

Procedure

Antimicrobial: Prescribing, Management and Stewardship

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Executive sponsor	Executive Director Medical Services (EDMS)			Effective date	18/06/2020
Author/custodian	Director, Infection Management and Prevention Services Medical Lead, Antimicrobial Stewardship (QCH)			Review date	18/06/2022
Supersedes	2.0 and CHQ-PROC-01035				
Applicable to	All Children's Health Queensland (CHQ) Staff				
Authorisation	Executive Director Clinical Services (QCH)				

Purpose

The purpose of this procedure is to embed the implementation of an [Antimicrobial Stewardship programme](#) at CHQ within the [framework](#) established by the [Australian Commission on Safety and Quality in Health Care \(ACSQHC\)](#).

To align CHQ processes with the Australian Council on Healthcare Standards, in particular the key priority of [preventing and controlling Healthcare Associated Infections](#). The goal is to provide safe quality health care within the framework of the [National Quality and Safety standards](#).

This procedure supports a standardised approach to the appropriate use and prescribing of antimicrobial therapy at Children's Health Queensland Hospital and Health Service (CHQHHS) in order to:

- Optimise clinical outcomes.
- Minimise adverse consequences of antimicrobial use (toxicity, selection of pathogenic organisms and emergence of resistant organisms) and
- Support prudent management of antimicrobial associated health care costs.

Scope

This procedure relates to all CHQ staff involved in prescribing, dispensing, preparing and administering of antimicrobials.

Each staff member, including Agency, Locum or staff on rotation, is individually responsible and accountable for ensuring safe and appropriate use of antimicrobials (Antimicrobial Stewardship) in accordance with CHQ [Antimicrobial procedures, guidelines](#) and [antimicrobial restrictions](#).

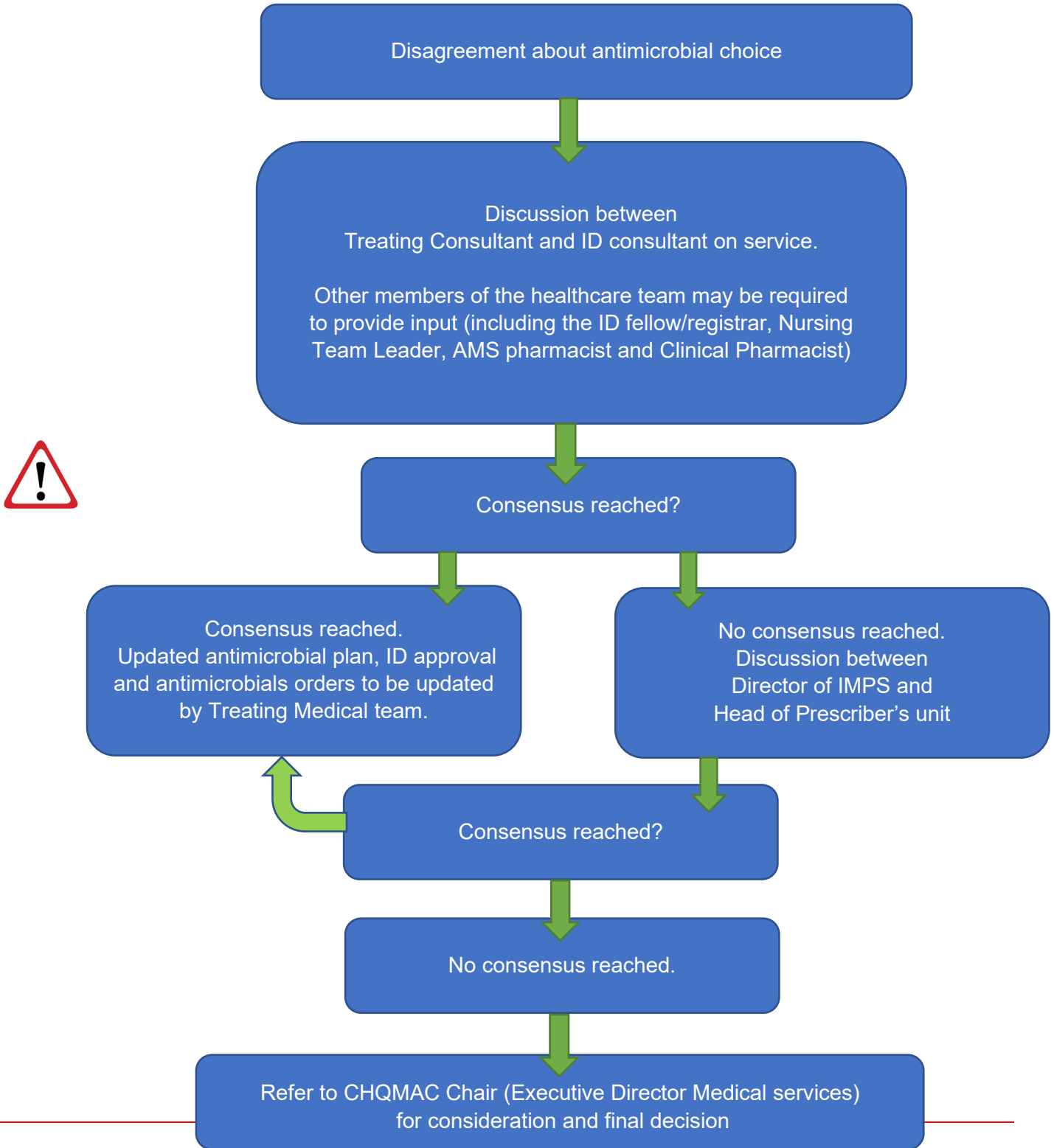
Antimicrobial prescribing and management

