



Policy	Antibiotic Timeout Protocol	Antibiotic Stewardship
Owner	Medical Staff	Nursing
Approval	Initial:	Reviewed:
Facility Name:		

Antibiotic Timeout Protocol

Purpose: Intervention to improve antibiotic use

Definition: a systemic evaluation of ongoing treatment after a set period of initial treatment (i.e. “antibiotic time out” after 48-72 hours)

Rationale: Antibiotics are often started empirically in hospitalized patients while diagnostic information is being obtained. However, providers often do not revisit the selection of the antibiotic after more clinical and laboratory data (including culture results) become available. An antibiotic “time out” prompts a reassessment of the continuing need and choice of antibiotics when the clinical picture is clearer and more diagnostic information is available

Protocol

1. Within 48 -72 hours after antibiotics are initiated, the charge nurse will contact the attending physician or prescriber and request a review of antibiotics.
2. If the attending or the nurse practitioner is available onsite, this can be done at the time of rounding.
3. The review is completed by the prescriber answering four key questions:
 - a. Does this patient have an infection that will respond to antibiotics?
 - b. If so, is the patient on the right antibiotic(s), dose, and route of administration?
 - c. Can a more targeted antibiotic be used to treat the infection (de-escalate)?
 - d. How long should the patient receive the antibiotic(s)?
4. The responses to the four key questions is to be documented in the medical record progress notes.
5. The Infection Preventionist will track this practice and report quarterly facility and provider results at QAPI.

Reference:

- CDC Core Elements of Antibiotic Stewardship for Nursing Homes. (Online)
<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>