# Antimicrobial Time-Out Form Template

The “time-out” has become a core practice of inpatient antimicrobial stewardship. An antimicrobial time-out is an active reassessment of an antimicrobial prescription 48–72 hours after first administration. The reassessment allows medical staff to take into account laboratory culture and sensitivity testing results and the patient’s response to therapy and current condition. The following page includes a customizable “48-Hour Antimicrobial Time-Out” sheet that can be used to guide time-out completion in your veterinary hospital. Information collected on this form will help staff conduct a comprehensive reassessment. Potential outcomes of an antimicrobial time-out include: continuation of the treatment course as prescribed, change in antimicrobial drug/dose/duration/route/frequency, or discontinuation of antimicrobial therapy entirely. Information collected during an antimicrobial time-out should be recorded in the patient medical record.

Consider contacting your practice management software vendor to see if your software can facilitate the time-out process by providing an automated 48-hour alert for each patient prescribed an antimicrobial, or automated generation of a list of patients in need of antimicrobial reassessment each day.

1/2020

[](https://arsi.umn.edu)[](https://www.health.state.mn.us/diseases/antibioticresistance/own/index.html)[](https://www.health.state.mn.us/diseases/antibioticresistance/index.html)

# 48-Hour Antimicrobial Time-Out

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cage/Kennel #: \_\_\_\_\_\_\_\_\_

Antimicrobial(s) prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_ Route: \_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_ Stop date: \_\_\_\_\_\_\_\_\_

Prescriber name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility where antibiotic prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ER  Primary Veterinary Office  Referral Center  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason Antibiotic Prescribed** | **Culture** | **Date** | **X-Ray** | **Pathogen** | **Clinical Signs** |
|  | Yes  No |  | Yes  No |  |  |
|  | Yes  No |  | Yes  No |  |  |
|  | Yes  No |  | Yes  No |  |  |
|  | Yes  No |  | Yes  No |  |  |

**Antibiotic Appropriateness**

Any infection risk factors/comorbid concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does patient still have clinical signs?  Yes  No

Are clinical signs improving?  Yes  No

**Stewardship Red Flags** (select all that apply)

Antimicrobial is ordered for >7 days

Antimicrobial inconsistent with organism susceptibility testing

No stop date included on antibiotic order

No labs are available

IV route  Catheter

Multidrug-resistant organism of concern

**Actions to be taken:** (select all that apply)

Inquire about lab diagnostic result, if pending

Remove catheter

Update attending veterinarian

Notify veterinary technician or facility supervisor

Develop infection prevention and control plan

No action needed

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed by Attending Veterinarian** (Check all that apply. Describe any changes.)

Antimicrobial prescribed is appropriate

Antimicrobial should be discontinued

Change antimicrobial to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change antimicrobial route to:  IV  PO

Change duration of antimicrobial to:  Days of therapy: \_\_\_\_\_\_\_\_\_\_\_\_  End date: \_\_\_\_\_\_\_\_\_\_\_\_

Transmission-based precautions:  Standard  Contact  Droplet  Airborne  None

Cohort patient  Isolate patient

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Veterinarian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_