



UW TASP
tele-antimicrobial stewardship program



September 17, 2024

Bringing Skepticism to the Bedside

If we want to solve problems in innovative ways, we need to have an accurate view of the world. It's essential to know what's fact, what's story, and what's conjecture.



Skepticism in Medicine

- Not believing something exactly as it is presented
- Different from medical skepticism



Questioning Common Practice in Medicine



NPO After Midnight

THINGS WE DO FOR NO REASON

Why you might think that making patients NPO after midnight is appropriate



Influential 1940s report described risk of aspiration under GA in pregnancy. This was generalized to all patients by 1960s. NPO at midnight ensures that patients are ready for a procedure at any time.

Why the indiscriminate use of NPO after midnight is unnecessary



Gastric emptying studies show that clear liquids are out of the stomach within two hours. Times vary for other food and drink. 10%-20% "NPO after midnight" orders are avoidable.

What you should do instead



For low-risk patients, follow ASA NPO guidelines for type of food or drink ingested. Patients should take appropriate home meds. Focus on liquids and time-based preprocedural NPO status.

Black MKM et al. June 2021

Visual Abstract by @acastellMD

Journal of
Hospital Medicine



Prescribing Docusate for Constipation in Hospitalized Adults

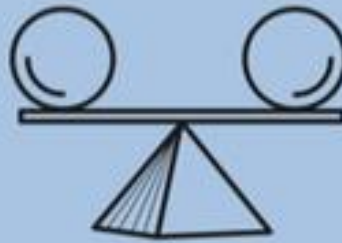
CHOOSING WISELY: THINGS WE DO FOR NO REASON

**Why you think
Docusate is helpful for
constipation...**



Early studies in 1950-60s
established its use.
Endorsement in formularies &
order sets propagated its use

**Why there is no reason
to prescribe Docusate
for Constipation...**



Multiple RCT have failed to
show any significant efficacy of
this drug over placebo

**What you should do
instead...**



Prescribe agents that have
been shown to work; PEG,
psyllium & lactulose

Fakheri RJ & Volpicelli FM. Feb 2019
Visual Abstract by @WrayCharles

**Journal of
Hospital Medicine**



Contact Precautions for MRSA & VRE

CHOOSING WISELY: THINGS WE DO FOR NO REASON

Why Contact Precautions (CP) may not be helpful for MRSA & VRE



Both retrospective and cluster-randomized trials have not shown a benefit of initiating CP for the prevention of acquiring MRSA or VRE in the hospital

Why Contact Precautions (CP) may be harmful



CP decrease time healthcare workers spend with patients, create delays at admission & discharge, increase anxiety & depression in patients, and decrease patient satisfaction

What you should do instead?



Improve horizontal preventions by promoting hand hygiene, antimicrobial stewardship, and chlorhexadine bathing for all patients

Young K et al. March 2019

Visual Abstract by @WrayCharles

**Journal of
Hospital Medicine**



Failing to Question a Penicillin Allergy History

CHOOSING WISELY: THINGS WE DO FOR NO REASON

Why you might simply accept a PCN allergy history



10% of the US population reports an allergy to PCN and its derivatives – one of the most commonly reported drug allergies

Why you should question a reported PCN allergy

90%


Clinical studies suggest that 90% of patients who report a PCN allergy can tolerate PCN antibiotics

What you should do instead



Obtain a thorough drug allergy history, update the medical record, and offer supervised oral challenge

Kleris RS & Lugar PL. November 2019

 Visual Abstract by @WrayCharles

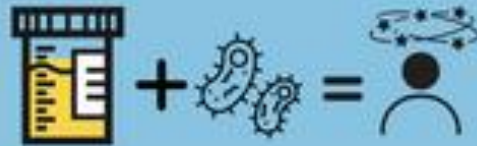
Journal of
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Urine Testing for Delirium



THINGS WE DO FOR NO REASON

Why you might think that urine testing is helpful in older adults with delirium who have no signs or symptoms of UTI



There is a common perception of causation between UTI and delirium.

Why you should not obtain urine testing in older adults with delirium if they have no signs or symptoms of UTI

- Increased antimicrobial resistance 
- Adverse drug effects 
- Premature closure → missed or delayed diagnosis

What you should do instead



A careful physical and neurologic exam and review of modifiable risk factors (environment, sleep deprivation, medications, immobilization, sensory impairments)

