

**FLOYD MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES**



TITLE: Restricted Antimicrobials	Policy No.: PCS-06-063
Purpose: To describe how restricted antimicrobials are managed.	Developed Date: 5/2017 Review Date: Revised Date: 4/18 Review Responsibility: Executive VP Chief of Patient Care Services/CNO, Director of Pharmacy, Infectious Disease Physician, Clinical Pharmacy Coordinator, Pharmacy and Therapeutics Committee
Expected Outcomes: Reduce the development of antimicrobial resistance and toxicity.	
Reference Standards: MM.09.01.01	

DEFINITION

The Restricted Antimicrobial List is comprised of antimicrobials which if overused could lose their activity against multiple drug-resistant organisms (MDRO). The list also includes agents with known serious adverse effects which would require close monitoring and dosage adjustment by Infectious Disease specialists.

Policy:

1. Performed by: Pharmacists, including the clinical pharmacist assigned to antimicrobial stewardship duties.
2. The rationale for placing restrictions on antimicrobials is two-fold:
 - ◆ To limit the use of restricted antimicrobials to the treatment of infections caused by multi-drug resistant organisms, patients with multiple drug allergies or contraindications to first line agents.
 - ◆ To minimize the development of microbial resistance and serious adverse effects.
3. The Antimicrobial Stewardship Team makes recommendations to the Pharmacy & Therapeutics Committee concerning the Restricted Antimicrobial List based on the hospital antimicrobial formulary. The committee will review, revise, and recommend the Restricted Antimicrobial List as may be required.
4. The Antimicrobial Stewardship Team reviews the usage patterns of restricted antimicrobials at their quarterly meetings. Physicians who fail to comply with the restriction guidelines are counseled individually by the Chair of the Pharmacy and Therapeutics Committee.
5. Medical specialties can petition the Antibiotic Stewardship Team to have restricted antimicrobials prescribed by members of their specialty.

Procedure

ACTIONS	KEY POINTS
<ol style="list-style-type: none"> 1. When a prescriber orders a restricted antimicrobial in Cerner, they will see an alert message that the agent is restricted and that they need to verify that the restricted agent is warranted. By selecting “continue”, they are acknowledging that use of the restricted antimicrobial is deemed necessary. 2. The clinical pharmacist assigned to antimicrobial stewardship duties will review all requests for restricted antimicrobials. If a restricted antimicrobial is ordered after hours, the pharmacy will dispense enough doses until the clinical pharmacist is available for review. 3. If no other antimicrobial on formulary would be appropriate based on patient clinical data (indication, culture & sensitivity results, allergies, comorbidities, and known contraindications) the clinical pharmacist will approve the request. 4. If a formulary antimicrobial would be appropriate, the clinical pharmacist will recommend an alternate agent that does not require ID or specialty approval. 5. If the physician insists on using a restricted antimicrobial, he/she will be asked to obtain an Infectious Disease consult by the next day that the ID specialist rounds at Floyd. The Pharmacy will fill the request for a restricted antimicrobial and dispense enough until the Infectious Disease specialist sees the patient. The ID specialist will determine if the antimicrobial is indicated when they see the patient in consultation. 	

Restricted Antimicrobials List:

Amakacin

Ceftolozane/Tazobactam (Zerbaxa)

Ceftazidime/Avibactam (Avycaz)

Colistin