

HOSPITAL PHARMACISTS:
BE ANTIBIOTICS AWARE

Reassess Antibiotic Therapy



SCENARIO

You are following up on a pharmacy kinetic consult for a patient who has received intravenous vancomycin empirically for three days for the treatment of hospital-acquired pneumonia.

Reassessment of antibiotic therapy evaluates the continued need for and choice of antibiotics when the clinical picture is clearer and more diagnostic information is available.¹ Anti-MRSA coverage is a practical target for reassessment based on the patient's microbiology results.¹ Exceptions to de-escalating anti-MRSA coverage may include purulent skin and soft tissue infections, prosthetic joint/orthopedic surgical infections, osteomyelitis, septic arthritis, and abscesses.²

Pharmacists can help reassess antibiotic therapy by:



1. Reviewing the patient's microbiology results, including rapid diagnostic tests and clinically relevant cultures.^{1,2}



2. Prompting the provider to consider discontinuation of anti-MRSA therapy if there is no microbiological evidence of MRSA, if appropriate.

The scenarios and recommendations discussed are applicable to most immunocompetent adult patients. Prior to making interventions, always assess the individual patient and use your clinical judgment. Follow your institution's treatment guidelines when applicable.

References:

1. Core Elements of Hospital Antibiotic Stewardship Programs. Centers for Disease Control and Prevention, 23 Feb. 2017. www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html.

2. Liu C, Bayer A, Cosgrove SE, et al. Clinical practice guidelines by the Infectious Diseases Society of America for the treatment of methicillin-resistant *Staphylococcus aureus* infections in adults and children. Clin Infect Dis. 2011 Feb 1;52(3):e18-55. <https://academic.oup.com/cid/article/52/3/e18/306145>.



www.cdc.gov/antibiotic-use