



Antimicrobial Use and Resistance (AUR) Option

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Introduction

Rates of resistance to antimicrobial agents continue to increase at hospitals in the United States.¹ The two main reasons for this increase are patient-to-patient transmission of resistant organisms and selection of resistant organisms because of antimicrobial exposure.² Previous studies have shown that feedback of reliable reports of rates of antimicrobial use and resistance to clinicians can improve the appropriateness of antimicrobial usage.³⁻⁵

The goal of this National Healthcare Safety Network (NHSN) AUR Option is to provide a mechanism for facilities to report and analyze antimicrobial use and/or resistance as part of antimicrobial stewardship efforts at their facility.⁶ This module contains two options, one focused on antimicrobial usage and the second on antimicrobial resistance. To participate in either option, the facility must coordinate with their software provider to configure their system to enable the generation of standard formatted file(s) to be imported into NHSN. The format provided for data submission follows the HL7 Clinical Document Architecture (CDA).⁷ Manual data entry is not available for the AUR Module.

1. Antimicrobial Use (AU) Option

Objectives: The primary objective of the Antimicrobial Use option is to facilitate risk-adjusted inter- and intra-facility benchmarking of antimicrobial usage. A secondary objective is to evaluate trends of antimicrobial usage over time at the facility and national levels.

Methodology: The primary antimicrobial usage metric reported to this module is antimicrobial days per 1000 days present. An antimicrobial day (also known as day of therapy) is defined by any amount of a specific antimicrobial agent administered in a calendar day to a particular patient as documented in the electronic medication administration record (eMAR) and/or bar coding medication record (BCMA) (refer to Numerator Data Section); all antimicrobial days for a specific agent administered across a population are summed in aggregate.⁸⁻¹¹ Days present are defined as the aggregate number of patients housed to a patient-care location or facility anytime throughout a day during a calendar month (refer to Denominator Data Section). For each facility, the numerator (i.e., antimicrobial days) is aggregated by month for each patient-care location and overall for inpatient areas facility-wide (i.e., facility-wide-inpatient). Similarly, the denominator (i.e., days present) is calculated for the corresponding patient-care-location-month or facility-wide-inpatient-month. A secondary antimicrobial usage metric for facility-wide-inpatient also reported to this module is antimicrobial days per 1000 admissions. The numerator and denominators are further defined below and must adhere



to the data format prescribed by the HL7 CDA Implementation Guide developed by the CDC and HL7.⁷

Settings: NHSN encourages submission of all NHSN-defined inpatient locations, facility-wide-inpatient, and select outpatient acute-care settings (i.e., outpatient emergency department, pediatric emergency department, 24-hour observation area) at each facility (Table 1). The patient-care areas may include adult, pediatric, or neonatal units as defined by NHSN Codes (Chapter 15 CDC Locations and Descriptions). A comprehensive submission will enable a facility to optimize inter- and/or intra-facility comparisons among specific wards, combined wards, and hospital-wide data. The optional and minimal requirements for participation in the Antimicrobial Use option are listed in Table 1.

The minimal requirement for participation is submission of data for all four of the following locations (if applicable to facility): 1) all medical critical care units(s) and surgical critical care units(s) [if combined units, then report as medical/surgical critical care unit(s)]; 2) all medical ward(s) and surgical ward(s) [if combined wards, then report as medical/surgical ward(s)]; 3) at least one specialty care area; and 4) facility-wide-inpatient (both days present and admissions must be reported for this location).

