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| **Antibiotic Policy**  |
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| **Policy Name :**  | **Antibiotic Policy**  |
|  |
| **Date of implementation :**  |   |
|   |
| **Approved By :**  |  ***Superintendent in Chief / Chief Medical Superintendent*** |
|   | Name : |
|   | Signature :  |
|
| **Reviewed By:**  | ***District Hospital Quality Assurance Team (Incharge / Member)*** |
|   | Name : |
|   | Signature :  |
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|   |
| **Issued By:**  | ***SiC / CMS / Quality Manager*** |
|   | Name : |
|   | Signature :  |
|
| **Responsibility of Updating :**  | ***Head Of Department***  |
|   | Name : |
|   | Signature :  |
|   |
| **Last Date of Updating** |   |
|  |   |

# A. Purpose:

* To improve patient care by promoting the best practice in antibiotic prophylaxis and therapy.
* To ensure better use of resources by using cheaper drugs where possible.
* To retard the emergence and spread of multiple antibiotic – resistant bacteria.
* To improve education of junior doctors by providing guidelines for appropriate therapy.
* To eliminate the use of unnecessary or ineffective antibiotics and restrict the use of expensive or unnecessarily powerful ones.
* To combat emergence of antibiotic resistance

**B. Scope**: Hospital Wide

Our policy is to rationally and judiciously use the antibiotics for patient treatment.

Antibiotics are categorized under following categories and authorization to prescribe those antibiotics is given according to the qualification and designation of doctor.

# Categories of antibiotics:

* First Level Antibiotics – can be prescribed by Junior Resident Doctors
* Second Level Antibiotics - can be prescribed by Senior Resident Doctors
* Third Level Antibiotics- can be prescribed by Junior Consultants
* Fourth Level Antibiotics- can be prescribed only by Senior Consultants

*(These categories can be further modified by the hospital as per their needs Hospital is supposed to differentiate the antibiotics under above mentioned categories used in the hospital.)*

* Assessment is done to know whether the patient actually requires an antibiotic or not  In general antibiotic therapy is not changed if the clinical condition is improving.
* If there is no clinical response within 72 hours, the clinical diagnosis, the choice of antibiotic and/or the possibility of a secondary infection should be reconsidered.
* Antibiotic are prescribed for the minimum length of time that is effective.
* Review the duration of antibiotic therapy is done after 5 days.
* For surgical prophylaxis antibiotics are started one day before induction of anaesthesia and continue for a maximum of five days as per prescribed by treating surgeon.
* Pathogen is targeted first –cultures are obtained from the patient;
* Empiric therapy is targeted for likely pathogens;
* Definitive therapy is given for known pathogens.
* Standard infection control practices and isolation precautions are adopted to avoid hospital acquired infection.
* Medical audit is done to know who prescribed what.
* Training and education is provided to the antibiotic prescribers to keep them updated about judicious usage of antibiotics.

General Guideline for Antibiotic Treatment and Prophylaxis:

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| **Common Pathogen**  | **1 Line**  | **2 Line**  | **Comment**  |
| Acute viral inf | No Antibiotic  | Antiviral  | Symptomatic  |
| Viral with secondary inf | -Penicillin deriviates-Macrolidus | Quinolone Cefalosporin | -  |
| Acute Bacterial  | -Colrimexole-Penicillin deriviates -1st generation quinolones -1st and 2nd gen cephalosporin  | 2nd and 3rd Generation quinolones 3rd generation Cefalosporin | -  |
| Mix Bacteria infGram+ve, Gram-ve | Broad spectrum antibiotic of any generation Aminoglycocytes | As per culture sensitivity result  | -  |
| Mix Anaerobic inf | Broadspectrum antibiotic AminoglycocytesTinidazoleMetronidazole OrmidazoleSecinidazole | As per culture sensitivity result  | -  |
| Worms infestation  | AntihelminthicsSpecific or Broad specific  |  | -  |
| Fungal  | Kelacenazole, Macunzole, Fluconazole  | With suitable Antibiotics  | -  |
| Tuberculosis  | As policy of DOT’s clinic  |  | -  |
| Amoebic inf | Anti amoebics |  | -  |
| Malarial Parasite  | Chloroquines and Primaquines | ArtisunateArtimether | Resistant cases Quinine Derivatives  |