

Nurse Stewardship Initiative + Allergy Awareness

Fran Kerr
Antimicrobial Pharmacist NHS Lanarkshire

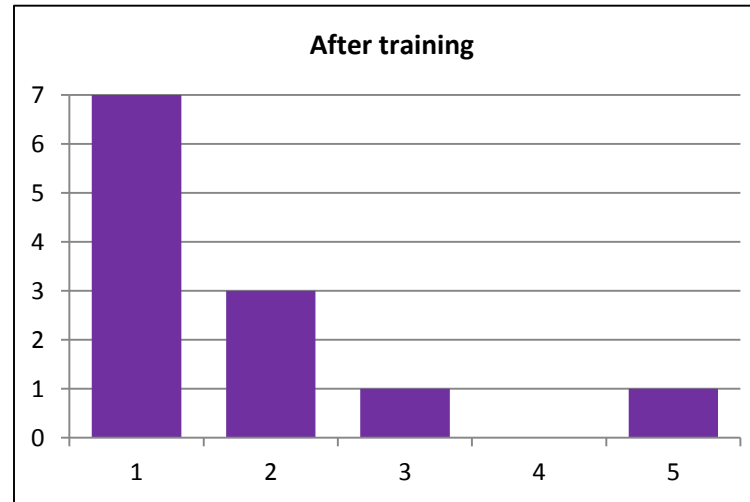
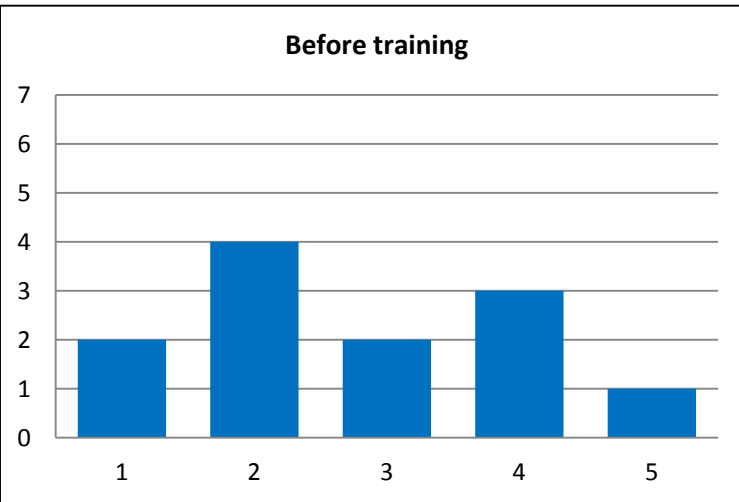
Standards

- **100% nurses will have increased confidence in initiating antibiotic conversations**
- **100% of nurses will check every antibiotic prescription for appropriateness before each administration**

Methods

- **Improvement methodology to test materials and training**
- **Pre and Post training questionnaires**
- **30- 45min on ward training sessions**

How confident do you feel about querying a prescription? (1= very confident, 5= not confident)