- All CHQ staff involved in the direct provision of antimicrobials to patients will follow the principles of use of antimicrobials as stated in the [Therapeutic Guidelines: Antibiotic](#).
- Antimicrobials will be prescribed per evidence-based guidelines for antimicrobials as per CHQ, [Queensland Health List of Approved Medicines \(LAM\)](#), CHQ Medicines Advisory committee (CHQMAC) endorsed departmental policies or guidelines and the current version of the [Therapeutic Guidelines: Antibiotic](#).
 - Clinical departments, units and document authors will ensure that any document involving antimicrobials are reviewed by the CHQ Antimicrobial Stewardship team and align with the endorsed antimicrobial prescribing guidelines for CHQ.
 - All such endorsed policies and guidelines recommending antimicrobial use will be made available through the CHQ [AMS website](#) and the [CHQ eGovernance Catalogue](#) as per the CHQ [Procedure Management Framework](#).
- The decision to prescribe an antimicrobial should always be clinically justified and the indication recorded on the electronic medication order in ieMR, Metavision®, Paediatric National Inpatient Medication Chart and outpatient (or discharge) prescription. In addition, the course length or review date for antimicrobial therapy should be clearly documented.
- The patient's antimicrobial treatment and microbiology results should be reviewed regularly by the treating medical team and antimicrobial therapy rationalised accordingly.
 - Parenteral antimicrobial therapy should only be used for those patients with severe infections or who are unable to take oral antimicrobials. Parenteral antimicrobials should be reviewed regularly (every 48 to 72 hours) and, if appropriate, the patient should be [switched to oral therapy](#).
 - Surgical prophylaxis: Antimicrobials should be prescribed and administered in accordance with the [CHQ Surgical Antibiotic Prophylaxis guidelines](#) and the [Therapeutic Guidelines: Antibiotic](#).
- Departmental and Unit Leads will ensure that all health care professionals (including doctors, nurses and pharmacists) involved in the direct provision of antimicrobials to patients under their care, are aware of and practice according to the [Antimicrobial: Prescribing, Management and Stewardship procedure](#).
- The Antimicrobial Stewardship Steering Committee and the CHQ Medicines Advisory Committee will approve and publish [formulary restrictions](#) that limit the use of broad-spectrum antimicrobials to patients in whom their use is clinically justified.
 - Consultation and approval from a Consultant in Paediatric Infectious Diseases / Microbiology consultant (or their delegate) will be required to prescribe, supply or administer restricted antimicrobials (see [CHQ Antimicrobial Approval Process Flow chart](#)).
 - A [decision support escalation process](#) will be utilised in instances where a prescriber is in disagreement with the approval or restriction of a particular antimicrobial for a particular patient (see flowchart below).
- The CHQ Antimicrobial Stewardship Steering Committee is responsible setting an audit schedule, auditing (in collaboration with clinical units), monitor the audit results and review outcome measures produced by the CHQ Antimicrobial stewardship programme.
 - The CHQ Antimicrobial Stewardship Steering Committee membership includes representation from across the organisation, including infectious diseases, microbiology, pharmacy, nursing, CHQ Executive, critical care, oncology, general paediatrics, surgery, informatics and junior medical workforce.
 - Point of care feedback will be provided by the CHQ AMS and ID team to health care professionals involved in the prescribing, supply and administration of antimicrobials to patients, with the aim to support teams in optimizing antimicrobial therapy for patients and auditing concordance with clinical guidelines based on [National Antimicrobial Prescribing survey](#) criteria.

