

BCA can support compliance with 7 NCS Measures

Antibiotic stewardship (1)

2.6.1.4.4 The minutes/documentation of the FORUM reviewing infection prevention and control demonstrate that recommendations on antibiotic usage for the establishment based on the organisms sensitivity profiles are made and adhered to

Antibiotic Stewardship

- Worldwide rising resistance, few new drugs, infections harder to treat, cost
- Groote Schuur Hospital ICU:
 - Testing antibiotic “blue board”
 - Focusing on:
 - Limiting the duration of treatment
 - De-escalation opportunities (check at 48 hours)
 - Measure overall antibiotic use (pharmacy data)

Blue Board Concept

HOSPITAL LOGO HERE

Antibiotic Stewardship Project
PRESCRIPTION Form



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Pt Name/Label	SIGNIFICANT DIAGNOSES: <input type="checkbox"/> Renal Impairment <input type="checkbox"/> Neutropenia <input type="checkbox"/> HIV/AIDS	AGE:	ALLERGIES:
	PROCEDURES:	WT: HEIGHT:	

INSTRUCTIONS. Prescribing doctor please complete shaded areas and check this form each day for ID/Microbiology/Pharmacy feedback. Prophylactic antibiotics: indicate agent, procedure (above) and indication. Therapeutic antibiotics: complete all sections.

AGENT:	1. INDICATION: <input type="checkbox"/> Prophylactic <input type="checkbox"/> Therapeutic	2. SAMPLE: e.g. MC&S <input type="checkbox"/> None <input type="checkbox"/> Before ABx <input type="checkbox"/> After ABx	3. INFECTION SOURCE: <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown <input type="checkbox"/> Community
	4. CONDITION: <input type="checkbox"/> Pneumonia <input type="checkbox"/> VAP <input type="checkbox"/> UTI	<input type="checkbox"/> Sepsis <input type="checkbox"/> Central Line Infection	<input type="checkbox"/> Intra-abdominal Infection <input type="checkbox"/> Surgical Site Infection

Start Date:	DAY:	1	2	3	4	5	6	7
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End Date:	DAY:	8	9	10	11	12	13	14
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STICKERS/CODE: Green = Continue | Orange = Caution (see note) | Red = STOP (see note) | Black = De-Escalate (see note)



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Blue Board Prototype

Pt Name/Label		WT: HEIGHT:		ALLERGIES:		<div style="border: 1px solid black; padding: 5px; color: red; text-align: center;">Sequential days not dates</div>						<div style="border: 1px solid black; padding: 5px; color: red; text-align: center;">Microbiology for de-escalation</div>							
<div style="border: 1px solid black; padding: 5px; color: red; text-align: center;">~Normal layout</div>														1	2	DAY 3	4	5	6
DRUG	DOSE	ROUTE																	
	DATE	PERIOD																	
FREQUENCY		PHARMACY																	
Dr NAME																			
SIGNATURE																			
Time of Order																			
48 Hour Assessment:				PAUSE ASSESS				7 Day Assessment:											
<input type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Route								<input type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Route											

						<div style="border: 1px solid black; padding: 5px; color: red; text-align: center;">Check at 48 hrs</div>						<div style="border: 1px solid black; padding: 5px; color: red; text-align: center;">Microbiology for de-escalation</div>							
														DAY TIME	1	2	DAY 3	4	5
DRUG	DOSE	ROUTE																	
	DATE	PERIOD																	
FREQUENCY		PHARMACY																	
Dr NAME																			
SIGNATURE																			
Time of Order																			
48 Hour Assessment:				PAUSE ASSESS				7 Day Assessment:											
<input type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Route								<input type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Route											

<u>Microbiology</u>	Date
Organism	
Site	
Sensitivity	
Comment	

<u>Microbiology</u>	Date
Organism	
Site	
Sensitivity	
Comment	



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