

The Four Moments of Antibiotic Decision-Making

1 Does my patient have an infection that requires antibiotics?



2 Have I ordered appropriate cultures before starting antibiotics? What empiric therapy should I initiate?



3 A day or more has passed. Can I stop antibiotics? Can I narrow therapy or change from IV to oral therapy?



4 What duration of antibiotic therapy is needed for my patient's diagnosis?



1. Does my patient have an infection that requires antibiotics?
2. Have I ordered appropriate cultures before starting antibiotics? What empiric therapy should I initiate?
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4. What duration of antibiotic therapy is needed for my patient's diagnosis?

ANTIBIOTIC TIME OUT TOOL

Date: _____ Patient Name: _____ Medical Record Number: _____

Directions: This tool is for front line teams to use during daily rounding on patients. The form can be completed by the rounding team or in advance by a pharmacist rounding with the team to facilitate faster review. Answer the questions for each patient being treated with antibiotics to help you determine whether this therapy is no longer needed.

Note: there is a table of commonly recommended durations of therapy at the end of this document for your convenience.

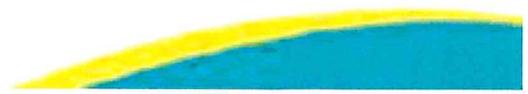
Antibiotic #1 _____ Day # _____
Antibiotic #2 _____ Day # _____
Antibiotic #3 _____ Day # _____

1. Indication(s) for continuing antibiotics:

- Sepsis / bacteremia
- Prophylaxis
- CNS infection
- Head and neck infection
- Endovascular / endocarditis
- Community-acquired pneumonia
- Hospital-acquired pneumonia or ventilator acquired pneumonia
- *Clostridium difficile* infection
- Intra-abdominal infection
- Urinary tract infection
- Osteoarticular infection
- Skin / soft tissue infection
- Other _____

2. Does the patient have any of the following conditions for which antibiotics are NOT typically recommended?

- Yes No
- Positive urine culture in asymptomatic patient who is not pregnant or about to undergo urologic surgery where mucosal bleeding is expected
- Coagulase-negative staphylococci in one blood culture
- Candida in sputum or urine
- Surgical prophylaxis beyond 24 hours
- Enterococcus in sputum
- Non-infectious etiology of symptoms



3. Based on clinical status, including available culture results:

- Can any of the antibiotics be discontinued? Yes No
- Can existing therapy be changed to a more narrow spectrum regimen? Yes No
- Should additional agents or broader-spectrum agents be added? Yes No
- Are there any IV agents that can be changed to the PO route? Yes No

4. Are the antibiotics I have selected consistent with local guidelines? Yes No

5. Planned duration of therapy (see commonly recommended durations of therapy in chart below)

- _____ Days
- Is the planned duration of therapy different than the recommended duration? If so, why?

6. Summary of changes to antibiotic regimen:

DISEASE PROCESS	DURATION OF ANTIBIOTIC THERAPY
Community-acquired pneumonia	5-7 days
Hospital / healthcare-acquired pneumonia	7 days
Ventilator-associated pneumonia	7 days
Cystitis	3-7 days depending on the agent chosen
Pyelonephritis	7 days unless using an oral cephalosporin
Skin and soft-tissue infections	5-7 days
Intra-abdominal infection with source control	4 days