Table 1. CDC Location^a: Optional and Minimal Requirements for AU Option

Inpatient Locations	Minimal Submission Requirements (if applicable for facility)
Adult Critical Care Units	<p>Requirement: For facilities with only adult critical care unit(s): submit all medical critical care unit(s) and surgical critical care units(s) [if combined units, then report as medical/surgical critical care unit(s)].</p> <p>For facilities with adult and pediatric critical care unit(s), the minimum requirement is the submission of data from all adult and pediatric critical care locations.</p>
Pediatric Critical Care Units	<p>Requirement: For facilities with only pediatric critical care unit(s): submit all medical critical care unit(s) and surgical critical care units(s) [if combined units, then report as medical/surgical critical care unit(s)].</p> <p>For facilities with adult and pediatric critical care unit(s), the minimum requirement is the submission of data from all adult and pediatric critical care locations.</p>
Neonatal Units	Optional (i.e., no minimal submission requirement)
Inpatient Specialty Care Areas	Requirement: At least one Specialty Care Area
Inpatient Adults Wards	<p>Requirement: For facilities with only adult medical and surgical ward(s), submit all medical ward(s) and surgical ward(s) [if combined wards, then report as medical/surgical ward(s)].</p> <p>For facilities with adult and pediatric medical and surgical ward(s), the</p>



Inpatient Locations	Minimal Submission Requirements (if applicable for facility)
	minimum requirement is the submission of data from all adult and pediatric medical and surgical ward locations.
Inpatient Pediatric Wards	<p>Requirement: For facilities with only pediatric medical and surgical ward(s), submit all medical ward(s) and surgical ward(s) [if combined wards, then report as medical/surgical ward(s)].</p> <p>For facilities with adult and pediatric medical and surgical ward(s), the minimum requirement is the submission of data from all adult and pediatric medical and surgical ward locations.</p>
Step Down Units	Optional (i.e., no minimal submission requirement)
Operating Rooms	Optional (i.e., no minimal submission requirement)
Long Term Care	Optional (i.e., no minimal submission requirement)
Facility-Wide	Minimal Submission Requirements (if applicable for facility)
Facility-wide-inpatient	Requirement: Facility-wide-inpatient
Outpatient Locations	Minimal Submission Requirements (if applicable for facility)
Select Acute Care Settings Outpatient Emergency Department Pediatric Emergency Department 24-Hour Observation Area	Optional (i.e., no minimal submission requirement)

^a**CDC Location:** A CDC-defined designation given to a patient-care area housing patients who have similar disease conditions or who are receiving care for similar medical or surgical specialties. Each facility location that is monitored is “mapped” to one CDC Location. The specific CDC Location code is determined by the type of patients cared for in that area according to the **80% Rule**. That is, if 80% of patients are of a certain type (e.g., pediatric patients with orthopedic problems), then that area is designated as that type of location (in this case, an Inpatient Pediatric Orthopedic Ward).

Requirements:

An acceptable minimal month of data includes:

- a. Data submitted for all four of the following locations (if applicable to facility): 1) all medical critical care unit(s) and surgical critical care unit(s) [if combined units, then report as medical/surgical critical care unit(s)]; 2) all medical ward(s) and surgical ward(s) [if combined wards, then report as medical/surgical ward(s)]; 3) at least one specialty care area; and 4) facility-wide-inpatient (both days present and admissions must be reported for this location).
- b. Each month, the facility must choose to monitor antimicrobial use data on the *Patient Safety Monthly Reporting Plan* (CDC 57.106)
- c. All data fields outlined in the Table of Instructions (Appendix A) for the AU option are completed via CDA for each location.

Numerator Data (Antimicrobial Days):

Antimicrobial Days (Days of Therapy): Defined as the aggregate sum of days for which any amount of a specific antimicrobial agent was administered to individual patients as documented in the eMAR and/or BCMA.⁸⁻¹¹ Appendix B provides a list of antimicrobial agents. Aggregate antimicrobial days are reported monthly for inpatient locations, facility-wide-inpatient, and select outpatient acute-care settings (e.g., outpatient



emergency department, pediatric emergency department, 24-hour observation area) for select antimicrobial agents and stratified by route of administration (e.g., intravenous, intramuscular, digestive and respiratory). Refer to Table 2 and 3 for definitions of drug-specific antimicrobial days and stratification based on route of administration. For example, a patient to whom 1 gram vancomycin is administered intravenously twice daily for three days will be attributed three “Vancomycin Days (total)” and three “Vancomycin Days (IV)” when stratified by intravenous route of administration. Appendix C provides additional examples for the calculation of antimicrobial days. Table 4 summarizes the data elements for numerator calculation. Please note that “zero” should be recorded when no aggregate usage occurred during a given reporting period for a specific antimicrobial agent at a facility in which the agent is used, while “not applicable” should be recorded when data are not available for a specific antimicrobial agent at a facility (e.g., the agent can’t be electronically captured at that facility). A value (e.g., a specific number, “zero”, or “not applicable”) should be reported for every antimicrobial agent listed in Appendix B.

