



5 WAYS NURSING HOME CLINICIANS CAN BE ANTIBIOTICS AWARE



1. Improve Fluoroquinolone Prescribing Practices

- Due to risk of serious adverse events, the U.S. Food and Drug Administration issued a warning to limit fluoroquinolone prescribing in specific conditions, such as acute bacterial sinusitis and uncomplicated urinary tract infections (UTI), where other treatment options are available.¹
- When possible, consider alternatives to fluoroquinolones when prescribing antibiotics for nursing home residents.
- Review the fluoroquinolone susceptibility patterns, when antibiogram data are available, and adjust nursing home protocols and treatment guidelines accordingly.
- Provide education to facility staff, nursing home residents, and their families about adverse events associated with antibiotic use.



2. Avoid Treatment of Asymptomatic Bacteriuria

- Residents with asymptomatic bacteriuria (ASB) should not be treated with antibiotics in most cases.² There is no clear evidence supporting the use of intermittent or prolonged antibiotic use for ASB in nursing home residents.²⁻⁴ Antibiotic use, especially if prolonged, can select for antibiotic resistance and cause adverse drug events.
- Consider using protocols that evaluate UTI-specific signs and symptoms before testing and starting antibiotics at your facility.
- Provide education to facility staff about signs and symptoms of UTI.



3. Avoid Antibiotic Therapy for Viral Respiratory Tract Infections

- Respiratory tract infections are the second most common cause of antibiotic prescribing in nursing homes.⁵
- Upper respiratory tract infections and acute uncomplicated bronchitis should not be treated with antibiotics.⁶
- Avoid antibiotic therapy for residents with respiratory tract infections unless pneumonia is suspected or they meet criteria for antibiotic initiation.⁷⁻⁸



4. Improve Evaluation of Suspected Skin and Soft Tissue Infections

- Skin and soft tissue infections (SSTI) are frequently misdiagnosed or treated inappropriately in nursing homes.⁹
- Consider non-infectious (e.g. thromboembolic disease, stasis dermatitis, gout) or non-bacterial (e.g. fungal, herpes simplex or zoster, scabies) etiologies when considering antibiotic therapy for SSTI.¹⁰
- Avoid cultures of superficial skin wounds and non-infected decubitus ulcers.



5. Use the Shortest Effective Antibiotic Duration

- Guidelines for treatment duration are available for common infectious diseases, such as pneumonia, UTI, and SSTI.¹¹⁻¹³ Antibiotic treatment courses are sometimes prolonged in nursing home residents.¹⁴
- Use the shortest recommended duration of antibiotic therapy if the resident has an uncomplicated clinical course and responded appropriately to therapy.

The scenarios and recommendations are applicable to most nursing home residents. This document is meant to provide general guidance and does not apply to all clinical scenarios. Always assess the individual resident, use your clinical judgment and follow your facility's protocols and treatment guidelines when applicable.



www.cdc.gov/antibiotic-use

References:

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