

Pharmacist Guide to Making Antibiotic Therapy Recommendations

The following are suggested scripts on how to recommend antibiotic therapy to prescribers based on different scenarios.

First Time Conversation Notifying Prescribers Antibiotic Review Is Part of ASP Activity

Generic script

[Prescriber's name]. My name is [your name]. I am the pharmacist for the antimicrobial stewardship program for the hospital. This program was established in [date] with the overall goal to [cite mission and/or goal of institution ASP]. As part of my responsibility as the stewardship pharmacist, I review the charts of patients who are [cite reason why patient was selected for review]. I believe you are taking care of [patient name] who is on [antibiotic regimen] and fits the criteria for review. Based on my review, I would recommend ...

Example

Dr. Smith. My name is Bob. I am the pharmacist for the antimicrobial stewardship program for the hospital. This program was established last spring with the overall goal to improve antibiotic prescribing practices in this hospital. As part of my responsibility as the stewardship pharmacist, I review the charts of all patients who are on piperacillin/tazobactam for more than 72 hours. I believe you are taking care of John Doe who is on piperacillin/tazobactam and fits the criteria for review. Based on my review, I would recommend ...

IV to PO conversion

Generic script

[Patient name] has been on IV [antibiotic name, dose, frequency] for treatment of [infection syndrome] since [date]. This patient is clinically improving, hemodynamically stable, on other oral medications and tolerating [diet / enteral feed]. Because he/she is on an antibiotic with good bioavailability and his GI tract is functioning well, I would suggest changing his/her antibiotic regimen to PO [antibiotic name, dose, frequency] to complete the course of therapy.

Example

John Doe has been on IV levofloxacin 750mg daily for treatment of community-acquired pneumonia since July 15th. This patient is clinically improving, hemodynamically stable, and on other oral medications and tolerating his diet. Because he is on an antibiotic with good bioavailability and his GI tract is functioning well, I would suggest changing his antibiotic to PO levofloxacin 750mg daily to complete the course of therapy.

Antibiotic De-Escalation (from broader to narrower spectrum of coverage)

Generic script

[Patient name] was started empirically on [name of broader spectrum antibiotic] for the treatment of [infection syndrome] [number of days] days ago. The [culture type] sent before antibiotics were started came back positive for [pathogen name] which is susceptible to [name of narrower spectrum antibiotic]. The patient is improving clinically. [Provide specific parameters such as temperature, BP, WBC count degree of pain/ cognition, or other objective/subjective parameters as evidence to support clinical

improvement] after starting antibiotic therapy. Based on culture results, I would recommend de-escalating antibiotic therapy to **[name of narrower spectrum antibiotic, dose, route, frequency]** and would continue this therapy for **[number of days]**.

Examples

Jane Doe was started on meropenem for the treatment of sepsis secondary to pyelonephritis 3 days ago. The urine culture sent before antibiotic was started came back positive for *E coli* which is susceptible to ceftriaxone. The patient is improving clinically. She has been afebrile and without hypotensive episode in the last 48 hours. WBC count decreased from 13.5 to 6.5 today. She also said she no longer has flank pain or chills. Based on culture results, I would recommend de-escalating antibiotic therapy to ceftriaxone 2g IV daily and would continue this therapy for 5 more days.

Resolving Bug-Drug Mismatch

Generic script

[Patient name] is currently on **[antibiotic name]** for **[infection syndrome]**. **[Type of culture]** sent before starting antibiotic came back positive for **[pathogen name]** but it is resistant to the antibiotic he/she is on. This patient **[provide most recent objective data (such as temperature, WBC count, BP) and subjective data (such as level of pain, cognition)]**. Based on the susceptibility data and clinical status of this patient, I would suggest stopping the current antibiotic and starting **[new antibiotic regimen based on susceptibility result]**. If you agree with my recommendation, please put in a new order and I will give the first dose of this antibiotic to the patient's nurse immediately.

Example

John Doe is currently on piperacillin-tazobactam for ventilator-associated pneumonia. Sputum culture sent before starting antibiotic came back positive for *Pseudomonas aeruginosa* but it is resistant to the antibiotic he is on. This patient continues to spike fevers, has elevated WBC count at 15,000, is on 10 mcg/min of norepinephrine, and oxygen requirement was increased from FiO2 30% to 60% this morning. Based on the susceptibility data and clinical status of this patient, I would suggest stopping the current antibiotic and starting meropenem 500mg IV q6h. If you agree with my recommendation, please put in a new antibiotic order and I will bring the first dose of this antibiotic to the patient's nurse immediately.