ALERT - DECISION SUPPORT PROCESS

The decision support process is an escalation through a number of steps that are triggered when a request for a restricted antimicrobial is denied.

The process may be terminated if there is a consensus that the restricted antimicrobial or an alternative is appropriate.



Antimicrobial formulary restrictions

- Antimicrobials should be prescribed according to the [CHQ endorsed antimicrobial prescribing and infection management clinical guidelines](#) which are generally based on Therapeutic Guidelines: Antibiotic and comply with the [Queensland Health List of Approved Medicines \(LAM\)](#).
- Some medicines listed on the LAM require the additional approval of the Infectious Diseases Physician, unless their use is already endorsed for use by Infectious Diseases and CHQ Medicines Advisory Committee (CHQMAC) as a unit-specific protocol.
- Where infectious diseases (ID) approval is required, the Prescriber will contact the Infectious Diseases consultant (or delegate) who will consider the antimicrobial's use.
 - Use of a restricted antimicrobial at CHQ can only be authorised by a CHQ Infectious Diseases Consultant, CHQ Infectious Diseases Registrar and Consultant Clinical Microbiologist (Pathology Queensland).
 - This consultation **MUST** be documented in the patient's medical notes, any approvals also documented in the medication order and communicated to Pharmacy, **before** further stock will be supplied from the pharmacy.
 - This process also applies to the review and supply of antimicrobial supplies and quantities available on ward imprest at CHQ.

For a comprehensive list of antimicrobials and the level of approval required, including indication-specific exceptions, see the [QCH antimicrobial formulary](#) or ask your pharmacist for advice. Units are encouraged to develop protocols in consultation with the Infectious Diseases team when a restricted agent needs to be prescribed on a regular basis.

[CHQ Antimicrobial formulary](#) is divided into the following three levels of access:



Green: Unrestricted Antimicrobials are “free” to use for clinically appropriate indications (and duration) by all prescribers.



Amber: Restricted Antimicrobials may only be prescribed for certain indications ([listed](#)) under the direction of a consultant. Approval is required for use outside of these indications.