Table 2. Classification and Definitions of Route of Administrations for Antimicrobial Days

Classification: Route of Administration^a	Definition^{b,c}
Intravenous	An intravascular route that begins with a vein.
Intramuscular	A route that begins within a muscle.
Digestive Tract	A route that begins anywhere in the digestive tract extending from the mouth through rectum.
Respiratory Tract	A route that begins within the respiratory tract, including the oropharynx and nasopharynx.

^aOther routes of administration are excluded in this module (e.g., antibiotic locks, intraperitoneal, intraventricular, irrigation, topical).

^bDefinitions per SNOMED Reference Terminology

^cMapping of standardized terminology for route of administration are provided via the hai-voc spreadsheet.

Table 3. Example Stratification of Antimicrobial Days by Route of Administration

Month/ Year- Location	Antimicrobial Agent	Drug-specific Antimicrobial Days				
		Total^a	IV	IM	Digestive^b	Respiratory
Month- Year/ Location	Tobramycin	Tobramycin Days (Total)	Tobramycin Days (IV)	Tobramycin Days (IM)	Tobramycin Days (Digestive)	Tobramycin Days (Respiratory)

^aDrug-specific antimicrobial days (total) attributes one antimicrobial day for any of the specified routes of administration. For example, a patient to whom tobramycin was administered intravenously and via a respiratory route on the same day would be attributed “one Tobramycin Day (Total)”; the stratification by route of administration would be “one Tobramycin Day (IV)” and “one Tobramycin Day (Respiratory)”.

^bFor purposes of example of route stratification only (tobramycin is not FDA approved for administration via the digestive route).



Table 4. Data Elements for Antimicrobial Days

	Antimicrobial Days
Antimicrobial Agents	Defined as select antimicrobial agents and stratified by route of administration (i.e., intravenous, intramuscular, digestive and respiratory). Refer to Appendix B for a complete list of antimicrobial agents. The list of select antimicrobial agents will evolve with time as new agents become commercially available. <i>Topical antimicrobial agents are not included in this module option.</i>
Data source	Antimicrobial days are derived from administered data documented in the eMAR and/or BCMA only. Usage derived from other data sources (e.g., pharmacy orders, doses dispensed, doses billed) cannot be submitted.
Location	Antimicrobial days are aggregated for inpatient locations, facility-wide-inpatient, and select outpatient acute-care settings (i.e., outpatient emergency department, pediatric emergency department, 24-hour observation area) per NHSN location definitions.
Time Unit	Antimicrobial days for a specific antimicrobial agent and stratification by route of administration are aggregated monthly per location.

Denominator Data (Days Present and Admissions): The numerator will be analyzed against the denominator of days present and also admissions for facility-wide-inpatient only. The denominators are further defined below.

Days present: Defined as time period during which a given patient is at risk for antimicrobial exposure for a given patient location. The definition of days present differs from conventional definition of patient days used in other NHSN modules and that recommended by the SHEA/HIPAC guidance for surveillance of multidrug-resistant organisms.¹² Days present is further defined below in context of calculation for patient care location specific analyses and facility-wide-inpatient analyses. Please note that a separate calculation for days present is required for patient-care location compared to facility-wide-inpatient.

For patient-care location-specific analyses, days present is calculated as the number of patients who were present for any portion of each day of a calendar month for a patient-care location; the aggregate measure is calculated by summing up all of the days present for that location and month. The day of admission, discharge, and transfer to and from locations will be included in days present. For example, a patient admitted to the medical ward on Monday and discharged two days later on Wednesday will be attributed three days present on that medical ward. Another example, on the day a patient is transferred from a medical critical-care unit to a medical ward, the patient will be attributed one day present on the medical critical care unit as well as one day present on the medical ward. Similarly, a patient’s exposure to the operating room or emergency department will be included in days present for these types of units. However, one patient can account for only one day present for a specific location per calendar day (e.g., one patient cannot contribute more than 1 day present to any one unique location on the same day, but can contribute a day present to two different locations on the same day). For example, a patient transferred from the



surgical ward to the operating room and back to the surgical ward in a calendar day contributes one day present to the surgical ward and one day present to the operating room.

