



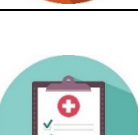





STEWARDSHIP PRACTICES IN NURSING

The 5 D's of Antibiotic Stewardship	Diagnosis		PATIENT: Is this a true infection or colonization?	7 Rights of Medication Administration
	Drug		MEDICATION: Is this antibiotic the best choice for this infection? Does the antibiotic match the culture/susceptibility results?	
	Dose		DOSE: Is this dose appropriate based on the patient's age, weight, and comorbidities (such as renal function)?	
	Duration		TIME: Is the antibiotic being given <u>after</u> any ordered cultures have been collected? Is there a stop date for the antibiotic?	
	De-escalation		REASON: What is the specific <u>indication</u> for this antibiotic? ROUTE: If an IV antibiotic, can it be safely converted to PO? DOCUMENTATION: Document your assessment, including any discussions about antibiotic appropriateness with other members of the team (such as the prescriber, pharmacist, etc.)	

Use SBAR for an Antibiotic "Time-Out"

S	Situation <ul style="list-style-type: none"> Your patient has an antibiotic ordered. 	
B	Background <ul style="list-style-type: none"> Have any microbiology lab tests been ordered and are results available? Is the indication for the antibiotic clear? If the patient has any antibiotic allergies, have you verified that these are true allergies? 	
A	Assessment <ul style="list-style-type: none"> Recognize infection versus colonization. Report changes in symptoms. Is the duration appropriate, and does the antibiotic match C&S results? 	
R	Recommendation <ul style="list-style-type: none"> Appropriate antibiotic treatment is a multidisciplinary effort. Work as a team to continue assessing treatment for appropriateness. 	