

# HEALTHCARE PROFESSIONALS: BE ANTIBIOTICS AWARE

## At Hospital Discharge

### 1

#### Use the most targeted and safe antibiotic<sup>1,2</sup>

- If a penicillin allergy is listed in the medical record, determine whether the patient is truly allergic.
- If the patient is to be discharged on a fluoroquinolone, consider a safer alternative when appropriate.
- If planning outpatient parenteral antibiotic therapy, consider review by the antibiotic stewardship program or infectious disease consultation service.



### 2

#### Use the shortest effective antibiotic duration<sup>1,3,4</sup>

- Account for inpatient antibiotic days when considering the duration of a post-discharge prescription.
- Examples of total treatment duration for common infections:
  - Community-acquired pneumonia: 5 days<sup>5</sup>
  - Hospital-acquired pneumonia: 7 days<sup>6</sup>
  - Non-purulent cellulitis: 5 days<sup>7</sup>



### 3

#### Document and communicate a structured and timely discharge summary<sup>8</sup>

Information communicated across transitions of care may include:

- Diagnosis and treatment plan
- Antibiotic therapy
  - List inpatient antibiotic(s) and total number of days received in the hospital.
  - Specify if antibiotic therapy was completed in the hospital or if continued therapy post-discharge is needed.
  - For a post-discharge prescription, list the planned antibiotic, dose, and end date.
- Results of relevant diagnostic tests (including pending tests)
- Instructions for follow-up medical care, including contact information for additional questions



### 4

#### Educate patients and caregivers<sup>1</sup>

- Indication and planned antibiotic course
- Instructions for follow-up medical care
- Signs and symptoms of worsening infection, and sepsis.
- Signs and symptoms of antibiotic-associated adverse events, including *Clostridioides difficile* infection



This document is meant to provide general guidance and does not apply to all clinical scenarios. Always assess the individual patient, use your clinical judgment, and follow your institution's treatment guidelines and protocols when applicable.

#### References:

1. CDC's Core Elements of Hospital Antibiotic Stewardship Program <https://www.cdc.gov/antibiotic-use/core-elements/hospital.html>.
2. FDA Drug Safety Communication <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-updates-warnings-oral-and-injectable-fluoroquinolone-antibiotics>.
3. Henry Ford Health System. Antimicrobial Stewardship Transition of Care <https://www.henryford.com/hcp/academic/ams-toc>.
4. Michigan Hospital Medicine Safety Consortium. D.I.S.Ch.A.R.G.E. Antibiotics: Facts and Solutions [https://mi-hms.org/sites/default/files/Discharge%20Factsheet\\_Appendix%20I.pdf](https://mi-hms.org/sites/default/files/Discharge%20Factsheet_Appendix%20I.pdf).
5. Metlay JP, et al. Am J Respir Crit Care Med. 2019 Oct;200(7):e45-e67.
6. Kalil AC, et al. Infect Dis. 2016 Sep;63(5):e61-e111.
7. Stevens DL, et al. Clin Infect Dis. 2014 Jul;59(2):e10-52.
8. Limpahan LP, et al. Am J Emerg Med. 2013 Sep;31(9):1297-301.

