
**TITLE: ANTIMICROBIAL STEWARDSHIP AUDIT AND
FEEDBACK REVIEW OF ANTIMICROBIAL ORDERS**

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APPLICABILITY: All Northern Health sites providing antimicrobial therapy

RELATED POLICIES: 1-20-6-4-120: [Infectious Disease Consultation for Prolonged Duration Intravenous Antimicrobials](#)
1-20-6-1-010: [Intravenous to Oral Conversion for Antimicrobials](#)

DEFINITIONS: **Most responsible prescriber (MRP)** – refers to the physician, nurse practitioner, or team that is overseeing the patient’s antimicrobial therapy
 Antimicrobials – refers to antibiotics, antifungals, and antivirals
 AMS Program Coordinator – AMS program lead pharmacist

KEY POINTS

- Audit and Feedback is an evidence-based practice of reviewing a patient’s antimicrobial therapy with the prescriber to optimize treatment.
- This involves the selection of the most appropriate, narrowest spectrum antibiotic based on indication, clinical status, allergies, adverse effects, and culture and susceptibility results in compliance with clinical practice guidelines.

POLICY

Clinical pharmacists with support from the Antimicrobial Stewardship (AMS) Program Coordinator will review and assess all orders for antimicrobials prescribed to patients admitted to Northern Health (NH) facilities or seen through the Community IV programs, and provide recommendations to the most responsible prescriber (MRP) for optimization when necessary. Clinical pharmacists may require advice from the Medical Lead for AMS who will be contacted ad hoc to review patient cases as part of the medical lead responsibilities and provide recommendations directly to the MRP.

PROCEDURE

- Clinical pharmacists review the medication profiles and charts of patients and make recommendations to optimize drug therapies, including antimicrobial therapy, when needed.
- Clinical pharmacist recommendations are delivered to the MRP via documentation within the patient chart with or without a verbal conversation. If

the prescriber gives a verbal acceptance of recommendation(s), pharmacists must document this acceptance, including rationale, in SOAP note format.

- Clinical pharmacists may discuss cases with the AMS Program Coordinator for advice.
- The AMS Program Coordinator, based on their clinical judgement, contacts the Medical Lead for AMS for direction on recommendations and optimization if they determine a higher level of expertise is required.
 - This may involve the Medical Lead for AMS contacting the MRP directly to discuss.
- All antimicrobials are eligible for review; however, priority is applied to:
 - Broad spectrum antimicrobials: carbapenems, piperacillin-tazobactam and cefotaxime/cefTRIAxone
 - Targeted antimicrobials: DAPTOmycin, vancomycin, aminoglycosides
 - Long duration antimicrobials
 - Intravenous antimicrobials with oral bioequivalence targeted for conversion: azithromycin, ciprofloxacin, clindamycin, fluconazole, moxifloxacin, cotrimoxazole, metronidazole and linezolid

REFERENCES

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KEYWORDS

Antimicrobial stewardship, antibiotics, IV antimicrobials, infectious disease, ID, clinical pharmacy, clinical pharmacists, outpatient IV therapy,

REVISION HISTORY			
Initial Effective Date:	April 27, 2021		
Approved By:	Regional Director, Pharmacy Services		
Author Title:	Northern Health Antimicrobial Stewardship Program Coordinator		
Revision History:	Effective Date:	Description of Changes:	Reviewed or Revised by:
	April 27, 2021	Policy issued	Regional Director, Pharmacy Services; NHMAC; NH AMS Program Coordinator
Contact policiesstandards@northernhealth.ca if further information is required.			
Acknowledgements (optional):			