

POLICY FOR RESTRICTED ANTIMICROBIALS FOR INTRAVENOUS AND ORAL USE

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Introduction

Uncontrolled use of anti-microbial agents is clearly associated with increasing levels of antimicrobial resistance including MRSA, VRE, CRE etc. together with increasing levels of *Clostridium difficile* diarrhoea.

Some antibiotics can be used freely by all clinicians; others should be reserved for specific indications or on the advice of a Microbiologist.

Aim

To ensure that the use of restricted antimicrobial agents is appropriate and that adequate consultation precedes their use.

- Antibiotics specified within a Trust guideline can be prescribed for that specific indication without discussion with a Consultant Microbiologist.
- In order to use an antibiotic for any indication outside of the Trust guidelines requires discussion with a Microbiologist e.g. co-amoxiclav for HAP is within Trust guideline so can be prescribed freely but to prescribe co-amoxiclav for a UTI, this would require a code as it is not in the UTI policy.
- A code will be issued by the Microbiologist which needs to be documented on JAC / treatment sheet for pharmacy to supply and the clinical indication documented in the patient notes.
- If a code is required, ensure you:
 - Speak with microbiologist
 - Document code + indication in notes / JAC
 - Inform nursing staff / pharmacy (not all antibiotics are ward stock)
- Additional indications where restricted antibiotics can be prescribed without discussion with a microbiologist are listed in the table 2 below.

Critical care units are exempt from this policy due to daily input from a Consultant Microbiologist.

Table 1:

Antibiotics not in any Trust guidelines and can only be used on advice from a Consultant Microbiologist.

Amikacin	Aztreonam	Ceftaroline	Ceftobiprole	Ceftazidime + avibactam	Colistin (IV)
Co-trimoxazole	Dalbavancin	Daptomycin	Doripenem	Ertapenem	Fidaxomicin
Fosfomycin	Imipenem	Moxifloxacin	Nalidixic acid	Neomycin	Telithromycin
Temocillin	Tigecycline		Tobramycin (IV)	Vancomycin (IV)	

This list is not exhaustive, new agents will require approval also.

Table 2:

Restricted Antibiotics which can be prescribed for specified indications without Microbiologist approval (excluding those already covered by Trust Antimicrobial Guideline).

Antibiotic	Approved indication / clinical specialty with approval
Ciprofloxacin	<ul style="list-style-type: none">• Severe eye infection with <i>Pseudomonas</i> endophthalmitis, corneal abscess
Co-amoxiclav	<ul style="list-style-type: none">• Dental and maxillofacial infections
Dapsone	<ul style="list-style-type: none">• Dermatology
Erythromycin	<ul style="list-style-type: none">• Substitute for clarithromycin in pregnancy• Gut motility stimulant
Lymecycline	<ul style="list-style-type: none">• Dermatology
Minocycline	<ul style="list-style-type: none">• Dermatology
Procaine penicillin	<ul style="list-style-type: none">• GU medicine
Rifamixin	<ul style="list-style-type: none">• Encephalopathy (on consultant gastroenterologist advice only)
Spectinomycin	<ul style="list-style-type: none">• GU medicine
Trimethoprim	<ul style="list-style-type: none">• Dermatology (multi-treatment resistant acne vulgaris)

Contact:

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