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Antimicrobial Stewardship: Statement on the Role of the Pharmacist

2014



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Published by the Canadian Society of Hospital Pharmacists (CSHP), Ottawa, Ontario. 2014

Suggested citation:

Antimicrobial Stewardship: Statement on the Role of the Pharmacist. Ottawa, ON. Canadian Society of Hospital Pharmacists; 2014.

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Statement

Antimicrobial stewardship is the practice of ensuring that patients receive optimal antimicrobial therapy when indicated.

CSHP endorses the pharmacist's integral role in interprofessional antimicrobial stewardship activities. To optimize patient outcomes, every pharmacist should incorporate antimicrobial stewardship principles as part of routine practice. Where a formal antimicrobial stewardship program exists, a pharmacist should be included in the leadership team.

Background

Suboptimal antimicrobial use is common,¹ threatening patient safety by increasing the frequency of antimicrobial resistant² infections that are difficult to treat (e.g., extended spectrum beta lactamase-producing *E. coli*), by increasing the risk of antibiotic-related complications, (e.g., *Clostridium difficile* infection,^{3, 4}) adverse reactions, hospital lengths of stay, and mortality rates.⁵ The problem is exacerbated by the paucity of new antimicrobials to combat drug-resistant organisms.⁶

Core principles of antimicrobial stewardship include timely initiation and discontinuation, appropriate selection, optimal dosing, route, and duration of antimicrobial therapy.^{7,8} Antimicrobial selection also includes consideration of local epidemiology and intrinsic antimicrobial resistance patterns and culture results, where available.⁷

The core principles of antimicrobial stewardship are applied to optimize clinical outcomes while minimizing the adverse effects on microbiological ecology. Recognized antimicrobial stewardship interventions include formulary management, prospective audit and feedback, use of decision support tools, education, and expert consultations. Data on antimicrobial use, resistance patterns, and associated patient outcomes should be collected, analyzed, and communicated to stakeholders.^{8,9}

Pharmacists are well positioned to be key participants in advocating for, developing, and implementing antimicrobial stewardship strategies, regardless of whether a formal antimicrobial stewardship program has been established within the practice setting. They are recognized for having an integral role in interprofessional antimicrobial stewardship activities.^{11, 12} Pharmacists are ideally suited to bridge between the clinical and operational aspects of antimicrobial stewardship, and are regarded as educators¹⁰ within the healthcare team. Pharmacists bring their unique knowledge of the medication use system and of pharmacodynamic, pharmacokinetic, and pharmacoeconomic principles to antimicrobial therapy; their interventions positively affect patient and system outcomes.^{11,13,14}

Literature Cited

1. Vincent JL, Rello J, Marshall J, Silva E, Anzueto A, Martin CD, et al. International study of the prevalence and outcomes of infection in intensive care units. *JAMA*. 2009;302(21):2323–2329.

- Lipsitch M, Samore MH. Antimicrobial use and antimicrobial resistance: a population perspective. *Emerg Infect Dis.* 2002;8(4):347–354.
- 3. Pepin J, Saheb N, Coulombe MA, Alary ME, Corriveau MP, Authier S, et al. Emergence of fluoroquinolones as the predominant risk factor for *Clostridium difficile*-associated diarrhea: a cohort study during an epidemic in Quebec. *Clin Infect Dis.* 2005;41(9):1254–1260.
- Shaughnessy MK, Amundson WH, Kuskowski MA, DeCarolis DD, Johnson JR, Drekonja DM. Unnecessary antimicrobial use in patients with current or recent *Clostridium difficile* infection. *Infect Control Hosp Epidemiol*. 2013;34(2):109– 116.
- 5. World Health Organization. *The evolving threat of antimicrobial resistance: options for action.* Geneva: World Health Organization; 2012.
- Boucher HW, Talbot GH, Bradley JS, Edwards JE, Gilbert D, Rice LB, et al. Bad bugs, no drugs: no ESKAPE! An update from the Infectious Diseases Society of America. *Clin Infect Dis.* 2009;48(1):1–12.
- Dellit TH, Owens RC, McGowan JE, Jr., Gerding DN, Weinstein RA, Burke JP, et al. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America guidelines for developing an institutional program to enhance antimicrobial stewardship. *Clin Infect Dis.* 2007;44(2):159–177.
- Hyun DY, Hersh AL, Namtu K, Palazzi DL, Maples HD, Newland JG, et al. Antimicrobial stewardship in pediatrics: how every pediatrician can be a steward. *JAMA Pediatr.* 2013;167(9):859–866.
- Morris AM, Brener S, Dresser L, Daneman N, Dellit TH, Avdic E, et al. Use of a structured panel process to define quality metrics for antimicrobial stewardship programs. *Infect Control Hosp Epidemiol*. 2012;33(5):500–506.
- 10. Dickerson LM, Mainous AG, 3rd, Carek PJ. The pharmacist's role in promoting optimal antimicrobial use. *Pharmacotherapy.* 2000;20(6):711–723.
- 11. ASHP statement on the pharmacist's role in antimicrobial stewardship and infection prevention and control. *Am J Health Syst Pharm.* 2010;67(7):575–577.
- 12. Hand K. Antibiotic pharmacists in the ascendancy. *J Antimicrob Chemother.* 2007;60 Suppl 1:i73–76.
- 13. Hospital pharmacists: information paper on enhancing quality and safety in medication use. Ottawa, ON: Canadian Society of Hospital Pharmacists; 2010.
- 14. Strand LM, Cipolle RJ, Morley PC. *Pharmaceutical care practice*. 3rd ed. New York: McGraw-Hill; 2012.

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