Antimicrobial Stewardship Program (ASP) newsfeed
February 2015

1. **Antimicrobial shortages:** Pharmacy is currently experiencing intermittent shortages for the following antimicrobials. While restriction of these medications has not been implemented, the following are some recommendations on appropriate utilization of these antimicrobials to prevent unnecessary over utilization.

<table>
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<tr>
<th>Antibiotic</th>
<th>Recommendations</th>
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| Ampicillin-sulbactam     | - Uses: sinusitis, respiratory infections, otitis media, some skin/soft tissue infections (including bite wounds) and more.  
- When used to provide broad spectrum coverage (Note: not recommended for use as broad spectrum agent if *Pseudomonas aeruginosa* or other gram negative organisms (*Serratia, Providencia,* Indole-positive Proteus, *Citrobacter, Enterobacter,* and *Acinetobacter*) are suspected).  
- Please start assessing your patient for de-escalation at the 48-72 hour and daily thereafter  
- If patient is tolerating oral intake, please order or switch to amoxicillin/clavulanate (Augmentin) |
| Piperacillin-tazobactam  | - Uses: Hospital-acquired/healthcare-associated pneumonia, severe skin/soft tissue infections including diabetic ulcers, intra-abdominal infections  
- At ILH, generally used initially to provide broad spectrum coverage in infections (where *Pseudomonas aeruginosa* or other bacterial agents are suspected) for 48-72 hours pending diagnosis and culture results.  
- Please start assessing your patient for de-escalation at the 48-72-hour and daily thereafter.  
- When indicated please request cultures, preferably before antibiotics are started. Without culture data and results de-escalation can be challenging |
| Vancomycin               | - Uses: suspected or proven gram positive infections of bacteremia, meningitis, pneumonia, skin/soft tissue and more. It is also the drug of choice for gram positive infections in patients with severe beta-lactam allergy.  
- **DISCONTINUE** if:  
  - MRSA not cultured from any site  
  - No positive cultures from sterile sites from Gram positive organisms susceptible to other agents  
  - No documented penicillin anaphylaxis  
  - No recent pacemaker, AICD, graft or prosthetic valve  
  - Coagulase negative *staphylococci* in blood without intravascular device  
  - Other cause found for starting empiric therapy  
- **CONTINUE** if:  
  - Documented MRSA infection  
  - Bacterial or suspected bacterial meningitis  
  - Oncology service protocol for febrile neutropenia  
  - Proven or suspected gram-positive infection based on imaging, cultures and clinical situation that requires treatment  
  - Osteomyelitis of spine, disc or extremity and unable to get culture or biopsy culture negative  
  - Vascular catheter that **cannot** be removed (i.e. tenuous hemodialysis catheter)  
  - Infectious disease service recommendation |

2. **2015 Antiibiogram:** A copy of the 2015 antiibiogram has been included in this email. This copy has also been posted in the RESOURCES section of EPIC.

- **If you need help determining which antibiotic to order or have any questions please call Fatima Brakta, Infectious diseases clinical pharmacy specialist, at 903-4298 or call the inpatient pharmacy at 903-3017.**