# 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



# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_