



Registrar Orientation

Antimicrobial Stewardship

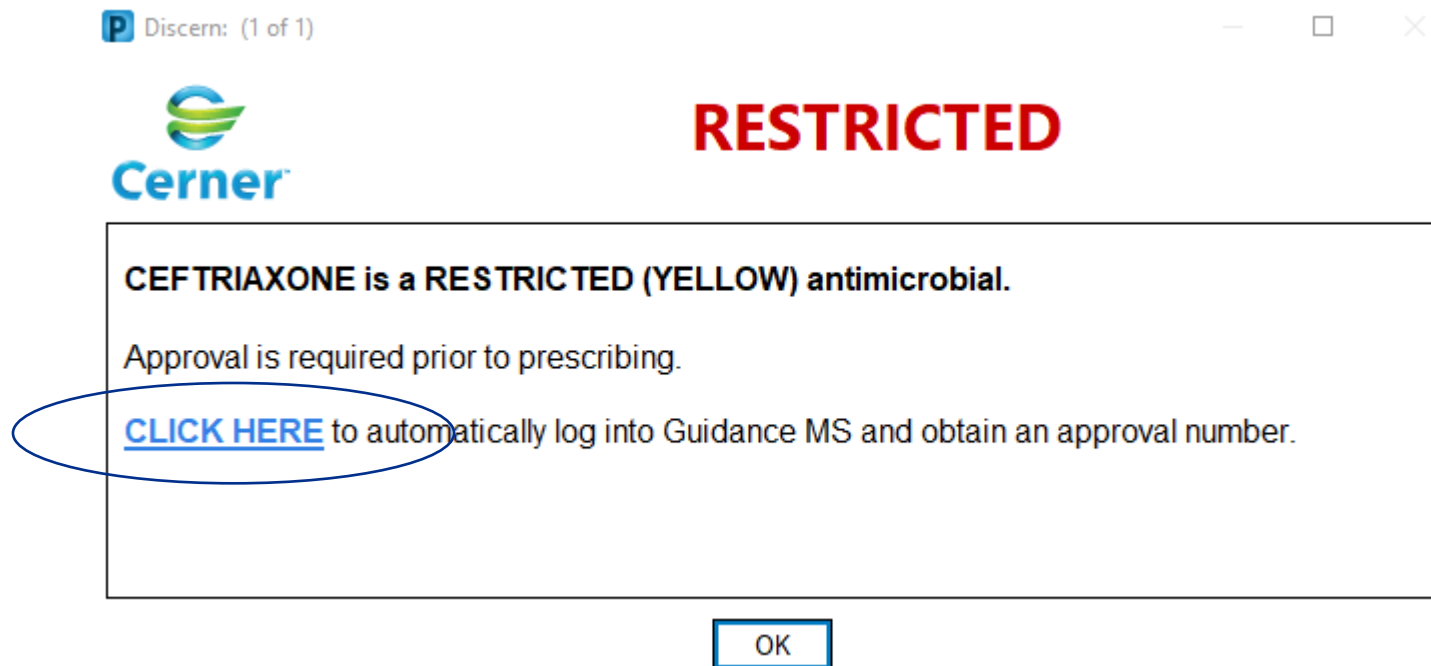
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Prince of Wales Hospital

Antimicrobial Stewardship Program

- Guidance: Clinical Decision Support Tool for Antimicrobial Prescribing



Antimicrobial Stewardship Program

Select indication and answer the decision support questions

Assessment of appropriateness provided based on the answers to the questions

View preferred and alternate recommendations if available

Expand to see dose recommendations and other clinical information

View a summary of approval details

Approval for Anthemum, Chris

UR: 7654338 Age: 72y 7m DOB: 1 Jan 1950 Gender: M Unit: Hepatobiliary & Upper GI Ward: 1N Bed: 18 AMO: Dr Seuss Patient history

1. INDICATION: amoxicillin-clavulanate IV

2. INDICATION: Pneumonia, hospital acquired, pathogen unknown

3. SEVERITY: Low to moderate severity

4. ADDITIONAL CRITERIA: No penicillin hypersensitivity

Recommendation

amoxicillin-clavulanate IV meets the approval criteria for this indication.

Select the antimicrobials you want approval for:

The following guideline recommendations are available:

Preferred Recommendation View details

amoxicillin-clavulanate PO Non-restricted - no approval required

OR Preferred Recommendation View details

ceftriaxone

OR Preferred Recommendation View details

cefotaxime

OR Other Recommendation View details

amoxicillin-clavulanate IV

Select or add another antimicrobial for this indication

The recommendations or assessments here are based on the information you have entered mapped against local and national antibiogram data, expert opinion, other guidelines and/or publications. They may differ from those provided in the Therapeutic Guidelines.

You are creating an approval for:

The approval number created is only applicable to each individual antimicrobial below. For prolonged therapy, please seek expert advice.

Patient Details: Anthemum, Chris | UR: 7654338 | Unit: Hepatobiliary & Upper GI | Change

Ward: 1N | Bed: 18

APPROVALS: 1

1. amoxicillin-clavulanate IV STANDARD APPROVAL X

APPROVAL START DATE: 8 August 2022 APPROVAL START TIME: 11:45 AM

DURATION: 3 day(s) APPROVAL END DATE: 11 August 2022

NOTE (400 characters max) optional

Approval

Create Approval Cancel

View previous approvals

Resources

No resources available for amoxicillin-clavulanate IV

Pneumonia, hospital acquired, pathogen unknown

Empirical therapy: low- to moderate-severity HAP

NATIONAL guidelines

Hide index

Therapeutic Guidelines

Therapeutic Guidelines > Antibiotic > Hospital acquired pneumonia

Hospital-acquired pneumonia

Search within page

What is HAP?

