Antimicrobial Stewardship at Methodist Le Bonheur Healthcare

Methodist Le Bonheur Healthcare is committed to ensuring appropriate antibiotic use within our healthcare system. Improving antibiotic utilization is a patient safety issue as well as a national priority. We are implementing a system-wide Antimicrobial Stewardship Program (ASP) utilizing the CDC’s Core Elements of Hospital Antibiotic Stewardship Programs.1 The ASP will focus on initiatives that promote the appropriate selection, dosing, route, and duration in our patients. This will optimize patient outcomes while minimizing unintended consequences. We will be issuing newsletters periodically to keep all clinicians up to date on initiatives and important news regarding antibiotic stewardship.

Fluoroquinolone Use in Uncomplicated Infections

On May 12, the FDA released a statement regarding the safety of fluoroquinolones in uncomplicated infections. The FDA advises that the risk of side effects involving tendons, muscles, nerves, joints, and the central nervous system outweighs their benefit in patients with acute sinusitis, acute bronchitis, and uncomplicated urinary tract infections (UTI). For patients with these conditions, fluoroquinolone use should be reserved for situations where there are no other treatment options.

Outpatient Treatment of Urinary Tract Infections (UTI) in our Emergency Department

Recently we evaluated the treatment of UTI’s in our Emergency Departments (ED). There were 386 patients included in the analysis. The most common isolates identified in these patients were E.coli (61%), K. pneumoniae (9%), E.faecalis (7%), and P.aeruginosa (7%). Ciprofloxacin was the most common antibiotic prescribed for treatment (38%), followed by Trimethoprim/Sulfamethoxazole (35%) and Nitrofurantoin (20%). Based on the culture and sensitivity reports*, only 58% of the antibiotics prescribed were appropriate and 12% of these patients returned to an MLH facility for further treatment. Practice guidelines issued by the Infectious Disease Society of America for treatment of acute cystitis suggest nitrofurantoin 100mg twice daily for 5 days as an appropriate first choice for treatment. TMP/SMX is also appropriate if resistance rates do not exceed 20%; however, our 2015 antibiogram showed resistance rates greater than 30%. Fluoroquinolones should be reserved as an alternative agent.

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1. CDC. Core Elements of Hospital Antibiotic Stewardship Programs. Atlanta, GA: US Department of Health and Human Services, CDC; 2014
* Culture and sensitivity reports were not available for nitrofurantoin