**AHRQ Safety Program for Improving Antibiotic Use**

Antibiotic Time Out Tool

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| --- | --- | --- | --- |
| Date: |  | Patient Name or Identifier: |  |

Directions: This form should be completed by frontline clinicians on a daily basis for patients receiving antibiotics.

***Note: A table of commonly recommended durations of therapy can be found on the back of the document.***

|  |  |  |  |
| --- | --- | --- | --- |
| Antibiotic 1: |  | Treatment day #: |  |
| Antibiotic 2: |  | Treatment day #: |  |
| Antibiotic 3: |  | Treatment day #: |  |

**Check the patient’s indication(s) for continuing antibiotics below:**

Prophylaxis

Central nervous system

infection

Head and neck infection

Endovascular infection/endocarditis

Community-acquired pneumonia

Hospital-acquired pneumonia

Ventilator-associated pneumonia

*Clostridioides difficile* infection

Biliary tract infection

Diverticulitis

Intra-abdominal infection

Urinary tract infection (UTI)

Osteoarticular infection

Skin/soft tissue infection

Sepsis, unknown source

Bacteremia

Other:

**Is the patient receiving antibiotics for any of the following conditions even though antibiotics are NOT typically recommended?**

Positive urine culture without symptoms of a UTI (Exceptions: pregnancy or impending urologic surgery where mucosal bleeding is expected)

*Enterococcus* in sputum

Coagulase-negative staphylococci in a single blood culture

*Candida* in sputum or urine

Surgical prophylaxis beyond 24 hours

Noninfectious etiology of symptoms

| **Answer Yes or No questions below based on patient’s clinical status and culture results.** | | |
| --- | --- | --- |
| Can any of the antibiotics be discontinued? | Yes | No |
| Can existing therapy be changed to a more narrow spectrum regimen? | Yes | No |
| Should additional agents or broader-spectrum agents be added? | Yes | No |
| Are there any IV agents that can be changed to the PO route? | Yes | No |
| Are the antibiotics selected consistent with local guidelines? | Yes | No |

**What is the planned duration of antibiotic therapy?**

Antibiotic 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planned duration: \_\_\_\_\_\_\_\_\_ Consistent with recommended duration? Yes No

Antibiotic 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planned duration: \_\_\_\_\_\_\_\_\_ Consistent with recommended duration? Yes No

Antibiotic 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planned duration: \_\_\_\_\_\_\_\_\_ Consistent with recommended duration? Yes No

| Infectious process | Specific agents/circumstances | Recommended duration of antibiotic therapy\* |
| --- | --- | --- |
| Community-acquired pneumonia | **n/a** | 5 days1-3 |
| Hospital-acquired or healthcare-associated pneumonia | **n/a** | 7 days4,5 |
| Ventilator-associated pneumonia | **n/a** | 7 days4,5 |
| Cystitis | Nitrofurantoin or cephalosporin | 5 days6-8 |
| Trimethoprim/sulfamethoxazole (TMP/SMX) | 3 days6-9 |
| Pyelonephritis | Fluoroquinolone | 5–7 days6,10-12 |
| TMP/SMX or oral cephalosporin | 10-14 days6,11 (shorter course if early response) |
| Complicated urinary tract infection (UTI), including catheter-associated UTI (CAUTI) | Lower tract CAUTI in women ≤ 65 years if catheter is removed | 3 days13,14 |
| Prompt resolution of symptoms | 7 days14 |
| Delayed response, obstruction or other urologic abnormality | 10–14 days14 |
| Skin and soft-tissue infection | Clinical response by day 3 | 5–7 days15 |
| Diverticulitis | Acute, uncomplicated | 0–4 days16,17 |
| Complicated or initial severe illness with source control | 4 days after source control18 |
| Complicated with small abscess, not drained\* | 5–10 days based on clinical response15,19 |
| Biliary tract infection | Acute cholangitis and source control | 3 days after source control20,21 |
| Acute cholangitis and source control with concomitant bacteremia | 7 days22 |
| Uncomplicated acute cholecystitis, medical management\* | 5–10 days based on clinical response15,19 |
| Uncomplicated acute cholecystitis, surgical management | No antibiotics after surgery23 |
| Complicated acute cholecystitis (e.g., perforation, fistula), surgical management for source control | 4 days after surgery18 |
| Intra-abdominal infection with source control | **n/a** | 4 days18 |
| Gram-negative bloodstream infection with source control | **n/a** | 7 days24 |
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\*For all durations, recommendations are for patients without significant immunocompromise or complex presentations; relevant multi-specialty consultation, including infectious diseases, should be considered for cases falling outside of the scope of these recommendations.

**References**

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AHRQ Pub. No. 17(20)-0028-EF

November 2019