

# Antibiotics: handle with care!

Nurses

## Antibiotic resistance **keeps increasing** in Europe, threatening patient safety in all healthcare settings

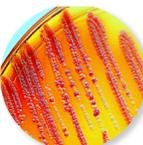
As a nurse, you have a responsibility to use antibiotic prudently and to ensure that they remain effective. In your role, you must:



Follow infection prevention and control guidance



Administer antibiotics to patients according to the prescription



Coordinate the taking and sending of microbiological specimens, and their reporting back to physicians



Report adverse effects of antibiotic therapy to physicians and to appropriate review committees



Manage antibiotic stocks on your ward, and ensuring the traceability of antibiotic use



Provide information on treatments to patients and families



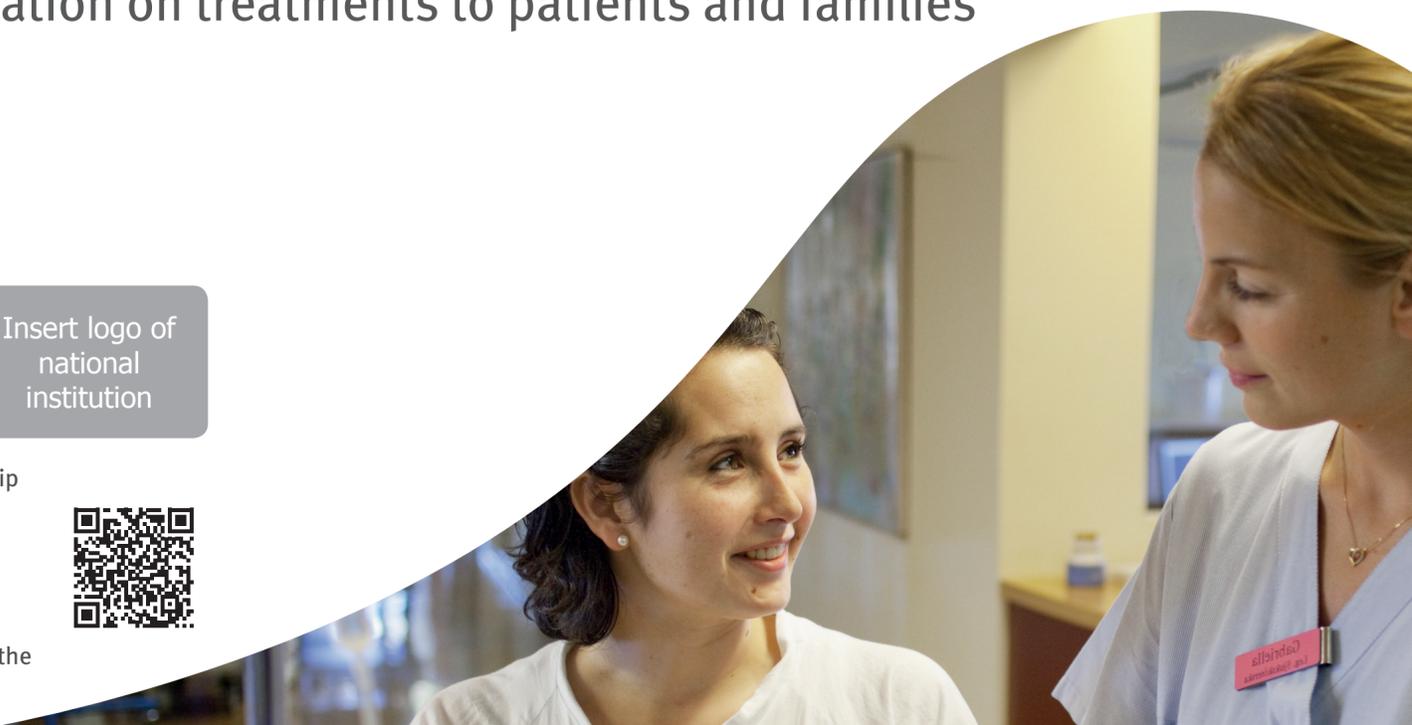
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If you want to know more about the antibiotic stewardship programme in your hospital, contact [email address] or call [phone number]. See more information at [hospital website]



The statements in this poster are supported by scientific evidence. Visit <http://antibiotic.ecdc.europa.eu> or scan the QR code.



# Antibiotics: handle with care!

Intensive care unit  
physicians

Up to half of all antibiotic use  
in hospitals is **unnecessary** or  
**inappropriate**

As an intensive care unit physician, you have a responsibility to use antibiotic prudently and to ensure that they remain effective. In your role, you must:



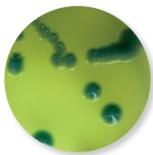
Follow infection prevention and control guidance



Prescribe according to evidence-based hospital antibiotic guidelines for common infections and for surgical prophylaxis



Initiate antibiotic treatment as soon as possible in patients with severe infection



Ensure that relevant cultures are taken



Avoid unnecessary antibiotic prophylaxis



Re-evaluate treatment after 48–72 hours, or when results from microbiological samples are available



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# Antibiotics: handle with care!

Hospital  
prescribers

Up to half of all antibiotic use  
in hospitals is **unnecessary** or  
**inappropriate**

As a hospital prescriber, you have a responsibility to use antibiotic prudently and to ensure that they remain effective. In your role, you must:



Follow infection prevention and control guidance



Initiate antibiotic treatment as soon as possible in patients with severe infection



Ensure that relevant cultures are taken timely



Re-evaluate treatment after 48–72 hours, or when results from microbiological samples are available



Prescribe according to evidence-based hospital antibiotic guidelines for common infections and for surgical prophylaxis



Inform your patients of any antibiotics prescribed, and their potential adverse effects



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## Prescribers' checklist

- Is there a high probability of a bacterial infection, rather than colonization or a viral infection?
- Does the patient have an infection that will respond to antibiotics?
- Have you checked the patient's recent antibiotic use, drug allergies, hospitalisation or institutionalisation, use of immunosuppressive therapy and microbiology results for the previous 3 months?
- Is the patient on the right antibiotics, dosage, and route of administration?
- Can an antibiotic with a narrower spectrum be used to treat the infection?
- Have you prescribed the shortest possible duration of treatment?  
Have the appropriate cultures been taken?
- Do the culture results necessitate starting antibiotic therapy or modifying ongoing the current antibiotic therapy?
- Have you documented the indication of antibiotic treatment, drug choice, dosage, route of administration and duration of treatment in the patient chart?
- Does the choice of antibiotic therapy comply with your hospital's guidelines?
- Does the choice of antibiotic therapy comply with your hospital's antibiotic resistance patterns?



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# Antibiotics: handle with care!

Our hospital

In this hospital we are committed to **use antibiotics prudently** and to ensure that they **remain effective**



We follow infection prevention and control guidance



We initiate antibiotic treatment as soon as possible in patients with severe infection



We ensure that relevant cultures are taken timely



We re-evaluate treatment after 48–72 hours, or when results from microbiological samples are available



We prescribe according to evidence-based hospital antibiotic guidelines for common infections and for surgical prophylaxis



We inform our patients of any antibiotics prescribed, and their potential adverse effects



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