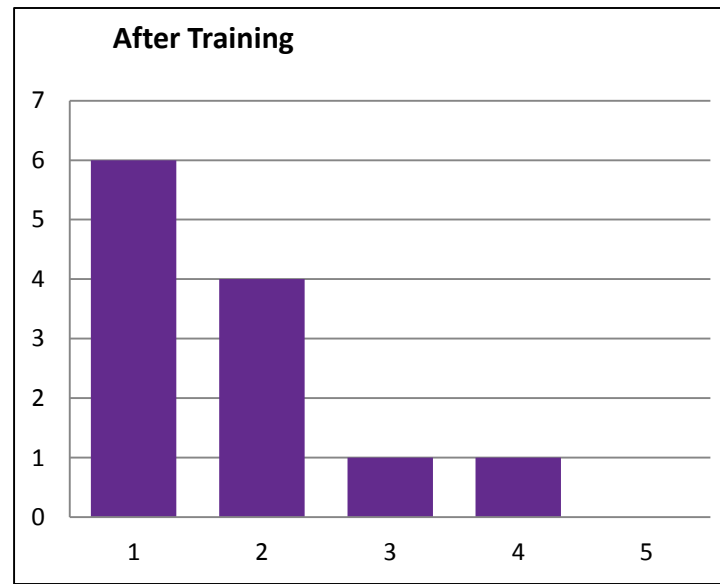
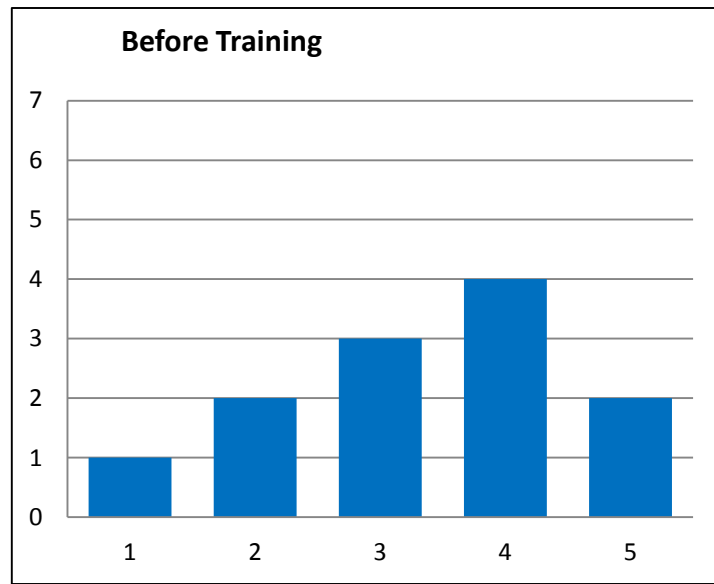
N=12

Median Before = 2.5

Median After = 1

Paired T-test p- value 0.046