For facility-wide-inpatient analyses, days present is calculated as the number of patients who were present for any portion of each day of a calendar month at the facility-wide-inpatient location; the aggregate measure is calculated by summing up all of the days present for facility-wide-inpatient for a given month. Thus, a sum of days present from location-specific analyses would be higher than days present for the facility, because transfers between wards can account for multiple location “days present” for a given patient. Therefore, the individual summing of days present for location-specific analyses to achieve facility-wide-inpatient is not permissible. The calculation must be a separate summation for facility-wide-inpatient analyses.

Admissions: Admissions are defined as the aggregate number of patients admitted to the facility (i.e., facility-wide-inpatient) starting on first day of each calendar month through the last day of the calendar month. This is the same definition for admissions utilized in the NHSN MDRO/CDI Module. In the AU option, admissions are reported only for facility-wide-inpatient.

Table 5. Location-specific and Facility-wide-inpatient Metrics

Metric Collected	Metric Definition	Comments
Patient Care Location-Specific Analyses		
Antimicrobial Days/ Days present	Drug-specific antimicrobial days per patient-care location per month/Days present per patient-care location per month	One patient can contribute only one day present per calendar day for each specific location. Summed total may be higher when compared to facility-wide measure (reflecting transfers between locations).
Facility-wide-inpatient Analyses		
Antimicrobial Days/ Days present	Drug-specific antimicrobial days for a facility per month/Days present per facility-wide-inpatient per month	One patient can contribute only one day present per calendar day for a facility. Thus, one denominator is obtained for an entire facility. The day present measure for facility-wide-inpatient may be lower when compared to sum total from location-specific comparison.
Antimicrobial Days/ Admissions	Drug-specific antimicrobial days for a facility per month/Admissions per facility-wide-inpatient per month	Only calculated for facility-wide-inpatient for AU Option.



Data Analyses:

Antimicrobial use data are expressed as incidence density rates of antimicrobial days per days present stratified by patient-care location and facility-wide-inpatient.

Antimicrobials may be grouped during analysis by route of administration, spectrum of activity, therapeutic indication, or drug classification. A secondary metric, antimicrobial days per admissions, will also be analyzed for facility-wide-inpatient.

2. Antimicrobial Resistance Option

Decisions regarding the Antimicrobial Resistance option are still under consideration, and the timeline for launching will be updated in NHSN E-News and on the NHSN AUR website.



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Appendix A. Table of Instructions: Antimicrobial Use

Data Field	Instructions for CDA of Antimicrobial Use Data
Facility identifier	Required. Must be assigned to facility and included in the importation file prior to submission to CDC.
Month	Required. Record the 2-digit month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Location	Required. Record location; must be (if applicable to facility): 1) all medical critical care unit(s) and surgical critical care unit(s) [if combined units, then report as medical/surgical critical care unit(s)]; 2) all medical ward(s) and surgical ward(s) [if combined wards, then report as medical/surgical ward(s)]; 3) at least one specialty care area; and 4) facility-wide-inpatient
Numerator: Antimicrobial days per month per location	Required. Antimicrobial days are defined as the aggregate sum of the days of exposure for which a <u>specific</u> antimicrobial was administered. These are required to be extracted from electronic medication administration record (eMAR) and/or bar coding medication record (BCMA). Antimicrobials days will be collected for select antimicrobial agents (refer to Appendix B) <u>and</u> stratified by route of administration.
Denominator: Days present Admissions	Required. Days present is defined as risk for antimicrobial exposure per time unit of analysis stratified by location. For patient-care location-specific analyses, days present is calculated as the number of patients who were present for any portion of each day of a calendar month for a patient-care location. For facility-wide-inpatient analyses, days present is calculated as the number of patients who were present for any portion of each day of a calendar month at the facility-wide-inpatient location. Admissions are defined as the aggregate number of patients admitted to the facility (i.e., facility-wide-inpatient) starting on first day of each calendar month through the last day of the calendar month. In the AU Option, admissions are only reported for facility-wide-inpatient.