Memari M et al. September 2021

Visual Abstract by @michellebr00ks

Journal of
Hospital Medicine



Bringing that Same Skepticism to the Individual Patient

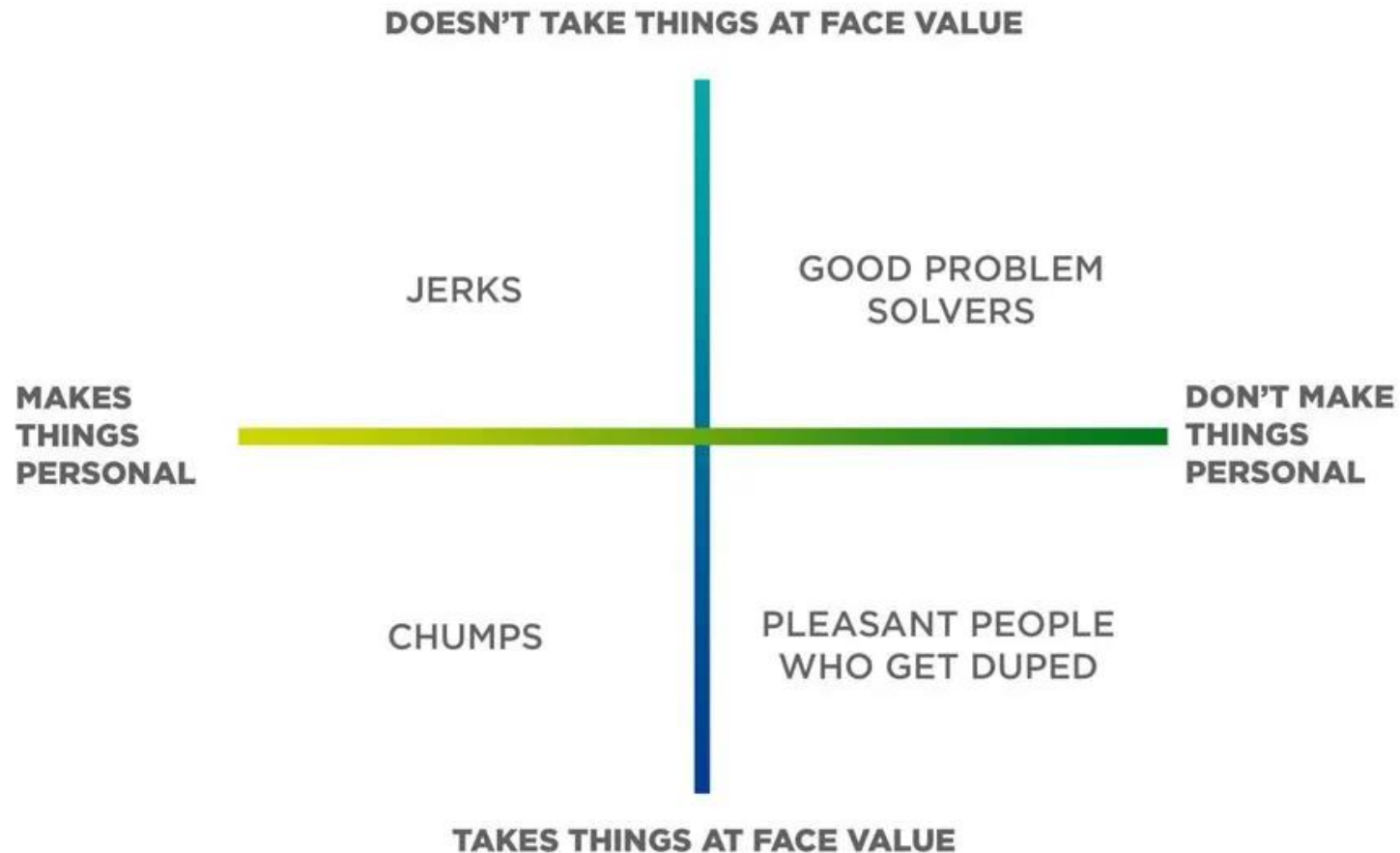


Cellulitis: Making the Diagnosis

- >1/3 of patients hospitalized for cellulitis are misdiagnosed (meta-analysis, 860 pts)
 - Derm or ID evaluation was the standard
 - Two most recent studies, 60% received an alt diagnosis
- Of the alternative diagnoses:
 - 20% Stasis dermatitis
 - 50% Other non-infectious
 - 10% Abscess
 - 23% Other infectious
- No patient worsened after abx d/c



PRODUCTIVE SKEPTICISM



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[How To Use Skepticism To Lead More Innovatively \(Without Being A Jerk\) \(forbes.com\)](https://www.forbes.com)



“I noticed this patient has a urine culture ordered, but the patient reports no urinary symptoms right now. Can you share more about what triggered this urine culture?”



Top 20 Primary Diagnoses 2018

For inpatient stays, nonmaternal & nonneonatal

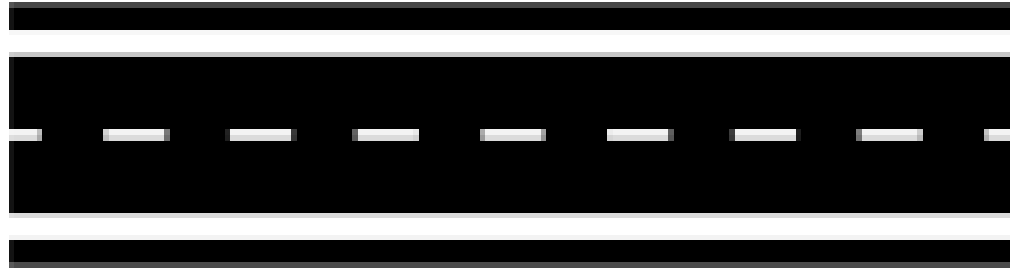
1 – Septicemia (8%, \$41.5 billion)

4 – Pneumonia (2.7%)

11 – Skin and subcutaneous tissue infections (1.9%)

14 – Urinary tract infections (1.8%)





“that’s not really my lane”