How often do you check an antibiotic prescription is appropriate before administration? (1= always, 5 = never)



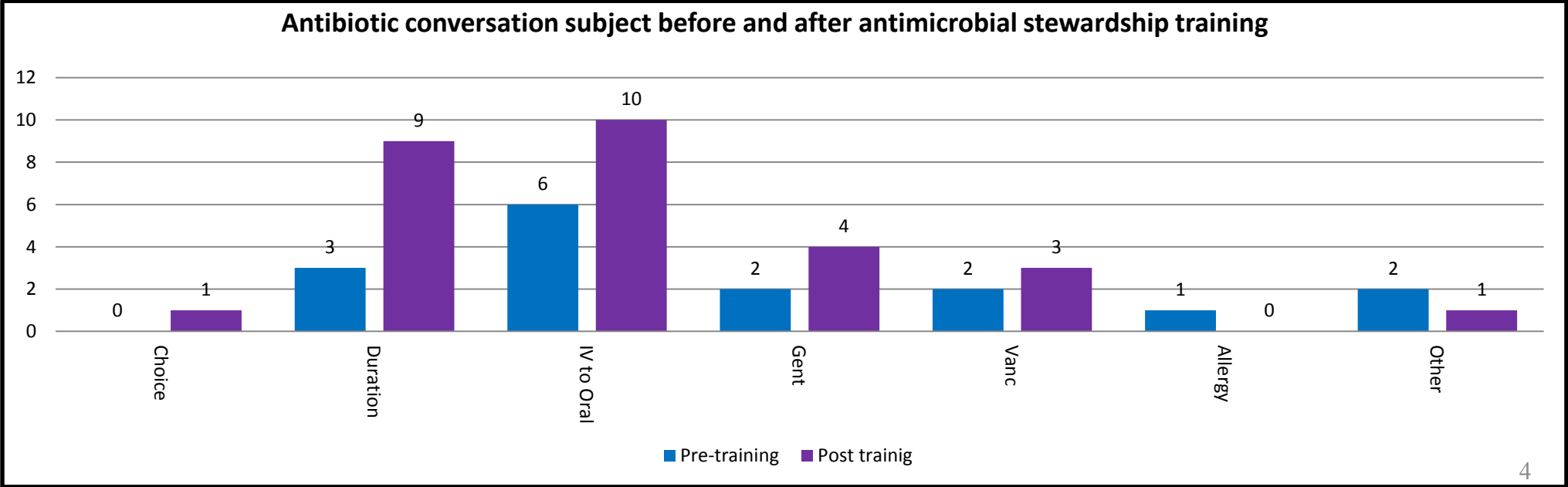
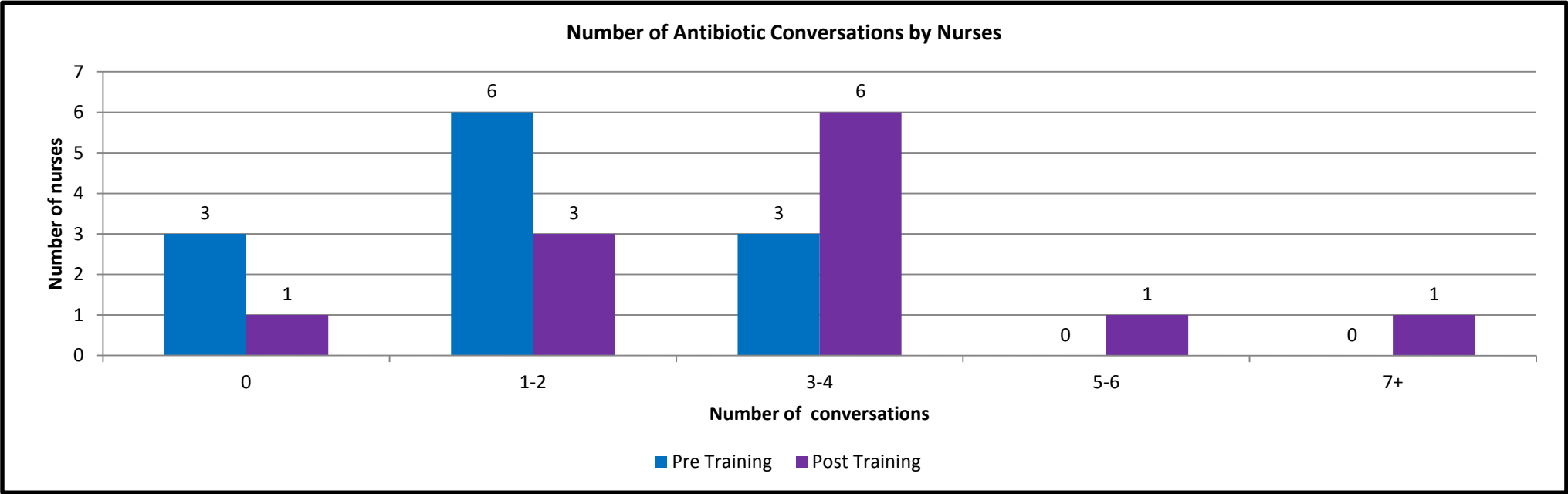
N=12