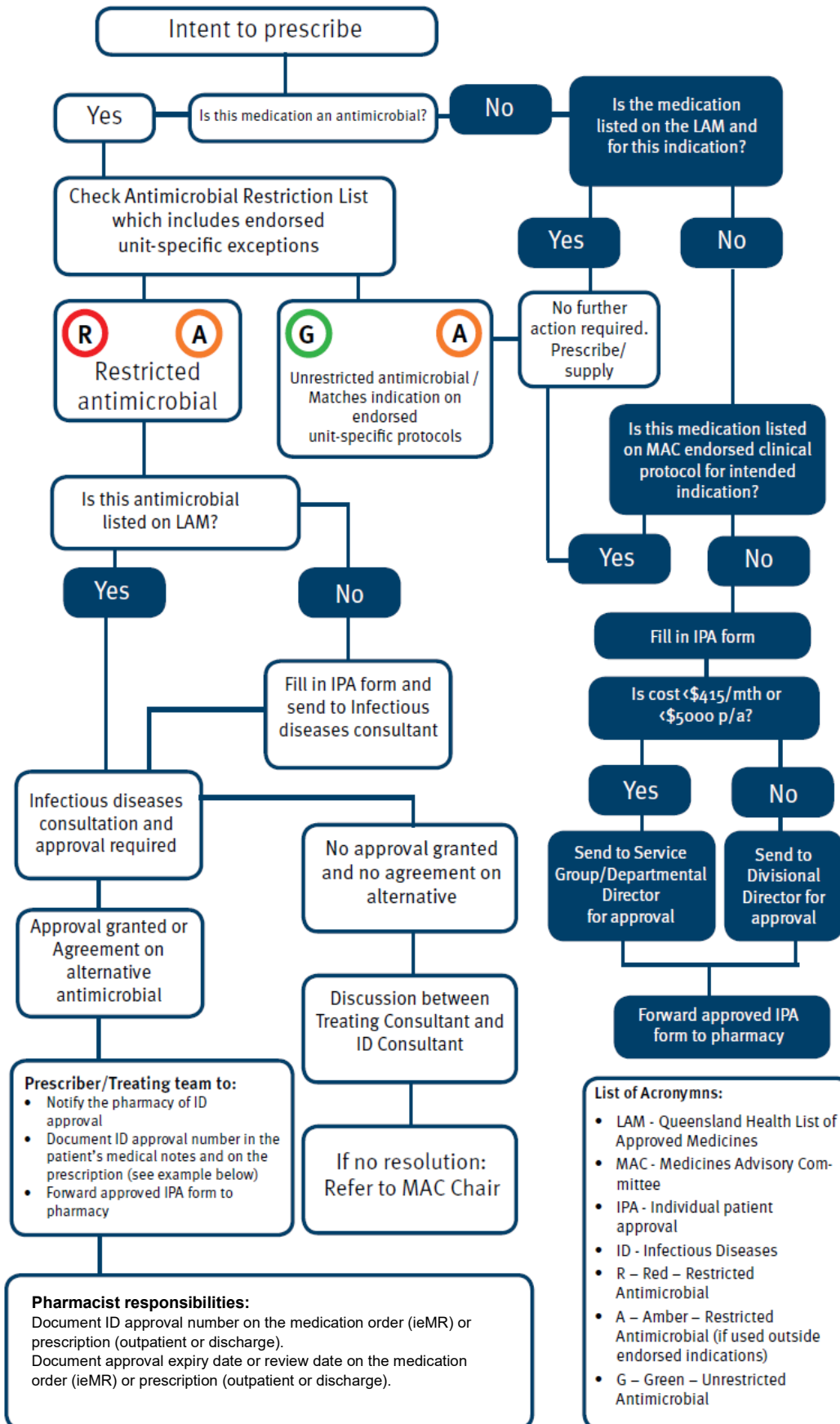
Red: Approval Required Antimicrobials may only be prescribed following authorisation by Infectious Diseases (ID) or Clinical Microbiology. The indication, name of the authorising clinician and unique ID approval number must be annotated on the medication chart.

Clinical scenarios involving antimicrobials that require ID approval:

- Hospital in the Home (HITH) Parenteral Antibiotics (excluding AMS approved HITH pathways for CF, Non CF bronchiectasis and specific conditions listed in the Emergency department HITH pathway).
- Antimicrobials which may require special aseptic compounding:
 - Antimicrobial eye drops – e.g. Ceftazidime, Vancomycin
 - Antimicrobials for Intravitreal injections – e.g. Amphotericin, Voriconazole
 - Antimicrobials for Intrathecal or Intraventricular administration – e.g. Vancomycin
 - Antimicrobials for home parenteral administration (including Hospital in the home (HITH))

Note: Please contact the [CHQ Aseptic Production Unit Manager](#) directly to discuss arrangements for aseptic compounding of these products. Wherever possible, this should be organized in advance.

CHQ Antimicrobial approval process



Antimicrobial Supply

For inpatients:

- **During daylight hours:** Pharmacy will only be allowed to provide up to 24 hours initial supply of restricted antimicrobials pending Treating team discussion with the ID Team on service.
 - No further supply will be provided without appropriate ID consultation and documented ID approval.
 - Exceptions: Antimicrobials that are only available through Special access scheme, prescribed for off label use and/or compounding required: ID consultation and documented ID approval is required prior to ordering, compounding or supply of these antimicrobials.
- **Afterhours:** ID consultation and approval is required before the On-call Pharmacist can be contacted to supply restricted antimicrobials.

For outpatients: ID consultation and approval is required before supply of restricted antimicrobials will be dispensed.

- If no approval is forthcoming, this will be escalated to the primary treating Consultant and ID Consultant on call/ ID Fellow prior to supply.
- For ongoing supply requests in the absence of a documented ID approval, the pharmacist will escalate directly to the ID consultant on service.
- The prescriber is responsible for notifying pharmacy of ID approval.

Documentation of Antimicrobial plan on the medication order and/or prescription

The antimicrobial order in Integrated Electronic Medical Record (ieMR), Metavision® or the National Inpatient Medication Chart (NIMC) must include the following information:

- The Indication for Antimicrobial Therapy
 - Mandatory field for all electronic medication orders in ieMR and should be as descriptive as possible
 - Document indication in the special instruction field in Metavision® medication order
- The order should include the antimicrobial therapy start date, scheduled review date, and proposed duration of therapy to assist with appropriate follow-up and review of therapy.
- The words "ID approved" with the unique ID Approval number provided by the Approving ID Physician or Microbiologist
 - Where extension of antimicrobial therapy past the predetermined review date is clinically indicated, the order should be modified by the prescriber to reflect the most current plan and updated approval number where required.

