Oral Antibiotic Discharge: Pharmacist Workflow

Patient Identification and Included Infections

<table>
<thead>
<tr>
<th>Uncomplicated SSTI</th>
<th>Respiratory</th>
<th>Urinary tract</th>
<th>Intra-abdominal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellulitis, Cutaneous abscess, Wound</td>
<td>CAP, HAP, AECOPD</td>
<td>Cystitis, cUTI, CAUTI, APN, uncomp</td>
<td>SBP, Complicated achieved source control</td>
</tr>
</tbody>
</table>

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?

Yes

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

No

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?

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

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

Excluded Infections

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

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