Appendix B. List of Antimicrobials¹³

Please note that mapping of standardized terminology (RXNORM) are provided via the hai-voc spreadsheet.

Antimicrobial Agent	Antimicrobial Category	Antimicrobial Class ^a	Antimicrobial subclass ^a
AMANTADINE	Anti-influenza	M2 ion channel inhibitors	
AMIKACIN	Antibacterial	Aminoglycosides	
AMOXICILLIN	Antibacterial	Penicillins	Aminopenicillin
AMOXICILLIN/ CLAVULANATE	Antibacterial	Penicillins	B-lactam/ B-lactamase inhibitor combination
AMPHOTERICIN B	Antifungal	Polyenes	
AMPHOTERICIN B LIPOSOMAL	Antifungal	Polyenes	
AMPICILLIN	Antibacterial	Penicillins	Aminopenicillin
AMPICILLIN/ SULBACTAM	Antibacterial	Penicillins	B-lactam/ B-lactamase inhibitor combination
ANIDULAFUNGIN	Antifungal	Echinocandins	
AZITHROMYCIN	Antibacterial	Macrolides	
AZTREONAM	Antibacterial	Monobactams	
CASPOFUNGIN	Antifungal	Echinocandins	
CEFACLOR	Antibacterial	Cephalosporins	Cephalosporin 2 nd generation
CEFADROXIL	Antibacterial	Cephalosporins	Cephalosporin 1 st generation
CEFAZOLIN	Antibacterial	Cephalosporins	Cephalosporin 1 st generation
CEFDINIR	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation
CEFDITOREN	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation
CEFEPIME	Antibacterial	Cephalosporins	Cephalosporin 4 th generation
CEFIXIME	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation
CEFOTAXIME	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation
CEFOTETAN	Antibacterial	Cephalosporins	Cephamecin
CEFOXITIN	Antibacterial	Cephalosporins	Cephamecin
CEFPODOXIME	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation
CEFPROZIL	Antibacterial	Cephalosporins	Cephalosporin 2 nd generation
CEFTAROLINE	Antibacterial	Cephalosporins	Cephalosporin with anti-MRSA activity
CEFTAZIDIME	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation
CEFTIBUTEN	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation



CEFTIZOXIME	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation
CEFTRIAZONE	Antibacterial	Cephalosporins	Cephalosporin 3 rd generation
CEFUROXIME	Antibacterial	Cephalosporins	Cephalosporin 2 nd generation
CEPHALEXIN	Antibacterial	Cephalosporins	Cephalosporin 1 st generation
CHLORAMPHENICOL	Antibacterial	Phenicol	
CIPROFLOXACIN	Antibacterial	Fluoroquinolones	
CLARITHROMYCIN	Antibacterial	Macrolides	
CLINDAMYCIN	Antibacterial	Lincosamides	
COLISTIMETHATE	Antibacterial	Polymyxins	
DAPTOMYCIN	Antibacterial	Lipopeptides	
DICLOXACILLIN	Antibacterial	Penicillins	Penicillinase-stable penicillins
DORIPENEM	Antibacterial	Carbapenems	
DOXYCYCLINE	Antibacterial	Tetracyclines	
ERTAPENEM	Antibacterial	Carbapenems	
ERYTHROMYCIN	Antibacterial	Macrolides	
ERYTHROMYCIN/ SULFISOXAZOLE	Antibacterial	Folate pathway inhibitors/ Sulfonamides	
FIDAXOMICIN	Antibacterial	Macrocyclic	
FLUCONAZOLE	Antifungal	Azoles	
FOSFOMYCIN	Antibacterial	Fosfomycins	
GEMIFLOXACIN	Antibacterial	Fluoroquinolones	
GENTAMICIN	Antibacterial	Aminoglycosides	
IMIPENEM/ CILASTATIN	Antibacterial	Carbapenems	
ITRACONAZOLE	Antifungal	Azoles	
LEVOFLOXACIN	Antibacterial	Fluoroquinolones	
LINEZOLID	Antibacterial	Oxazolidinones	
MEROPENEM	Antibacterial	Carbapenems	
METRONIDAZOLE	Antibacterial	Nitroimidazoles	
MICAFUNGIN	Antifungal	Echinocandins	
MINOCYCLINE	Antibacterial	Tetracyclines	
MOXIFLOXACIN	Antibacterial	Fluoroquinolones	
NAFCILLIN	Antibacterial	Penicillins	Penicillinase-stable penicillins
NITROFURANTOIN	Antibacterial	Nitrofurans	
OSELTAMIVIR	Anti-influenza	Neuraminidase	



