

## Policy: Antimicrobial Time-Out Policy

<b>ORGANIZATIONAL: Effects two or more departments.</b>							
<b>Folder</b>	Organizational Choices: Medication			<b>Sub-Folder</b> (If Applicable)	Click here to enter text.		
<b>Original Effective Date</b>	11/2/2016	<b>Scope</b>	What departments does this policy apply to? State "All" as is may apply to the entire organization. All				
<b>Approved</b> (Approver/Date)	Antimicrobial Stewardship committee 11/2/16, P&T, Multidisciplinary Policy Review Committee						
<b>Last Reviewed/ Revised Date</b>	Click here to enter a date.	<b>OSHA Category</b> (If Applicable)	Not Applicable	<b>Standard</b> (If Applicable)	MM.09.01.01	<b>Number of pages</b>	1

(Please use Calibri, Size 12 font.)

### **PURPOSE:** *Why does this policy exist?*

The purpose of this policy is to outline the procedure for the pharmacy-driven Antimicrobial Time-Out to comply with Joint Commission requirements for Antimicrobial Stewardship.

### **SKILL LEVEL:** *Who is qualified to perform this procedure?*

Pharmacists, Physicians

### **GUIDELINES:** *What are some general statements regarding the use of the policy?*

### **PROCEDURE:** *Include: Definitions , Equipment , Process, and Documentation*

1. The Antimicrobial Stewardship Pharmacist (or designee) will obtain a daily list of patients who have been receiving antibiotics for more than 48 hours.
2. The pharmacist will fill out the "Antimicrobial Stewardship 48-Hour Timeout" progress note and place in the patient's chart for physician review.
3. The physician will review and sign the progress note acknowledging review of the antibiotic regimen.
4. The progress note will be a permanent part of the medical record.

### **REFERENCES:** *What resources are used to support the policy and procedure?*

1. Joint commission on Accreditation of Healthcare Organization. (2016). *Hospital Accreditation Standards*. Joint Commission of Accreditation healthcare Organization. Oak Brook Terrace, IL.
2. Missouri Legislature. SB 579, 98<sup>th</sup> General Assembly. 2016.
3. 42 CFR Parts 482 and 485. 2016.

**Attachments:** (Label as Appendix A, B, C, etc.)

Date/Time placed in chart: \_\_\_\_\_

## ANTIMICROBIAL STEWARDSHIP 48-HOUR TIMEOUT

Infection type: \_\_\_\_\_

Current Antibiotics		
Medication Name	Dose, Route, Frequency	Start Date

Culture Results		
Source/Date	Identification	Sensitivity

*Questions to ask:*

1. *Does the patient have an infection that will respond to antibiotics?*
2. *If so, is the patient on the right antibiotic at the correct dose and route?*
3. *Can a more targeted antibiotic be used (de-escalation)? How long should antibiotics be administered (duration of therapy)?*

Dr \_\_\_\_\_: please sign off acknowledging culture results and antibiotic regimen. Please address the possibility of de-escalation of antibiotics at this time.

-Antimicrobial Stewardship Team  
(pager #278-8607)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_