Median Before = 3.5

Median After = 1.5

Paired T-Test p-value 0.001

Antibiotic Conversations



Nurses Comments

- **85% of nurses who received this training said it changed their practice**
- **100% said they would recommend this training to a colleague**
- **Ongoing legacy of training – after 18 months the skills are still in daily use**



Acknowledgements

- Paula Smith – Senior Charge Nurse Monklands Hospital
- David Watson – Senior Charge Nurse Monklands Hospital
- Steve McCormick – Lead Antimicrobial Pharmacist Lanarkshire



Allergy – Would you take the risk?



STOP !
THINK ALLERGY

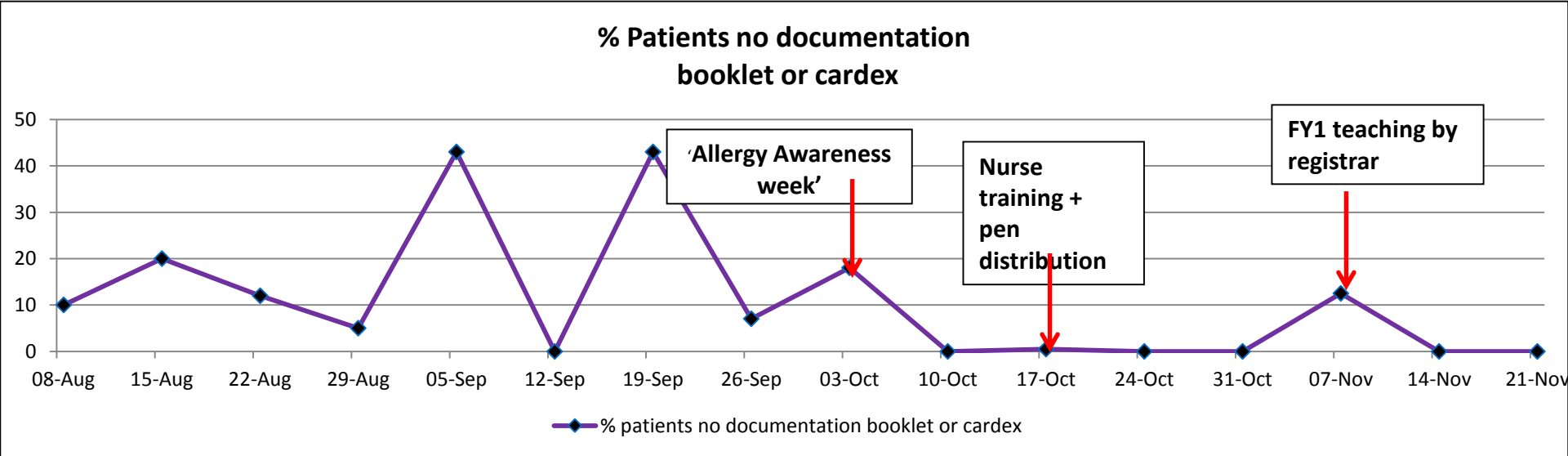
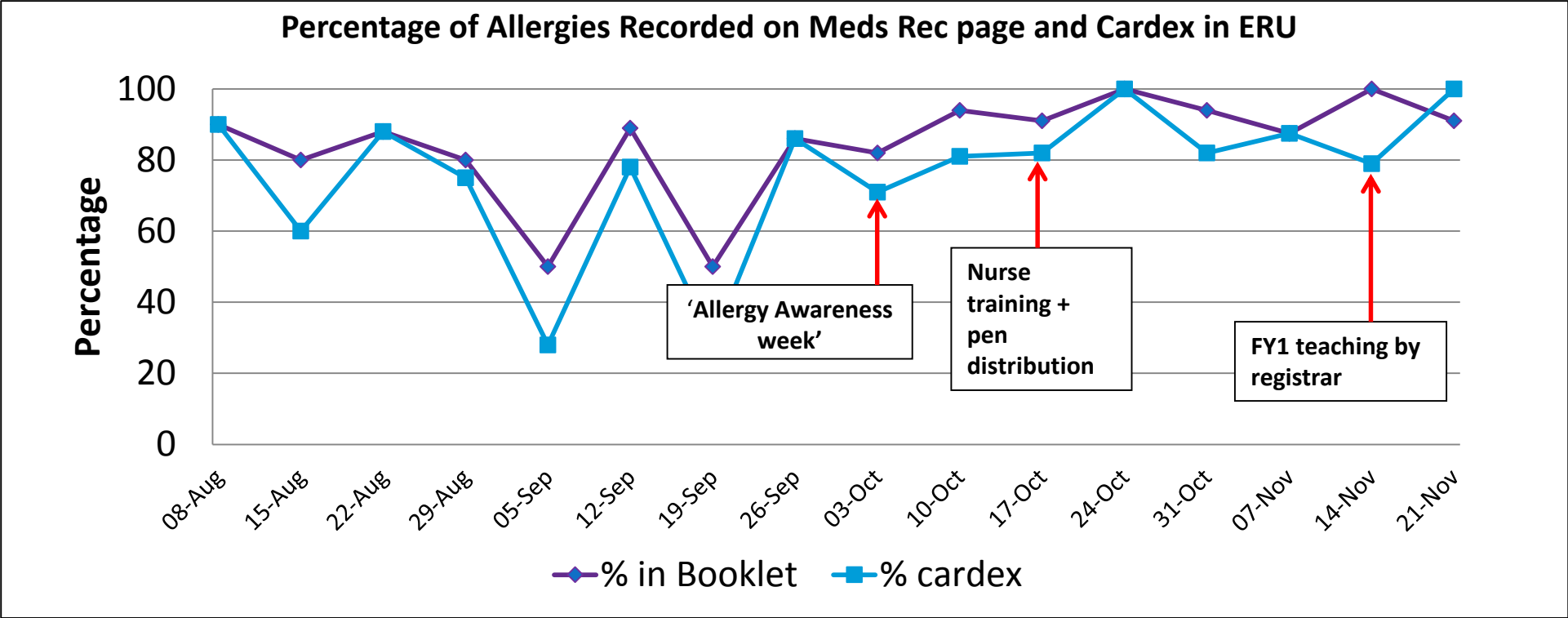
Standard:

