

Oral Antibiotic Discharge: Pharmacist Workflow

Assess patient list for active antibiotic (IV or PO)

Patient Identification and Included Infections

Uncomplicated SSTI	Respiratory	Urinary tract	Intra-abdominal
Cellulitis Cutaneous abscess Wound	CAP HAP AECOPD Influenza	Cystitis cUTI CAUTI APN, uncomp	SBP Complicated achieved source control

- Excluded Infections**
- Endocarditis
 - Meningitis/CNS
 - Lack of source control
 - Bacteremia due to fungi, *S. aureus*, *Enterococci*
 - Fungal pneumonia
 - Solid organ transplant
 - Febrile neutropenia
 - Prostatitis

Assess for Discharge

Review anticipated DC dates and readiness with Epic column and progress notes

Attend progressive rounds when possible. Assess discharge readiness: Clinically stable for discharge?

No

Yes

Collaborate w/ physician for optimal guideline-driven selection/duration

- Anticipate definitive antibiotic therapy**
- Encourage transition to targeted oral therapy when clinically stable with the optimal agent per HFHS guidelines
 - Adjust stop dates/orders of inpatient antibiotics to help facilitate transition

Documenting and Prescribing

Enter Plan of Care Note in Epic for AMS Transitions of Care

Anticipated discharge in next 24 hours?

No: Handoff with TOC i-Vent include discharge information. Enter order for oral stepdown with stop date in Epic

Yes: Enter or edit the active and discharge medication in Epic to include stop date. Account for active inpatient antibiotic days

- Discharge Order Tips**
- Account for active inpatient antibiotic days for total duration
 - Consider costs and tests scripts if financial barriers are anticipated
 - Contact Antimicrobial Stewardship pharmacist if further guidance needed