Figure 2: Inpatient antimicrobial order documentation in ieMR:

Details for meropenem

Details | Order Comments | Diagnoses

Review Schedule Remaining Administrations: (Unknown) Stop: (Unknown)

*Dose: 400 mg Drug form: Vial

*Route of administration: IV *Frequency: 8 hourly

First dose priority: NOW First dose date/time: 17-Jan-2019 14:25 AEST

Stop date/time: AEST PRN:

Infuse over: 30 Infuse over unit: minute(s)

Duration: *Indication: Sepsis (BC + pseudomonas)

Restricted antimicrobial approved by (name or co... MDN012345607

Special instructions: Day 1 effective therapy = 17/01/19, Review date 23/01/19

Use patient's own med: Yes No

Nurse Witness:

Figure 3: Inpatient antimicrobial order documentation in Metavision®:

Create Order Nil Known Allergies Reported

Orderable: Meropenem inj Find Orderable

Z-Drug Name:

Route: Intravenous

Frequency: Set interval 8 hour

Start: Date & time 17/01/2019 14:20

PRN PRN indication:

Stop: No time limit

Category: *Antimicrobial Med Push PICU

Dose: 20 mg/kg Solution: Sodium Chloride 0.9%

Solution vol. mL Total mL

(Quantity: 158 mg)

Comments: Day 1 = 1/1/2019, review Day 7 = 7/1/2019. Indication: Sepsis (BC = Pseudomonas) ID approved: MDN012345607

Tip: ID approval. Dose 20-40mg/kg (max 2g), 1st week of life: every 12h, > 1 week to adult: every 8h. Adjust dose for renal impairment. Reconstitute to

Dosing weight: 7.9 kg as of 13/01/2019 22:11

Save_Close Save Cancel

Figure 4: Inpatient antimicrobial order documentation on the Paediatric National Inpatient Medication Chart (P-NIMC) for use during ieMR Downtime:

REGULAR MEDICATIONS

YEAR 20 _____ DATE & MONTH _____		PRESCRIBER MUST ENTER ADMINISTRATION TIMES															
Date	Medicine (Print Generic Name)	Route	DOSE	Frequency & now enter times	Day	1/1	2/1	3/1	4/1	5/1	6/1	7/1	8/1	Placed R/V	Continue of discharge? Yes/No	Dispense? Yes/No	Duration: days/Qty
1/1	MEROPENEM	IV	400mg	every 8 hours	Day	1	2	3	4	5	6	7					
Pharmacy / Additional Information		ID approved (For 7 days) MDN012345607		06:00 14:00 22:00													
Indication		Sepsis (BC+ pseudomonas)		Calculation of Dose (e.g. mg/kg/DOSE) 20mg/kg/dose													
Prescriber Signature		Print Name		Contact/ Pager													
JD		J. Doe		4321													

The Outpatient (or Discharge) antimicrobial prescription should be annotated with the following information (in addition to standard legal requirements for any prescription):

- The Indication for Antimicrobial Therapy
- The Intended Duration or Review Date for Antimicrobial Therapy
- The PBS restriction/ authority number (If required)
- The unique ID Approval number provided by the Approving ID Physician or Microbiologist

Figure 5: Example of Outpatient antimicrobial hospital prescription for use during ieMR Downtime:

Discharge delivery location: _____ Ward/ clinic: [] [] [] Discharge date: / / Time: am / pm

Hospital prescription
 ROYAL CHILDREN'S HOSPITAL
 HERSTON ROAD
 HERSTON QLD 4006
 PHONE: (07) 3636 8111

Provider no. 00000000
 Patient's Medicare number: 1 2 3 4 5 6 7 8 9 0 1
 Pharmaceutical benefits entitlement or DVA number: 1 2 3 4 5 6 0 1

Safety Net entitlement card holder Concessional or dependent, RPBS beneficiary or Safety Net concessional card holder

Print patient's name: PBS RPBS Chemist Access Patient Weight: 25kg

Drug name and form	Strength	Dose, route frequency, duration	Quantity	Rpts or eq	Supply Y/N	Approval number if required
Ciprofloxacin (250mg tabs)		250mg bd PO (x 2 months)	56	1	y	Z6721PD Reg 24

