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# Antibiotic Stewardship

## Laboratory's Role

Heather Alvarez, CLS, MS

# Team- Who is on your committee?



**Pharmacy**



**Laboratory**



**Infection Prevention**



**Quality**



**Informatics**



**Inpatient, ER, and Clinic RN**



**Inpatient physician**

# Susceptibility Testing- What do you report?

- Most Susceptibility testing is done in panels
- We build rules to suppress antibiotics based on culture type based on guidelines from CLSI, etc
- Does anyone build rules for antimicrobial stewardship? Such as report a smaller number of antibiotics on initial report, to support AMS efforts



# Data- How is lab data used for AMS?

## DECREASE DURATION/USE OF VANCOMYCIN

- MRSA screen performed on all patients with initial Vancomycin order. If negative, Vancomycin is discontinued and replaced with alternate antibiotic

## DECREASE DURATION/USE OF AZITHROMYCIN

- Urine antigen testing performed on pneumonia patients

## NARROW ANTIBIOTIC SPECTRUM

- Susceptibility testing results used to narrow antibiotic coverage or de-escalate therapy



# Tips- What tools does your facility use that make AMS easier?

Epic report- Length of Stay, Antibiotic Therapy days, etc

Epic pharmacy daily note- Antibiotic review and recommendations

