



of Antibiotic Stewardship

A

Antibiotic Regimen Selection

- Continuously monitor and evaluate specific organisms reported within facility.
- Appropriate gram-negative (β lactams) antibiotics should be considered in treating methicillin-sensitive staphylococcus aureus (MSSA) risks.
- Develop a process to receive and notify providers of culture results.
- Antibiotic prophylaxis is not recommended to prevent sepsis or bacteremia (the exception is for peritoneal dialysis catheter insertion).

B

Blood Culture Collection

- ALWAYS obtain blood cultures PRIOR to administering antibiotics.
- Standardization of blood culture collection practices can help limit the spread of bacterial contaminants.
- Proper initial blood culture collection is important.
 - If antibiotics are given prior to transfer to the emergency department, it limits the utility of subsequent blood cultures.

C

Communication

- Utilize a structured method of communicating critical information (SBAR) with providers.
- If a patient is transferred to the emergency department or referred to an outside provider, relay specifics surrounding the dialysis treatment, including:
 - All experienced symptoms.
 - If blood cultures were obtained.
 - Name and timing of any antibiotics administered.
- Establish two-way communication with outside healthcare providers, such as nursing homes or hospitals to promote coordination of care (data sharing agreements, standard transfer forms).

Sources:

- Apata IW, Kabbani S, Neu AM, Kear TM, D'Agata EMC, Levenson DJ, Kliger AS, Hicks LA, Patel PR. Opportunities to Improve Antibiotic Prescribing in Outpatient Hemodialysis Facilities. *AJKD*. 2020. <https://doi.org/10.1053/j.ajkd.2020.08.011>
- [Strategies for Improving Antibiotic Use in Outpatient Hemodialysis Facilities | Antibiotic Prescribing and Use | CDC](#)