Aetiology of HAP

Diagnosis and investigations for HAP

Severity assessment of HAP

Empirical therapy: low- to moderate-severity HAP

Approach to management

Empirical therapy for hospital-acquired pneumonia (HAP) is stratified according to disease severity. For severity assessment, see [Severity assessment of HAP](#).

Empirical therapy for low- to moderate-severity hospital-acquired pneumonia (HAP) is directed against *Streptococcus pneumoniae* and aerobic Gram-negative bacilli. Treatment for atypical bacterial pathogens (eg *Legionella* species) is not routinely required for patients with HAP. The results of investigations can enable de-escalation of therapy or de-escalation of antibiotic treatment (see [Investigations](#)).

The parameters listed in [Box 2.10](#) (red flags) are considered by the Antibiotic Expert Groups to indicate adults with low- to moderate-severity HAP who need close observation, and measurement by an experienced clinician to identify deterioration early. If patients deteriorate, consider escalating to broader-spectrum antibiotic therapy (see [Empirical therapy: low-severity HAP](#) for regimen).

Recognition of clinical deterioration in children is difficult. For discussion on early recognition of sepsis in children, see [Early recognition of sepsis or septic shock in neonates, infants and children](#).

Red flags for deterioration in adults with low- to moderate-severity hospital-acquired pneumonia (Box 2.10)

Any of the following parameters are red flags for deterioration in patients with low- to moderate-severity hospital-acquired pneumonia:

- tachypnoea (respiratory rate higher than 22 breaths/minute)
- heart rate higher than 100 beats/minute
- hypotension (systolic blood pressure lower than 90 mmHg)
- acute-onset confusion
- oxygen saturation lower than 92% on room air (or lower than baseline in patients with corrected lung disease)
- multifocal involvement on chest X-ray
- blood lactate concentration more than 2 mmol/L (NB1)

Close observation, and measurement of these patients by an experienced clinician is essential.

NB1: Blood lactate can be measured using arterial or venous blood gas analysis. Venous blood gas analysis is acceptable for rapid lactate assessment (see [Arterial or venous blood gases](#)).

Out therapy is recommended for patients with low- to moderate-severity HAP. If identified, if oral therapy is not feasible, consider enteral administration (eg via nasogastric or percutaneous endoscopic gastrostomy (PEG) tubes). If oral or enteral therapy is not possible, use [parenteral therapy](#).

If a patient develops HAP while being treated with antibiotics, consider escalating therapy to broader-

View local guidelines and Therapeutic Guidelines: Antibiotic

Antimicrobial Stewardship Program

Create a new approval

Request an AMS review

Patient details (current admission)

List of all approvals, prescription alerts, AMS reviews requested (current admission)

Click arrow to close approval details

Click arrow to expand request details

Action menu for alerts and approvals

Isoft, Cole

UR: 8615226 | GENDER: M | AGE: 24y 7m | DOB: 14 Dec 1998 | UNIT: SCHGM | WARD: C_2N | BED: C_2N_J503 | AMO: Ging, Joanne | LATEST ADMISSION DATE: 27 July 2023

3 items

Current Admission (Admitted 27 July 2023)

STANDARD APPROVAL

APPROVAL NUMBER: AX2H0R-0508-0008-3

ANTIMICROBIAL: piperacillin-tazobactam

STATUS: Active

INDICATION: Pneumonia, aspiration, hospital acquired

APPROVAL START: 5 August 2023 at 04:20pm

DECISION PATHWAY

ADDITIONAL CRITERIA 1: Initial therapy

ADDITIONAL CRITERIA 2: High severity

APPROVAL END: 8 August 2023 at 04:20pm

PENICILLIN HYPERSENSITIVITY: No penicillin hypersensitivity

APPROVAL DURATION: 3 day(s)

CREATED ON: 5 August 2023 at 04:20pm

NOTE

PATIENT LOCATION: Unit: SCHGM | Ward: C_2N | Bed: C_2N_J503

Extend | Discontinue | History | Delete

REVIEW REQUEST

Created by 60177182

amoxicillin-clavulanate IV

REASON FOR REQUEST: Patient on IV Antibiotics may be suitable for PO. Testing AMS Review Request - Pharmacist Access

Active

Created 3 Aug 2023 at 11:27pm

PRESCRIPTION ALERT

Created by 60177182

amoxicillin-clavulanate IV for Acute cystitis, pathogen unknown

REASON FOR ALERT: Previous approval expired

NOTE: Testing Prescription alert by pharmacist

Active

Prescription start 3 Aug 2023

Started 11:08pm

Create Approval | Discontinue | History

Antimicrobial Stewardship Program

- Gentamicin & Vancomycin Dose Advisor

 Discern: (1 of 1)



Gentamicin Dose Advisor

Appropriate gentamicin dosing is determined by a patient's weight, BMI and renal function.

Obese patients ($\text{BMI} \geq 30 \text{ kg/m}^2$) may require modified aminoglycoside doses.

Please click the 'Advisor' button to calculate the recommended gentamicin dose for this patient.

Advisor

OK

- Gentamicin & Vancomycin Dose Advisor

Health

South Eastern Sydney
Local Health District