Prescriber's name: **Dr Jane Doe** Prescriber number: **123456**
 Prescriber type: **MP** Pager number: **4321** Clinical unit: **Orthopaedics**
 Signature: **Sample only** Date: **01 / 01 / 2013**

Please turn over for privacy note

I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

_____/_____/_____
 Date of supply Patient or agent's signature Agent's address 4094 (09/11)

Drugs discontinued during hospital stay Reason for discontinuing

Ward/outpatient department: _____
 Pharmacist review by (name): _____
 Compliance device needed? Yes No

Reasons for this medication
ID approved (Osteomyelitis)
MDN01234556

Drug ADR/allergies etc	Reaction	Date
Nil known		

Dispensed by: _____ Dispensed date: _____
 Checked by: _____



Figure 6: Example of printer Outpatient Antimicrobial Hospital Prescription (ieMR):

XXXXXX

Medicare Number: _____ Concession/DVA Number: _____ Entitlement Number: _____	Pt. Name: DOHTESTPAH, SLTESTING Address: 9 ALAN ST HERSTON QLD 4006 Australia Worker's comp status: Unsighted medicare card DOB: 05/05/2012 Ph: _____ Weight: 25.kg (16-JAN-19) Sex: M Unit/Consult: General Medical Ward/Clinic: PAH 01 4 W4BT			
<input type="checkbox"/> Safety Net Concession or Entitlement Card Holder <input type="checkbox"/> Concession Card or RPBS Card Holder <input checked="" type="checkbox"/> PBS <input type="checkbox"/> RPBS				
ALLERGIES: No Known Allergies				
Drug Name, Strength and Form	Dose, Route and Frequency	Qty	Rpts	Phone Approval Reg24/streamline code/Private item
ciprofloxacin (ciprofloxacin 250 mg oral tablet) PBS Authority Script No. 10002655	1 tab(s) Oral TWICE a day Comments: Do not take antacids, iron, zinc or calcium supplements within 2 hours of taking this medicine. Take for 2 months. ID Approved: Osteomyelitis MDN01234556	56 tab(s)	1	CZ123456 Reg 24

Handwritten alterations or amendments to printed prescriptions are unauthorised

2 items *****Page: 3 of 4 *****

Prescriber Name: PA_DH, Ten DMC Prescriber #: _____ Date of Prescribing: 16/01/2019
 Signature: _____ Phone Contact #: _____
 Clinic Unit: _____ Prescriber Type: _____
 Dispensed by: _____ Counselling: _____ Medication List Provided: Y N
I certify that I have received this medication and any information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Date of Supply: ____/____/____ Patient or Agent's Signature: _____ Agent's Address: _____
 Reg. 19(1) Approved
 Printed by PA_DH, Ten DMC, Position – R4 Doctor – Hospitalist, date and time 16/01/2017 09:18

PATIENT OR PHARMACIST COPY



Administration of Antimicrobials

As outlined in the [CHQ-PROC-01039 Medication Administration](#): “all CHQ staff are individually responsible and accountable for ensuring safe and appropriate use of antimicrobials (Antimicrobial Stewardship) in accordance with CHQ Antimicrobial procedures, guidelines and restrictions.”

At the point of checking, preparing and/or administration, staff can utilise the [CHQ AMS website](#) alongside standard dose references to ensure that the patient is prescribed antimicrobials appropriately.

Check list:


Is antimicrobial appropriate for the documented indication?

- Review of the [appropriate antimicrobial guideline](#) can ensure that the patient is receiving the right drug at the right dose via the right route and for the right duration, as per the [Six Rights of Safe Medication Administration](#).

Is it a restricted antimicrobial?

