HOSPITAL BAHAGIA ULU KINTA

ANTIBIOTIC POLICY

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1. INTRODUCTION

Infections remain as the common cause of presentation to the outpatient department and inpatient admissions to the hospital. Antibiotics are widely being prescribed to treat infections, both in the community and hospital setting. Selection of appropriate anti-infective therapy can be challenging to the clinician. Consequently, understanding the basic principles of anti-infective therapy is important to ensure optimal outcome and to reduce selective pressure on antibiotics, which may be associated with the development of antibiotic resistance.

The overuse and misuse of antibiotics have contributed to increased bacterial resistance to antibiotic, among other contributory factors. Antibiotics are frequently prescribed for indications in which their use is not warranted, or an inappropriate or suboptimal antibiotic is prescribed. The available evidence suggests that, when antibiotic use is warranted, choosing the therapy most likely to achieve clinical cure and treating for the shortest length of time will result in a lower incidence of retreatment and of antibiotic resistance.

Intensive use of antibiotics in hospital is often associated with increasing prevalence of antibiotic resistance. Other risk factors are admission to wards where resistant strains are epidemic or endemic and frequent exposure to nursing and invasive procedures. Surveillance of resistance rates in hospitals has likewise revealed a direct correlation between the amount of broad spectrum antibiotics used and local prevalence of resistant strains during outbreaks.

A thorough clinical assessment of the patient is imperative to ascertain the underlying disease process, to predict the pathogens associated with the infection and to select an antibiotic that will target the likely organisms. Where appropriate and clinically indicated, the initial assessment should be supported by relevant laboratory investigations to establish a definitive microbiological diagnosis and to determine the susceptibility of the organism to various antibiotics as to prevent the emergence of antibiotic resistance.

2. OBJECTIVES

2.1.1 GENERAL OBJECTIVE

To minimize the morbidity and mortality due to antimicrobial resistant and to preserve the effectiveness of antimicrobial agents in the treatment and prevention of infectious diseases.

2.1.2 SPECIFIC OBJECTIVE

i. To optimize antibiotic therapy by promoting judicious use of antibiotics, optimizing antibiotic selection, dosing, route and duration of therapy in order to maximize clinical cure or prevent infection.

ii. To limit the unintended consequences such as the emergence of antibiotic resistance and adverse drug event.

iii. To reduce healthcare cost without adversely impacting quality of care.

iv. Monitor the impact of antibiotic policy by measuring the amount of antibiotic usage by using the number of defined daily doses (DDD)

3. DEFINITION OF TERMS

i. Antibiotic : Medicine used to prevent and treat bacterial infections

ii. Antibiotic / Antimicrobial Resistance : The ability of microbes to resist the effects of drugs where the germs are not killed and their growth is not stopped.

iii. Defined Daily Dose : The assumed average maintenance dose per day for a drug used for its main indication in adults.

4. ROLES AND RESPONSIBILITIES

a) Presciber :

i. Prescribe antibiotic guided by the National Antibiotic Guidelines, 2014

ii. Review patient antibiotic therapy on a regular basis based on microbiology result and the patient's progress

b) Pharmacist :

i. Give advice on the proper use of antibiotics (eg. Indication, dose, duration and adverse effects)

ii. Yearly collection and analysis of antibiotic consumption and expenditure

5. ANTIBIOTIC POLICY OF HOSPITAL BAHAGIA ULU KINTA

Hospital Bahagia Ulu Kinta incorporated the National Antibiotic Guidelines 2014 as the hospital antibiotic policy but the prescribing of antibiotic is subject to the antibiotic listed in the Hospital Bahagia Ulu Kinta formulary.

6. REFERENCES

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