

Antimicrobial Audit

Microbial: microorganisms such as bacteria, viruses, fungi, or parasites.

Antimicrobial: an agent that kills or inhibits the growth of microorganisms.

Antimicrobial resistance: is when microbes no longer respond to antimicrobial designed to kill them.

Antimicrobial Stewardship: a coordinated approach to optimise the use of antimicrobials and infection prevention and control measures to improve resident outcomes, reduce resistance, and minimize harm.

Instructions

Attend the audit on any one chosen day

Undertake quarterly

Review 6 residents prescribed on acute antimicrobial treatment - oral, topical agents or IV/IM (provided externally).

As relevant, review 4 residents on long term prophylactic treatments and ongoing intermittent antimicrobial treatments (if there are greater than 4, rotate resident reviews at each audit)

An answer of 'No', requires review and action plan (with outcomes) to meet with the organisation AMS program

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Resident	1	2	3	4	5	6	7	8	9	10	Notes
Question	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	
Was the resident admitted to hospital in the last 30 days?											
Was the infection acquired within the health care facility or externally?											
Have infectious symptoms been identified within the week prior to prescribing in accordance with the McGeers/Stone Infection Criteria?											
Did the symptoms meet the McGeers/Stone Infection Criteria?											
Were symptoms documented in the residents' notes and an infection register completed?											
Did the infection form include all identified symptoms and provide a plan of care appropriate for the infection type?											
Was microbiology testing obtained?											
Was a urine dipstick not used to diagnose the UTI?											

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Were the microbiology results reviewed by the GP within 24hrs of being available?											
Where antimicrobial therapy was initiated, was the therapy reviewed and /or adjusted in view of the microbiology results and the resident's condition?											
Was the AB Therapeutic Guidelines or other accessed to review therapy management by prescriber and RN/EN administering?											
Was the correct treatment prescribed according to current evidence-based guidelines or Guide to common antibiotics used in aged care?											
Was a diagnosis and /or reason for the antimicrobial treatment documented in the notes?											
Was the reason for the treatment documented on the medication chart?											
Have allergies and adverse drug reactions to antimicrobials been documented or description of 'nil known' documented?											
Have allergies, adverse drug reactions and resistance been											

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considered when prescribing the antimicrobial therapy?											
Was the correct dose prescribed according to guidelines?											
Was the correct duration prescribed according to guidelines?											
Was the prescription clear and well documented?											
Was there a stop/ review date on the prescription?											
If treatment is via IV is there a plan for change to oral?											
Was a review plan documented in the residents' notes?											
Did the resident receive information about their treatment, potential side effects and review?											
Was the treatment given correctly according to specific directions – e.g. time intervals, before or after food?											
Was the efficacy of the treatment reviewed in the first 24 -48hrs?											
Were any adverse drug reactions noted and recorded in the resident's file?											

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Is this resident free from frequent intermittent antimicrobial treatment for recurring infections?											
Have additional measures been put in place to prevent frequently occurring infections for this resident?											
Is this resident free from long-term prophylactic antimicrobial treatment for recurrent or continuing infection?											
For residents on long term prophylactic antimicrobial treatment, is the treatment reviewed quarterly to ensure best care?											