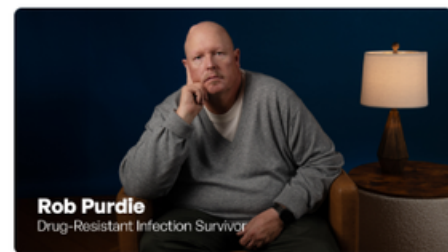
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New! Antimicrobial Resistance Communications Toolkit -

The toolkit includes key messages, graphics, videos, and other resources to support communication and education efforts for various audiences, including healthcare professionals, the public, and other key stakeholders.

[Find the Toolkit Here!](#)



Rob Purdie
Drug-Resistant Infection Survivor

[Rob's Antimicrobial Resistance Story](#)

Rob's story of his experience with a drug-resistant infection.



Every year, 2.8 million
Americans get a
drug-resistant infection.

Imagine one day it's you.



Learn how to prevent infections at [cdc.gov/antimicrobial-resistance](https://www.cdc.gov/antimicrobial-resistance)



Surviving Sepsis Campaign - 2026 Guidelines



Timing of antibiotics

For patients with definite or probable sepsis (with or without shock), or possible septic shock, administer antimicrobial therapy immediately, ideally within 1 hour of recognition.

If sepsis is only possible and shock is absent, complete a prompt investigation within 3 hours before starting antibiotics if the concern for infection persists.



Source Control

Prioritize source control!
Patients should be rapidly evaluated for diagnoses requiring emergent source control, such as abscess drainage or device removal, ideally within 6 hours.



Dose Optimization

It is a strong recommendation for giving prolonged infusions of beta-lactams for maintenance (after loading dose) rather than bolus administration to maximize the pharmacodynamics of the drugs. It has been shown to reduce mortality.



Smart Diagnostics

Always collect blood cultures as soon as possible, ideally prior to starting antimicrobials to optimize therapy and support antibiotic stewardship. However, do not let culture collection delay the initiation of life-saving treatment.



Antimicrobial Stewardship

- Use empiric coverage for multi-drug resistance only in patients at high risk.
- Generally, avoid anaerobic and antifungal therapy unless specific risk factors.
- Once a microbiological diagnosis and susceptibility are available, de-escalate therapy by narrowing the spectrum or discontinuing unnecessary agents.
- If adequate source control, shorter durations of therapy are suggested.

[Link to Guideline Here](#)

2026 NHSN AUR MODULE UPDATES



NHSN Antimicrobial Use (AU) Option – Standardized Antimicrobial Administration Ratio (SAAR) Rebaseline

- This month, CDC released 2023 rebaselined SAARs for acute care hospitals.
- SAARs using the updated model are available beginning with 2023 data.
- After 2026, NHSN will no longer provide SAAR data using previous models.
- It is important not to compare SAARs from previous baselines to the new baseline! It is recommended to regenerate datasets with the new baseline to compare SAAR values from previous years.
- Updates continue to be posted on the NHSN website - read more at the link below.

[Link: 2023 AU SAAR Rebaseline | NHSN](#)

Other Important 2026 AUR Module Updates

AU Option

Added: Aztreonam-avibactam,
clesrovimab, gepotidacin,
sulopenem/probenecid.

AR Option

- AR Summary data can now be reported from individual inpatient locations. This is optional for 2026 and will be required in 2027.
- Updated: susceptibility testing panels for Acinetobacter and Candida.
- Added and removed specimen sources to align with SNOMED CT 2025-09. See Vendor IDM for complete list of changes.
- Removed three Candida organisms: *Candida duobushaemulonii*, *Candida haemulonii*, *Candida stellatoidea*

Feel free to email us at nebraskaasap@nebraskamed.com for any AUR
module questions!

You Can Help! Improving Antibiotic Stewardship & Infection Prevention in Nursing Homes

Description

A new course from SHEA includes a compilation of short modules designed specifically for nursing home bedside staff, including **certified nursing assistants, LPNs, and RNs**.

The modules are intended for use in daily huddles by nurse educators or infection preventionists, providing focused 5–10 minute training sessions that emphasize antibiotic stewardship while reinforcing core infection prevention and detection practices.



Available credit:
1.50 Nursing Contact Hours
1.50 Participation
No Cost to Enroll!
Course expires: 02/18/2029

Topics Covered

- Module 1: Role of Front-line Caregivers in Antibiotic Stewardship
- Module 2: MDROs: The Risks of Unnecessary Antibiotics
- Module 3: Early Recognition & Communication of Clinical Status Changes
- Module 4: Active Monitoring & Timely Response to Clinical Status Changes
- Module 5: Recognition & Management of UTI in Long-Term Care
- Module 6: Assessment & Management of Respiratory Infections in Nursing Homes
- Module 7: Recognition, Care, and Prevention of Skin & Soft tissue Infections in Long-Term Care Residents

[Click Here to Enroll!](#)

EDUCATIONAL OPPORTUNITIES

**Registration
for the
Nebraska
Infectious
Diseases
Conference
coming
soon!**



**SAVE
THE
DATE** >>>>

**NEBRASKA
INFECTIOUS DISEASES
CONFERENCE**

Friday,
August
28,
2026

Beardmore
Event Center,
Bellevue,
Nebraska

New this year! Join us for a co-hosted event by the Nebraska Infectious Diseases Society and Nebraska ASAP. This conference combines the NIDS annual meeting with the Nebraska Antimicrobial Stewardship Summit
More details to follow!

 **Nebraska** 

**Immunize Nebraska 2026 – May 29, 2026;
Hybrid Event with CE hours**

**23rd Annual
Immunize Nebraska 2026**

**Creighton
UNIVERSITY**

[Click Here to Learn More and Register!](#)