

**Central Administration of Pharmaceutical Care
General Administration for Drug Utilization and Pharmacy Practice Administration**

National Guidance of Antimicrobial Monitoring

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PART 1

Antimicrobial Monitoring Sheet and Timeout tool

PART 2

Patient Name: Patient ID: Ward Name: Date of admission: Allergies:

Antimicrobials	This form should be completed by clinical pharmacist/AMS pharmacist on a daily basis for patients receiving antibiotics	Day of Therapy (Check boxes every day if continue antibiotics)														
		Day Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Antimicrobial name	1. Planned duration: ----- days															
Start Date	2. Indication(s) ☐ Community acquired ☐ Hospital acquired	☐	☐	☐	☐	☐	☐	☐	☐	☒	☐	☒	☒	☐	☐	
Stop Date	☐ Blood stream ☐ Endocarditis ☐ Neutropenic fever ☐ Bone /Joint ☐ Head/Neck ☐ Intra-abdominal	Dosage regimen (Dose/Frequency)														
Route of administration	☐ CNS ☐ Skin/Soft tissue ☐ Surgical Prophylaxis ☐ Urinary tract ☐ Pelvic/GYN ☒ Non-surgical prophylaxis ☐ Respiratory ☐ Pneumonia ☐ other															
☐ Empirical ☐ Definitive	3. Timeout (Every 48h-72h)	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	
Is this antimicrobial in the restriction list ☐ Yes ☐ No If Yes, Was the restriction form completed ☐ Yes ☐ No	4. Recommendations: a. IV to Oral Switch (IVOST) b. Continue c. Discontinue(D/C) d. Escalate e. De-escalate	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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Antimicrobial name	1. Planned duration: ----- days															
Start Date	2. Indication(s) ☐ Community acquired ☐ Hospital acquired	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Stop Date	☐ Blood stream ☐ Endocarditis ☐ Neutropenic fever ☐ Bone /Joint ☐ Head/Neck ☐ Intra-abdominal	Dosage regimen (Dose/Frequency)														
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☐ Empirical ☐ Definitive	3. Timeout (Every 48h-72h)	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	Y ☐ N ☐	
Is this antimicrobial in the restriction list ☐ Yes ☐ No If Yes, Was the restriction form completed ☐ Yes ☐ No	Recommendations: a. IV to Oral Switch (IVOST) b. Continue c. Discontinue(D/C) d. Escalate e. De-escalate	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Final diagnosis	Biomarkers & Pertinent Positive Microbiology															
	Biomarkers	Type of culture	Microorganisms	Sensitivity				Date of culture withdrawal				Date of culture result				
		1-														
		2-														
		3-														

Notes: Escalate: Shift from monotherapy to combination and/or change from narrow spectrum to broader
De-escalate: Discontinue component/s of combination therapy and/or change from broad spectrum to narrower.

Y: Yes
N: No

Signature:

النموذج الصادر عن اللجنة القومية لترشيد استخدام مضادات الميكروبات بهيئة الدواء المصرية استرشادي يطبق وفقاً لطبيعة العمل داخل كل مؤسسة/ جهة

National Guidance of Antimicrobial Monitoring

Use the Antimicrobial Monitoring Sheet and Timeout Tool

Objectives:

1. It is one of the approaches that support optimal antimicrobial use (to review the appropriateness of all antimicrobial agents).
2. To review the use of antimicrobial agents in terms of indications, duration of treatment, dosing regimen, route of administration and time-out recommendations, hence, it facilitates the identification of any antimicrobial prescribing problem aiming at achieving rational antimicrobial use.
3. To document dosing regimen, duration, indication and time out recommendations.
4. To make this information accessible to help ensuring that antimicrobials are modified as needed and/or discontinued in a timely manner.
5. It is a tool for antimicrobial daily monitoring and time out review of antimicrobial every 48 hours to answer these key questions:
 - Does this patient have an infection that will respond to antibiotics?
 - If so, is the patient on the right antimicrobial(s), dose, and route of administration?
 - Can a more targeted agent be used to treat the infection (de-escalate)?
 - How long should the patient receive the antimicrobial agent(s)?
 - Are there any changes needed for the doses (renal impairment, hepatic impairment)?

How to use the Antimicrobial Monitoring Sheet and Timeout tool?

A) PART 1

For the patients who is prescribed antimicrobial agents, authorized person (e.g., Physician, AMS clinical pharmacist, etc.) should complete the following items **ONLY ONCE**:

- Patient Name
- Patient ID
- Ward Name
- Date of admission
- Allergies: e.g., penicillin allergy
- Indication (whether community or hospital acquired, and specify the site of infection)
- Final diagnosis

Authorized person should discuss with the physician to complete the following items **ONLY ONCE**:

- Antimicrobial name (appropriate antimicrobial therapy)
- Route of administration
- Start date
- Planned duration
- Put a mark on E (if it is prescribed empirically) or D (Definitive- if it is prescribed based on the culture sensitivity results)

B) PART 2

Authorized person should complete the following DAILY:

- The date of administering the antimicrobial therapy.
- Dosing regimen (dose/frequency) (to be documented on day 1 after discussion with the physician and checked daily for any change in the patient conditions requiring dose adjustment).

Authorized person should complete the following (Every 48-72hours):

- Time-out (put mark on Y if time out performed, a mark to be put on N if time out was not performed)
- Time-out recommendations (if time-out is performed, put a mark on the date at which time out recommendation carried out).

N.B: Time-out should be carried out by physician, clinical pharmacist can cooperate with the physician and discuss the time out recommendations to choose the most suitable one.

Biomarkers e.g., procalcitonin and pertinent positive microbiology (culture sensitivity results) should be completed.

The sheet should be signed by authorized person (e.g., physician, AMS clinical pharmacist,etc.), it can also be used by hospital physicians to improve antimicrobial prescribing in terms of antimicrobial prescribing standardization and achieve the best use of antimicrobials.

Note: The Antimicrobial Monitoring Sheet is considered as a guidance and can be tailored based on the situation of each health care institution.

Contributors

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