



ANTIBIOTIC STEWARDSHIP:

The Role of the Long Term Care Nurse

Improving the use of antibiotics in healthcare to protect residents and reduce the threat of antibiotic resistance is a national priority. Antibiotic stewardship is a set of actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.¹ The nurse is a vital member of the team and is critical to having an effective antibiotic stewardship program. Here are some of the most important things the nurse can do:

- **Take** an accurate antibiotic allergy history on admission. This allows the prescriber to use less potent antibiotics and reduces resistance.
- **Assess** for any recently treated or ongoing infections, especially with drug-resistant organisms, and take appropriate precautions. Notify your infection control person as soon as possible.
- **Complete** an accurate medication reconciliation.
- **Screen** for immunization history, and promote and administer vaccines as appropriate. Prevention is key.
- **Obtain** cultures as soon as possible and before starting antibiotics. Monitor culture results and report these to physicians. Ensure proper techniques when collecting a culture.
- **Communicate** microbiology reports to the providers to find out whether plan needs to be adjusted. Notify your infection control person of any drug resistant organism immediately.
- **Question** the necessity of a diagnostic test (like urine cultures, *C. difficile* tests etc.) when it is being ordered in situations where clinical criteria for testing are not being met. Use a protocol such as SBAR or McGeer.
- **Educate** resident and family members on the difference between the treatment of viral and bacterial infections, concept of colonization versus actual infection, side effects of antibiotics including *C. difficile*, higher chances of drug interactions with certain antibiotics and the association of antibiotic use and antibiotic resistance.
- **Avoid** requesting a urinalysis or culture for vague symptoms such as foul smelling or cloudy urine, mental status changes or decreased appetite. Look for other interventions first including increasing fluid intake, checking for recent medication changes or other organic causes of behavior changes, and having a dietician meet with the resident.
- **Practice** good hand hygiene.

1. Centers for Disease Control, Antibiotic Use in Nursing Homes, 2017



50 - 70%

Percentage of residents that receive an antibiotic in a year



75%

Percentage of incorrectly prescribed antibiotics in nursing homes



1 in 3

Number of prescribed antibiotics that were for the treatment of urinary tract infections (and over 50% were actually asymptomatic bacteriuria)