Antibiotic Policy

Policy name: **Antibiotic Policy**

Date of Implementation: **01-04-2021**

Issued by: **Medical Officer, CHC-Banspal**

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Last date of Updating:

Antibiotic must be used with care. Abuse may lead to production of drug resistance & multiplication of resistance organisrs. The use of prophylactic antibiotics must be stopped to avoid emergence of resistant becteria.

Defination:

Antibacterial subsatances produced by various species of Micro-Organisms (bacteria, fungi and actinomycetes) that supress the growth of other Micro-Organisms(MO).

Define the antibiotic spectrum against different species of pathogenic MO to allow propor use of the new antibiotic.

Obejectives:

- Anitibiotics should not be used casually.
- Policy emphasizes, avoiding the use of powerful Antibioticsin the initial tratments.
- We should create awareness that we are sparing the powerful board spectrum drugs for later treatment.

  Patient save Money,

  Doctor Saves Life.

Aim:

- Reduce the Antimicrobial resistance.
- Initiate best efforts in the hospital area as many resistance bectaria are generated in hospital areas and in particular critical care areas.
- Intiate good hygenic practices so these bacteria do not spread to others.
- Practice best efforts, these resistance stains do not spill into critically till patients in the hospital.
- Create awareness on Antibiotics as misuse is counter productive.
- More efective treatments in serious infections.
- Reduce health care associated infections spilling to society increases of community associated infections.

Education on Antibiotic Policy:

- Action plan for education to all concerned clinical staff on antibiotic prescriptions.
- Evaluate the feedback of success & failure of the policy.
- Create infection surveillance data.

- Developing faciulitties in microbiology departments for auditing data & guidance.
- Restrictions in prescribing & antibiotic availability
- A condition education to clinical staff.

Direction of Antibiotic Policy:

Frame the hospital own list of therapeutic antibiotic categories:-

- First line
- Reserved agents
- Restricted agents

For example, first choice antibiotics can be prescribed by all doctors while restricted choice antibiotics can only be prscribed after consulting the head of the department or the antimicrobial team (AMT) representative.

Reserve antibiotics are prescribed only by designated experts.

Ideal Antibiotic:

- Have the appropriate spectrum of activity for the clinical selling.
- Have no toxicity to the host, be well tolerated.
- Low development of resistance.
- Not induce hyper sensitivity reaction in the host.
- Have rapid and extensive tissue distribution.
- Have a relatively long half life.
- Be free of interactions with others drugs.
- Be convient for administration.

What is misuses of Antibiotics?

Dosage:- Incorrect Dosage

Duration:- Too Short or too long

Delay:- Antibiotic administration in critically ill patients.

Data:- Treatment if not streamlined as per culture & DST results.

Hospital Antibiotic Policy:

- To curb the common misuse & over use of Antibiotics.
- Restricts the occurance of antibacterial resistance among the hospital strains.

- Controls the spread of such infections to susceptible and critically ill-patients in the hospital and the subsequent infection into the community.
- Saves money for the patient and increases patient satisfaction with decreased side effect.
- In UPHC, generaly antibiotic policy covers empirical treatment, specific treatment and also agents for prophylaxis.
- It constituates one of the most important aspects of infection control programme.
- It is evidance based and is drafted by a committee viz. " The hospital Infection Control Committee" or " Hospital Antibiotic Committee".

Hospital Infection Control Committee:

- In Our hospitals must have an infection control committee and antibiotic policy and should intiate or augment efforts towards implementation.
- In our hospital have a infection control committee and an antibiotic policy should augment efforts to increase compliance to the policy. Hospital without a policy must intiate efforts to formulate an infection control committee and an antibiotic policy.
- Infection control committee should define an annual target for achivement.

Some Examples of Antibiotic Prophylaxis:

Antibiotics	Indications	Dose
Amoxicillin	Standard	*500mg per 6hr, #50mg per 6hr
Ampicillin	If oral route cannot be used	*500mg im/iv per 6hr, #50mg im/iv per hour6hr
Clindanycin	Allergy to Penicillin	150mg per 6hr
	Allergy to Pencillin and oral route cannont be used	150mg im/iv per 6hr
Cephalexin or Cefadroxil	Allergy to Pencillin	500 mg per 6hr
Azithromycin Or Clarithromycin	Allergy to pencillin	*500 mg daily, #100/200 mg per day
Cefazolin	Allergy to pencillin and oral route cannot be used	250 mg im/iv daily

***:-Adults #:- Pediatrics**