- **No patient should be prescribed or administered medication they are allergic to**
- **100% of patients should have allergy status documented**
- **100% patients should have nature of their allergy documented**

Method

Improvement methodology including PDSA

Allergy Documentation





Allergies – STOP & THINK



Patient Information Leaflet

Antibiotic Classes

ALWAYS check patients' allergy status before prescribing/ administering antibiotics
Patients may have documented allergy to whole antibiotic class
Note: List is not exhaustive – check BNF/consult pharmacist if uncertain

Penicillins

Amoxicillin
Pipracillin & Tazobactam (Tazocin®)
Phenoxymethylpenicillin
Flucloxacillin
Co-amoxiclav (amoxicillin & clavulanic acid; Augmentin®)
Pivmecillinam
Benzylpenicillin
Temocillin

Cephalosporins

Cefuroxime
Cefuroxime
Cefotaxime
Cefazolin
Cefalexin
Less common: Cefaclor, Cefepime

Aminoglycosides

Gentamicin
Amikacin
Less common: Streptomycin, Tobramycin
Neomycin

Quinolones

Ciprofloxacin
Levofloxacin
Less common: Ofloxacin,
Moxifloxacin

Trimethoprim

Note: Co-trimoxazole (Septin®) contains
Patients reporting a Septin® allergy should

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Best Practise

- Check for allergy status on admission
 - ECS, Patient/relative, GP admission letters, Previous admission (portal)
- Document allergy status & nature of allergy on ICP & cardex
- Check allergy status before prescribing & administration
- Penicillin Allergy Policy

(Extracorporeal Medication Review Prescribing Guidance > Antibiotics – Acute Guidance)

Antibiotic Quiz

Posters
Pens

Allergy Awareness Week

Cardex Stickers
Safety Briefs

Patient leaflets



THINK ALLERGY!

PENICILLIN ALLERGY

Document drug allergies on the cardex and the admission booklet.
Record the name of the drug and the nature of the adverse reaction.
All new allergies are documented on cardex and notified on discharge.

CONTRA-INDICATED

TRUE/SEVERE PENICILLIN ALLERGY

Definition: anaphylaxis, urticaria or rash immediately after penicillin administration.

ALL penicillins, cephalosporins and other beta-lactam antibiotics are contra-indicated.

Antibiotics contra-indicated in True/Severe penicillin allergy

Amoxicillin	Penicillin V (phenoxymethylpenicillin)
Benzylpenicillin	Pipracillin/Tazobactam (Tazocin®)
Co-amoxiclav (Augmentin®)	Pivmecillinam
Flucloxacillin	Temocillin

1st generation Cephalosporins: Cefalexin

2nd generation Cephalosporins: Cefotaxime, Cefazolin, Cefuroxime, Cefuroxime
Other beta-lactam antibiotics: Aztreonam, Ertapenem, Imipenem, Meropenem

CAUTION

NON SEVERE ALLERGY/INTOLERANCE TO PENICILLINS

Definition: minor rash/rash occurring >72 hours after administration or gastrointestinal upset.

Antibiotics to be used with caution in non-severe penicillin allergy

2nd & 3rd generation Cephalosporins:
Cefotaxime, Cefazolin, Cefuroxime, Cefuroxime

Other beta-lactam antibiotics:
Aztreonam, Ertapenem, Imipenem, Meropenem

Note: In patients with non severe allergy/intolerance, penicillins and related antibiotics should not be withheld unnecessarily in SEVERE INFECTION but the patient must be monitored closely after administration.

CONSIDERED SAFE

Antibiotics safe in any penicillin allergy (not an exhaustive list)

Amikacin	Doxycycline	Rifampicin
Azithromycin	Erythromycin	Sodium Fusidate
Clarithromycin	Gentamicin	Telcoplanin
Ciprofloxacin	Levofloxacin	Tetracycline
Clindamycin	Linezolid	Tigecycline
Colistin	Metronidazole	Tobramycin
Co-trimoxazole	Nitrofurantoin	Trimethoprim
Daptomycin	Ofloxacin	Vancomycin



Think Allergy!

ALWAYS:

Check allergy status **BEFORE** prescribing medication

Acknowledgements

- Alexa Wall
- Anthony Carson
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- Dr Stephanie Dundas
- Steve McCormick