		inhibitors	
OXACILLIN	Antibacterial	Penicillins	Penicillinase-stable penicillins
PENICILLIN G	Antibacterial	Penicillins	Penicillin
PENICILLIN V	Antibacterial	Penicillins	Penicillin
PIPERACILLIN	Antibacterial	Penicillins	Ureidopenicillin
PIPERACILLIN/ TAZOBACTAM	Antibacterial	Penicillins	B-lactam/ B-lactamase inhibitor combination
POLYMYXIN B	Antibacterial	Polymyxins	
POSACONAZOLE	Antifungal	Azoles	
QUINUPRISTIN/ DALFOPRISTIN	Antibacterial	Streptogramins	
RIFAMPIN	Antibacterial	Rifampin	
RIMANTADINE	Anti-influenza	M2 ion channel inhibitors	
SULFAMETHOXAZOLE/ TRIMETHOPRIM	Antibacterial	Folate pathway inhibitors	
SULFISOXAZOLE	Antibacterial	Folate pathway inhibitors	
TELAVANCIN	Antibacterial	Lipo-glycopeptides	
TELITHROMYCIN	Antibacterial	Ketolides	
TETRACYCLINE	Antibacterial	Tetracyclines	
TICARCILLIN/ CLAVULANATE	Antibacterial	Penicillins	B-lactam/ B-lactamase inhibitor combination
TIGECYCLINE	Antibacterial	Glycylcyclines	
TINIDAZOLE	Antibacterial	Nitroimidazoles	
TOBRAMYCIN	Antibacterial	Aminoglycosides	
VANCOMYCIN	Antibacterial	Glycopeptides	
VORICONAZOLE	Antifungal	Azoles	
ZANAMIVIR	Anti-influenza	Neuraminidase inhibitors	

^a Adapted from CLSI January 2011



Appendix C. Example Calculations of Antimicrobial Days

Example 1. Example eMAR and Calculation of Antimicrobial Days

This example illustrates the calculation of antimicrobial days from a patient receiving meropenem 1gram intravenously every 8 hours and amikacin 1000mg intravenously every 24 hours in the medical ward. Table 1 provides an example of administered doses for this patient documented in eMAR. Table 2 illustrates the calculation of meropenem and amikacin days by drug-specific (total) and stratified by route of administration based upon the administered doses of meropenem and amikacin documented in eMAR. Table 3 illustrates the contribution of this patient’s antimicrobial days to the aggregate monthly report per patient-care location.

Table 1. Example eMAR for Patient housed in Medical Ward

Medical Ward	Monday December 28	Tuesday December 29	Wednesday December 30
Meropenem 1gram intravenously every 8 hours	Given: 2300	Given: 0700 Given: 1500 Given: 2300	Given: 0700
Amikacin 1000mg intravenously every 24 hours	Given: 2300	Given: 2300	

Table 2. Example of calculation of antimicrobial days

Calculation	Monday December 28	Tuesday December 29	Wednesday December 30
Drug-specific Antimicrobial Days (total)	Meropenem Days = 1 Amikacin Days = 1	Meropenem Days = 1 Amikacin Days = 1	Meropenem Days = 1 Amikacin Days = 0
Drug-specific Antimicrobial Days by Stratification of Route of Administration	Meropenem Days (IV) = 1 Amikacin Days (IV) = 1	Meropenem Days (IV) = 1 Amikacin Days (IV) = 1	Meropenem Days (IV) = 1 Amikacin Days (IV) = 0

