

Recent Antimicrobial Stewardship (AMS) activities

Urine testing, complicated UTIs, amoxicillin+clavulanic acid, vancomycin and an updated antibiogram

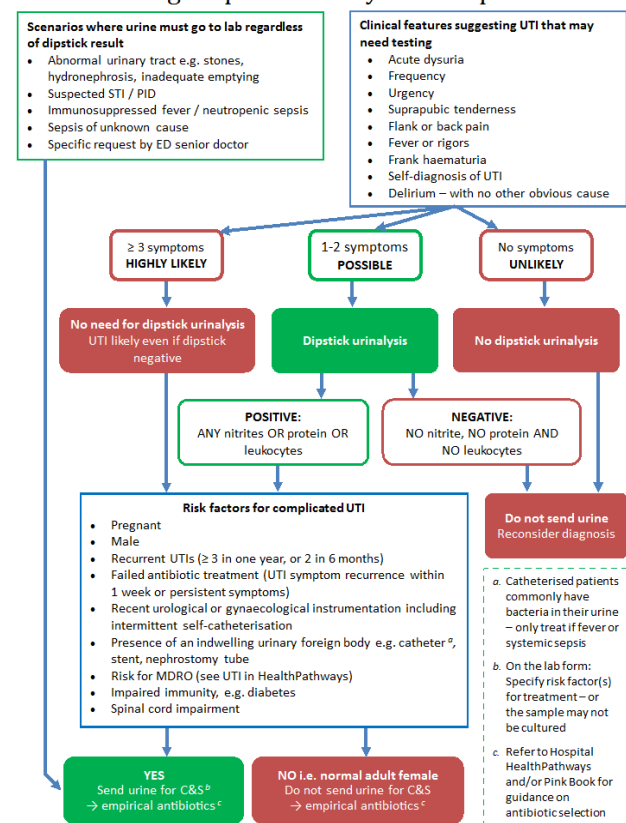
NEW URINARY TRACT INFECTION (UTI) GUIDANCE

Guidance on sending midstream urine (MSU) for culture:

- The CDHB UTI Prevention Steering Group are undertaking work to encourage appropriate MSU testing.
- UTIs are over diagnosed and treated, especially in the elderly. Asymptomatic bacteriuria occurs in ~15% of adults between 65 and 80 years, and up to 50% of those over 80. It does not require treatment except in pregnancy.
- Performing unnecessary urine tests in the absence of symptoms can lead to inappropriate antimicrobial use and subsequent harms including symptomatic UTI, antimicrobial resistance, *C. difficile*-associated diarrhoea, and adverse effects from antimicrobial use.
- The Emergency Department developed a [poster](#) (below) with the support of the CDHB Hospital AMS Committee that offers guidance based on symptoms and scenarios about when an MSU should be sent for culture. Please consider whether this is relevant to use in your service. If sending an MSU, ensure appropriate clinical details (e.g. risk factors for complicated UTI) are included on the request form.
- If you need more information about this project, contact Sue Wood, Director Quality and Patient Safety.

Figure: Poster

Urine testing for patients >14y with suspected UTI



Issue 2 – Prepared by ED and CDHB Antimicrobial Stewardship Committee

February 2021

Risk factors for complicated UTI:

Guidance on risk factors for complicated UTI in the [Pink Book](#) (HealthPathways to follow) has now been updated to:

- pregnant
- male
- recurrent UTIs (≥ 3 in one year, or 2 in six months)
- failed antibiotic treatment (UTI symptom recurrence within 1 week or persistent symptoms)
- recent urological or gynaecological instrumentation including intermittent self-catheterisation
- presence of an indwelling urinary foreign body e.g. catheter, stent, nephrostomy tube
- risk for multidrug-resistant organisms
- impaired immunity, e.g. diabetes
- spinal cord impairment

NEW AMOXICILLIN+CLAVULANIC ACID WITH FOOD

- The [datasheet](#) recommends amoxicillin+clavulanic acid is taken with food to optimise gastrointestinal (GI) tolerability.
- As the evidence for this is weak, and penicillins are more effective when spread over the course of the day, our recommendation is that the “with food” requirement is unnecessary and, for example, it can be taken at 0800, 1400, and 2100 h. It may be administered with a small snack or a glass of milk if GI intolerance occurs.

UPDATE VANCOMYCIN GUIDANCE AND PRESCRIBING

Prescribe vancomycin by “quick list” in MedChart:

- Our new [Vancomycin Dosing and Monitoring](#) guideline was published in the Pink Book in February 2021.
- The new advice to take a peak and trough concentration off the loading dose, and for a faster infusion rate of 1000 mg/hour was simultaneously included in MedChart vancomycin “quick lists”.
- Two-thirds of MedChart vancomycin doses are prescribed by “quick list” and one-third are written “free-hand”.
- Please prescribe by quick list, as it provides nursing staff with advice on blood sampling times and infusion rates.

Pink Book guideline change:

- The Pink Book now indicates advice should be sought from Infectious Diseases for organisms known to have a vancomycin minimum inhibitory concentration (MIC) of ≥ 1.5 mg/L as this may necessitate larger doses to achieve adequate vancomycin exposure or a change in antibiotic.

NEW ANTIBIOGRAM

- The Canterbury Health Laboratories (CHL) antibiogram (2020) has now been updated on the [CHL internet site](#), and is linked to from the [CDHB Pink Book](#).
- The antibiogram provides local susceptibility patterns for common pathogens to first- and second-line antimicrobial agents, and can help inform antimicrobial choice in the absence of suitable empiric antimicrobial guidelines.