PNS supplies antibiotics and other medication for long term care facilities. CMS mandated all LTCFs to implement antibiotics stewardship and denied payment or penalties for inappropriate antibiotics use.

Why antibiotics?

- Antibiotics use and misuse can lead to harm such as side effects, drug interactions, major risk factors like C. diff.
- Residents in high antibiotic use nursing home have increased risk of antibiotic-related complications.
- Antibiotic harm can lead to hospital readmission, emergency department visits, and Multi-Drug Resistant Organisms.

Urinary tract infection reduction in elderly

- Initiate preventative measures
  o Cranberry juice or tablets
- Nursing assessment
- Review McGreer criteria
- If indicated, notify MD for UA with culture & sensitivity
- Analyze C & S for infection
- Appropriate treatment is provided
  o Right drug
  o Right dose
  o Right duration

Lower respiratory tract infections [LRTIs]

- Minimum criteria for initiation of antibiotics in LTCF residents suspected of LRTIs
  o Fever >102 °F and at least one of the following:
    ➢ Respiratory rate >25lrtis, Productive cough   or
  o Fever >100°F or 2.4°F increase from baseline, but <102°F, and cough plus one of the following;
    ➢ Pulse > 100bpm, rigors, delirium, or Respiratory rate >25 rpm
  o Afebrile resident with Chronic Obstructive Pulmonary Disease (COPD) and >65 years and new or increased cough with purulent sputum production   or
  o Afebrile resident with COPD and new cough with purulent sputum production and at least one of the following
    ➢ Respiratory rate >25rpm, Delirium   or
  o New infiltrate on chest X-ray thought to represent pneumonia and at least one of the following:
    ➢ Fever >100°F or 2.4°F increase from baseline temp, respiratory rate >25, or productive cough

How can Pharmacists at Pharmacy Network Services help?

- 24/7 pharmacist advice on dosing adjustment and selection of antibiotic based on type of infection.
- Medication profile review on initiation of antibiotic to ensure safe and effective use.
- Pharmacist participation in QA meetings.
- Antibiotic stewardship policy and procedure reviewing regarding medication.
- Routine reporting on facility-wide antibiotic use.
- Daily delivery of medications, enhancing antibiotic stewardship compliance.