- If yes, has [ID Approval](#) been sought and documented, as shown in examples below.
- Should nursing staff notice in the process of reviewing an order that the review date for an antimicrobial has been exceeded without documentation of review or new approval number:
 - **Daylight hours:**
 - Escalate to the treating Medical team and the ward pharmacist.
 - If the decision is made to continue antimicrobial therapy, ID consultation and ID approval should be sought (and documented) during business hours to ensure appropriate antimicrobial supply can be dispensed for the patient.
 - **After hours:**
 - Escalate to the Nurse Team Leader or Safety CNC.
 - Ward Call Medical Officer should be contacted in the first instance to review the antimicrobial order and discuss plan with the On-call treating consultant.
 - If the decision is made to continue antimicrobial therapy, ID consultation and ID approval should be sought at the start of the next day-time shift.
 - Ward Call Medical Officer must provide handover to the day shift Treating Medical team to follow up ID consultation and ID approval.
 - Nurse Team Leader must provide handover to the day shift nursing team to follow up with the Treating team about seeking ID approval.
 - Day shift nursing team to contact pharmacy for further antimicrobial supply once ID approval is obtained.
 - If the On-call pharmacist is required to attend the hospital to supply a restricted antimicrobial, ID consultant approval will be required prior to supply.

Figure 7: Review of antimicrobial prescription in Medication administration wizard (MAW)

Medications	18-Jan-2019 6:25 AEST	17-Jan-2019 22:25 AEST	17-Jan-2019 14:25 AEST
Scheduled			
 meropenem 400 mg, Vial, IV, 8 hourly, start: 17/01/19 14:25:00 AEST, infuse over 30 minute(s), Indication: Sepsis (BC + pseudomonas), Approval: MDN012345607, Day 1 effective therapy = 17/01/19, Review date 23/01/19 Target Dose: meropenem 25 mg/kg 17-Jan-2019 14:27 meropenem	400 mg Not given within 5 days.	400 mg Not given within 5 days.	NOW Not given within 5 days.

Charting for: CHQTEST, LCCHB

meropenem
 400 mg, Vial, IV, NOW, start: 17/01/19 14:25:00 AEST, infuse over 30 minute(s), Indication: Sepsis (BC + pseudomonas), Approval: MDN012345607, Day 1 effective therapy = 17/01/19, Review date 23/01/19
 Target Dose: meropenem 25 mg/kg 17-Jan-2019 14:27

*Performed date / time : 17-Jan-2019 15:19 AEST

*Performed by : TESTER, TEST RN

Witnessed by :

*meropenem: 400 mg Volume: 0 ml

Diluent : <none> ml

*Route : IV Site :

Total Volume: 0 Infused Over: 30 minute(s)

17-Jan-2019 1400 AEST 17-Jan-2019 1500 AEST 17-Jan-2019 1600 AEST 17-Jan-2019 1700 AEST 17-Jan-2019 1800 AEST 17-Jan-2019 1900 AEST

Not Given

Reason :

Review of Antimicrobial Use

Where extension of antimicrobial therapy past the predetermined review date is clinically indicated, the order should be amended to reflect the most current plan and updated approval number where required.

- **Extension of course without dose change**

- Prescriber or pharmacist modify original order to show the new approval number and amended review date.
- Additionally document in the patient's electronic medical record.

In certain cases (ie. Surgical antimicrobial prophylaxis) it may be appropriate for the prescriber to set a fixed stop date to the order to ensure that additional doses are not given inappropriately.

Figure 8: Example of ieMR Inpatient antimicrobial order with duration specified:

*Dose: 400 mg

'Route of administration: IV

First dose priority: Routine

Stop date/time: 24-Jan-2019 1559 AEST

Infuse over: 30

Duration: 7 day(s)

approved by (name or c... MDN012345607

Figure 8: Example of Inpatient antimicrobial order on P-NIMC with duration specified for ieMR Downtime:

REGULAR MEDICATIONS

YEAR 20 ____ DATE & MONTH ____				1/1	2/1	3/1	4/1	5/1	6/1	7/1	8/1	
PRESCRIBER MUST ENTER ADMINISTRATION TIMES				1	2	3	4	5	6	7	Please R/V	
Date	Medicine (Print Generic Name)	<input type="checkbox"/> Tick if Slow Release	Day									
1/1	MEROPENEM		06:00									
Route	DOSE	Frequency & now enter times	14:00									
IV	400mg	every 8 hours	22:00									
Pharmacy / Additional Information ID approved (For 7 days) MDN012345607												
Indication Sepsis (BC+ pseudomonas) Calculation of Dose (e.g. mg/kg/DOSE) 20mg/kg/dose												
Prescriber Signature	Print Name	Contact/Pager										
JD	J. Doe	4321										

