Antibiotic Time-Out Instructions



IDENTIFY RESIDENTS. Antibiotic stewardship champion will identify residents who have taken a new antibiotic for 48-72 hours.
GATHER INFORMATION. Antibiotic stewardship champion (or designee) will complete an Antibiotic Time-Out SBAR .
CONDUCT THE ANTIBIOTIC TIME-OUT. Complete the Antibiotic Time-Out Checklist (see reverse) with the prescribing clinician and ensure appropriate documentation.

SAMPLE ANTIBIOTIC TIME-OUT SBAR

Situation

"Resident on antibiotic therapy for 48-72 hours; new clinical assessment, laboratory test results (including culture and sensitivity testing, if available), and/or other diagnostic test results available for review"

Background

Include details about:

- The initial order and reason for antibiotic
- The drug, dose, duration and route
- Any known drug allergies
- Vital signs
- Clinical assessment
- Culture and sensitivity laboratory results
- · Other diagnostic test results

Assessment

Include details about:

Recommendation

- Whether the resident is tolerating the antibiotic
- How the resident's signs and symptoms have changed since starting the antibiotic

Complete the Antibiotic Time-Out Checklist (see reverse) with prescribing clinician to determine whether antibiotic should be continued, modified or stopped.

References: 1) CDC Core Elements for Antibiotic Stewardship https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardshipappendix-a.pdf 2) Barlam, Implementing an Antibiotic Stewardship Program: Guidelines by the infectious Diseases Society of America and the Society for Healthcare Epidemiology of America.







Antibiotic Time-Out

Purpose

Ensure antibiotics are prescribed for the right reason and with the right drug, dose, duration, route and documentation.

Rationale

Establish parameters for performance of an Antibiotic Time-Out and thereby optimize antibiotic selection and use based on clinical response and laboratory findings within 48-72 hours of antibiotic initiation.

Antibiotic Time-Out Checklist



Use this checklist to take a Time-Out to reassess every antibiotic within 48-72 hours after antibiotic start. Refer to practice guidelines and/or facility-specific treatment recommendations, when appropriate.

Date of review

Pr	escribe	er (MD), DO, NP, PA) participating in Time-Out	
Ch	necklist	comp	oleted by	
Antibiotic name Start date				Stop date
Ar	ntibioti	c indic	cation, dose, route	
	Yes	No	Antibiotic Time-Out	Comments
			Based on review of the clinical assessment, laboratory test results (including culture and sensitivity testing, if available), and/or other diagnostic test results, does this resident have a bacterial infection that will respond to antibiotics?	
			If so, is the resident on the most appropriate antibiotic(s)? Can the spectrum of the antibiotic be narrowed (de-escalation)?	
			Is the antibiotic being given in the correct dose?	
			Is the antibiotic being given by the most appropriate route (example: IV vs PO)?	
			How long will the antibiotic be needed? Can the duration of therapy be shortened?	
			Is the necessary documentation present to	



decisions?

Resident name or ID _____



