

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
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____