

Local Resource No 7 - Antimicrobial Prescribing

The use of broad spectrum antibiotics increases the risk and spread of *Clostridium difficile*, MRSA and resistant UTI's. Inappropriate use of antimicrobial agents has led to a significant increase in the numbers of antibiotic resistant microorganisms, however National campaigns and local drives has resulted in a reduction in antibiotic prescribing in Primary Care over the past few years.

- All antimicrobial prescribing should be in accordance with OCCG's antimicrobial prescribing guidelines and where ever possible supported by microbiological evidence. [OCCG Antimicrobial prescribing guidelines](#)
- Where the service user's condition or other factors warrant prescribing outside the guidelines advice should be taken from the OUH Duty Microbiologist.
- All antimicrobial prescribing should be reviewed and amended if appropriate when microbiology results are available.
- Antibiotics should only be prescribed when there is clinical evidence of bacterial infection. If person is systemically unwell with symptoms or signs of serious illness, or is at high risk of complications: give immediate antibiotic. Always consider possibility of sepsis, and refer to hospital if severe systemic infection. Using NEWS 2 tool to help assess the patient and communicate the severity appropriately across multi-disciplinary teams.
<https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/>
- The reason for the prescription should be clearly documented in the service user's notes
- Where an empirical therapy has failed, special circumstances exist or any long term prophylaxis in place, treatment should be discussed with Microbiology.
- Limit prescribing over the telephone to exceptional cases.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/777505/Common_Infect -
_PHE context references and rationale Feb 2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/777505/Common_Infect_-_PHE_context_references_and_rationale_Feb_2019.pdf)

OCCG uses the South Central Antimicrobial Network Guidelines for Antibiotic Prescribing in the Community for adults and paediatrics. This can be accessed via the following links:

- [OCCG Antimicrobial prescribing guidelines](#)
- Guideline Website www.nhsantibioticguidelines.org.uk

In addition, a signposting document to Oxfordshire specific antimicrobial information is available via the document '[Antimicrobial Prescribing Guidelines – Local Information](#)'

The Department of Health and Department of Environment, Food and Rural Affairs have published the 'Tackling antimicrobial resistance 2019–2024', the UK's five-year national action plan. Their vision for AMR in 2040 recognises that a global problem as significant and complex as antimicrobial resistance will not be addressed in a single five-year plan. The national action plan, published alongside the vision, aims to build on our achievements so far. It is essential that we continue to make progress and through this plan, they are pushing the UK harder with a new set of challenging ambitions for the next five years. It can be accessed at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773130/uk-amr-5-year-national-action-plan.pdf

Of note for primary care is the recommendation of the 'TARGET' tool kit to help reduce and focus antibiotic prescribing in the community. This can be accessed using the following link: <http://www.rcgp.org.uk/TARGETantibiotics/>

As well as the challenge posed by the emergence of resistant microorganisms many general practices have extended their activities to include interventions that may carry an increased risk of infection to service users e.g. carrying out minor surgical procedures. It is essential that appropriate infection prevention and control measures are in place to provide a safe environment that minimises the risk of infection to all.

Please note that the internet version of this resource is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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