Table 3. Example of antimicrobial days per month per patient-care location

Month/ Year- Location	Antimicrobial Agent	Drug-specific Antimicrobial Days				
		Total	IV	IM	Digestive	Respiratory
December Medical Ward	Meropenem	3	3	0	0	0
December Medical Ward	Amikacin	2	2	0	0	0



Example 2. Differences in Calculation for Patient-Care Location and Facility-Wide-Inpatient for a Patient Transferred Between Patient-Care Locations

This example illustrates the calculation of antimicrobial days from a patient receiving vancomycin 1gram every 8 hours that was transferred from the MICU to a medical ward on December 1. Table 1 provides an example of doses documented in eMAR administered to this patient in the MICU and medical ward. Table 2 illustrates the calculation of vancomycin days by drug-specific (total) and stratified by route of administration based upon the administered doses of vancomycin documented in eMAR. Table 3 illustrates the contribution of this patient’s vancomycin days to the aggregate monthly report per patient-care location and facility-wide-inpatient.

Table 1. Example eMAR for Patient transferred from MICU to Medical Ward on December 1.

	Tuesday December 1 Location: MICU	Tuesday December 1 Location: Medical Ward
Vancomycin 1gram intravenously every 8 hours	Given: 0700	Given: 1500 Given: 2300

Table 2. Example of calculation of antimicrobial days for December 1

Calculation	Tuesday December 1 Location: MICU	Tuesday December 1 Location: Medical Ward
Drug-specific Antimicrobial Days (total)	Vancomycin Days = 1	Vancomycin Days = 1
Drug-specific Antimicrobial Days by Stratification of Route of Administration	Vancomycin Days (IV) = 1	Vancomycin Days (IV) = 1

Table 3. Example of antimicrobial days per month per patient-care location and facility-wide inpatient contributed from December 1

Month/ Year- Location	Antimicrobial Agent	Drug-specific Antimicrobial Days				
		Total	IV	IM	Digestive	Respiratory
December MICU	Vancomycin	1	1	0	0	0
December Medical Ward	Vancomycin	1	1	0	0	0
December Facility-wide-inpatient	Vancomycin	1	1	0	0	0



Example 3. Calculation of Antimicrobial Days for a Patient-Care Location when a Patient Admission extends over Two Different Months

This example illustrates the calculation of antimicrobial days from a patient receiving ceftriaxone 1gram intravenously every 24 hours for two days in the surgical ward (but spanning different months). Table 1 provides an example of administered doses for this patient documented in eMAR. Table 2 illustrates the calculation of ceftriaxone days by drug-specific (total) and stratification of route of administration based upon the administered doses of ceftriaxone documented in eMAR. Table 3 illustrates the contribution of this patient’s ceftriaxone days to the aggregate monthly report per patient-care location.

Table 1. Example eMAR for Patient housed in Surgical Ward

	Thursday December 31 Location: Surgical Ward	Friday January 1 Location: Surgical Ward
Ceftriaxone gram intravenously every 24 hours	Given: 0800	Given: 0800

Table 2. Example of calculation of antimicrobial days

Calculation	Thursday December 31 Location: Surgical Ward	Friday January 1 Location: Surgical Ward
Drug-specific Antimicrobial Days (total)	Ceftriaxone Day = 1	Ceftriaxone Day = 1
Drug-specific Antimicrobial Days by Stratification of Route of Administration	Ceftriaxone Day (IV) = 1	Ceftriaxone Day (IV) = 1

Table 3. Example of antimicrobial days per month per patient-care location

Month/ Year- Location	Antimicrobial Agent	Drug-specific Antimicrobial Days				
		Total	IV	IM	Digestive	Respiratory
December/ Surgical Ward	Ceftriaxone	1	1	0	0	0
January/ Surgical Ward	Ceftriaxone	1	1	0	0	0