Supporting documents

- Australian Commission on Safety and Quality in Health Care. (ACSQHC). (2018), 'Stewardship in Australian Hospitals 2018,' In M. Duguid and M. Cruickshank, (eds). Australian Commission on Safety and Quality in Health Care: Sydney.
- Australian Commission on Safety and Quality in Healthcare. (ACSQHC). (2019), National safety and quality health service standards, *Australian Commission on Safety and Quality in Healthcare website: Sydney*, [online] Available at: <http://www.safetyandquality.gov.au/>
- Antibiotic expert group. (2020), 'Therapeutic guidelines: Antibiotic (2020)', *Therapeutic Guidelines Ltd website: Melbourne*, [online] Available at: <http://online.tg.org.au/ip/desktop/index.htm>

Consultation

Key stakeholders who reviewed this version:

- Director, Infection Management and Prevention Service (IMPS, CHQ)
- Antimicrobial Stewardship Steering Committee (QCH)
- Paediatric Infection Management Consultants, Fellows and Registrars (QCH)
- Executive Director Nursing services (QCH)
- Nursing Director Critical care service (QCH)
- Nursing Director Division of Medicine (QCH)
- Clinical Pharmacist Lead - Antimicrobial Stewardship (QCH)
- Pharmacist Advanced - Safety and Quality (QCH)
- Clinical pharmacist Lead – Oncology (QCH)
- Clinical pharmacist Lead – Critical care (QCH)

Definition of terms

Term	Definition	Source
Nil		

References

1. [Australian Commission on Quality and Safety in Healthcare](#)
2. [National Antimicrobial Resistance Strategy](#)
3. [Antimicrobial Stewardship Clinical Care Standard: Evidence Sources](#)
4. [Australian Society of Infectious Diseases](#)
5. [National Antimicrobial Prescribing Survey \(NAPS\)](#)
6. [Antimicrobial Use and Resistance in Australia \(AURA\)](#)

Audit/evaluation strategy

Level of risk	Medium
Strategy	Annual Point Prevalence audit, Regular AMS rounds (including point of care rounds; virtual AMS dashboard rounds), Quality improvement audits, Drug Use evaluations, Annual review of CHQ Antibiograms
Audit/review tool(s) attached	Nil
Audit/Review date	Bi-/Monthly reporting to Antimicrobial Stewardship Steering Committee
Review responsibility	Antimicrobial Stewardship Team Infection Management and Prevention Service
Key elements / Indicators / Outcomes	<ul style="list-style-type: none"> • Benchmark CHQ Paediatric Point Prevalence data against National and International Paediatric hospitals (ARPEC study) and National Antimicrobial Prescribing Survey (NAPS). • Percentage of patients undergoing specified surgical procedures that receive an appropriate prophylactic antibiotic regimen. • Percentage of patients with suspected sepsis receiving appropriate parenteral antibiotics after blood culture • Percentage of patients with suspected sepsis receiving appropriate parenteral antibiotics within 60 minutes (septic shock). • Percentage of prescriptions for restricted antibiotics that are concordant with CHQ Antimicrobials Restrictions approved criteria. • Percentage of prescriptions that are concordant with CHQ Early IV to oral switch criteria. • Percentage of patients with a toxic or sub-therapeutic aminoglycoside or vancomycin concentration whose dosage has been adjusted or reviewed prior to the next aminoglycoside or vancomycin dose. • Surveillance reporting outcomes on detection and management of Multi-resistant organisms.

Procedure revision and approval history

Version No.	Modified by	Amendments authorised by	Approved by
1.0	Infectious Diseases Consultant- Antimicrobial Stewardship (Infection Management and Prevention Service)	Medicines Advisory Committee (MAC) Antimicrobial Stewardship Steering Committee (CHQ)	General Manager Operations
2.0	Director- Infection Management and Prevention Service and Antimicrobial Stewardship Pharmacist (QCH)	Medicines Advisory Committee (MAC) Antimicrobial Stewardship Steering Committee (CHQ)	Executive Director Hospital Services
3.0 (18/06/2020)	Director- Infection Management and Prevention Service and Antimicrobial Stewardship Pharmacist (QCH)	Medicines Advisory Committee (MAC) Antimicrobial Stewardship Steering Committee (CHQ)	Executive Director Clinical Services

Keywords

Antimicrobials, antibiotics, antifungals, antivirals, Antimicrobial Stewardship, AMS, Antimicrobial Prescribing and Management, restrictions, formulary, ID approval process, appropriate use, infectious diseases approval, documentation, 01036

Accreditation references

National Safety and Quality Health Service Standards (1-8)

- Standard 3: Preventing and Controlling Healthcare-Associated Infections
- Standard 4: Medication Safety