

Hospital antimicrobial guidelines template published

The Prescribing Sub-Group of the Specialist Advisory Committee on Antimicrobial Resistance (SACAR) has produced a template to assist in the development of antimicrobial prescribing policies in hospitals (see Panel 1).

The template lays out guidance for the preparation and revision of antimicrobial guidelines within hospitals. It aims to pro-

mote good practice by helping the NHS develop prescribing policies and avoid duplication of effort.

SACAR is an independent advisory committee, set up in 2001 to advise the Government on its strategy to minimise illness and death due to antimicrobial resistant infection and to maintain the effectiveness of antimicrobial agents in their medical, veteri-

nary and agricultural uses. SACAR was established following recommendations in the report "Resistance to antibiotics and other antimicrobial agents", written by the select committee on science and technology of the House of Lords.

Further information on the antimicrobial guidelines template is available from a news story (p245).

Panel 1: UK template for hospital antimicrobial guidelines

This paper lays out some guidance for the preparation and revision of antimicrobial guidelines within hospitals. Antibiotic guidelines should be prepared in line with best practice for treatment guidelines. The following are standards proposed to be met by hospitals and could form the basis for national audit.

Template

- Title, eg, policy for the administration of antimicrobial agents to adults
- State date, version and review date on front page
- State authors

Introduction

This should cover the following areas:

- The status of the document (ie, guidance or mandatory)
- Target audience (ie, junior medical staff or all staff)
- Local policy on when to avoid antimicrobials and when they should always be given
- Information on the layout of the document
- Guidance on samples
- Contact information for normal hours and out of hours
- Medicines information telephone number
- Abbreviations used in the text

Reference should be made to guidance in the British National Formulary under prescription writing. These notes lay out a standard for expressing strengths and encourage directions in English, not Latin abbreviations.

Some antimicrobial guidelines include costing information. This needs to be discussed locally.

List of available antimicrobials

- Unrestricted use: present as a list together with recommended route of administration
- Specific use: eg, drugs restricted for specific conditions such as co-trimoxazole for pneumocystis
- Restricted antimicrobials: drugs that require approval of a consultant microbiologist

Regimens for treatment of common infections

This section should include information on first-line treatments and second-line treatments for common infections with recommendations on dose, route of administration, duration of treatment and guidelines for intravenous to oral switch. Conditions covered should include:

- Urinary tract infections
- Upper respiratory tract infections
- Lower respiratory tract infections including exacerbations of chronic obstructive pulmonary disease, community and hospital acquired pneumonia and tuberculosis
- Soft tissue injuries including bites, cellulitis, chronic ulcers and suspected necrotising fasciitis
- Central nervous system, to cover bacterial meningitis, viral encephalitis
- Gastro-intestinal. Food poisoning and intra-abdominal sepsis
- Genital tract
- Blood stream infections
- Ophthalmic infections
- Sepsis of unknown origin
- Specific confirmed infections: treatment regimens for methicillin resistant *Staphylococcus aureus*, *Clostridium difficile*, *Salmonella enteritis*, *Helicobacter pylori*, etc

Prophylaxis

- Prevention of bacterial endocarditis (Give details of medicines to be given and means of risk assessment for different procedures, eg, patient with pacemaker may be considered at low risk. Patient at high risk — previous infective endocarditis — may not need cover for low risk intervention such as barium enema.)
- Endoscopic procedures, eg, for neutropenic patients
- Surgical prophylaxis — see www.sign.ac.uk/guidelines/fulltext/45/index.html. (These indicate when antibiotics should be given, together with dose and duration of treatment. The most important feature should be the timing of the first dose in relation to the start of the surgery. Suggest list common surgical interventions together with recommendations.)
- Splenectomy patients: immunisation and antibiotic prophylaxis

Audit

- All acute hospitals should analyse and report antimicrobial use using the World Health Organization Defined Daily Doses as the numerator and occupied bed days as the denominator
- Microbial surveillance data should be available to identify local issues with resistance to antimicrobials
- Point prevalence studies should be undertaken to ascertain trends in prescribing in specific conditions (Information should be fed back to local clinical teams for action.)

Guidelines issued by the human prescribing sub-group of the Specialist Advisory Committee on Antimicrobial Resistance