Antibiotic Overuse and Stewardship at Hospital Discharge: The Reducing Overuse of Antibiotics at Discharge Home Framework

Are you discharging your patient today? If yes, let's go through some of these AMS strategies for the patient.

WAS THERE AN INFECTION?

Confirm whether the initial infectious diagnosis/label still applies to the patient in front of you. There are times when antibiotics were started in ED for "mysterious" condition/non-bacterial infections

- "Dirty" urine in asymptomatic patients
- Heart failure
- Viral pneumonia
- Tachycardia

If these were not discontinued at 48-72 H post admission, discharge is an ideal time to stop these.

SHORT AND SWEET

Review the duration and use the **shortest effective duration** by committing to an infective diagnosis (i.e. site of infection) and decide on the duration based on the available evidence. This website by Dr. Brad Spellberg can really help "trim" the duration down:

https://www.bradspellberg.com/shorter-is-better

FLUOROQUINO-NO

Reduce/avoid fluoroquinolone use at discharge if possible. Primary avoidable causes of FQ use at discharge include pneumonia, intraabdominal infections, and perioperative therapy.

GIVE HIM/HER THE BEST OPAT

Patients discharged to OPAT should be reviewed one final time prior to the discharge as some OPAT regimens can often be optimized by

- Switching to oral therapy
- Reduce the OPAT duration
- Optimize the dose and agent
- Stopping antibiotics altogether

TAKE HOME MESSAGE

AMS plays a critical role not only during inpatient care but also at hospital discharge. Incorporating the above can help your patients today.