



Nursing Home

Antimicrobial Stewardship Guide

Educate & Engage Residents, Family

Toolkit To Educate and Engage Residents and Family Members

Tool 2. Talking With Residents' Family Members

These talking points are presented in Q&A format to encourage an open and respectful dialogue between nurses or prescribing clinicians and residents' family members about antibiotics and the risks involved with taking antibiotics. The talking points are designed to: (1) educate residents' family members about antibiotics and the associated risks, and (2) help family members participate in the care of the resident by being informed and sharing information that they feel is important with the homes' clinicians and nurses. Before discussing antibiotics with family members it may be helpful to find out what the family member(s) already know about the infection type and/or antibiotic, and target the conversation accordingly. It is important to emphasize to family members that these principles come from *doctors*.

I. What are antibiotics?

- Antibiotics are medicines that fight infections caused by bacteria. Antibiotics work by targeting and killing harmful bacteria.
- Bacteria are different from viruses. Bacteria are single celled organisms that can live in a variety of environments. Viruses have no cell structure and require a living host to survive.
- Antibiotics work by breaking down the cell walls of the bacteria. Antibiotics do not work on viruses such as colds, coughs, or flu.

II. How do people get bacterial infections?

- Bacteria are everywhere, even on people's skin and in their gut.
- Normally, your immune system helps control the bacteria in your gut and attacks bacteria that get into a wound in your skin. But, sometimes bacteria grow so quickly that your immune system can't keep up and then you may develop an infection that needs to be treated.



III. When are antibiotics used to treat urinary tract infections (UTIs)?

- A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, and kidney.
- Doctors, physician assistants, and nurse practitioners often use antibiotics to treat UTIs.
- The most common symptoms of UTIs are a burning feeling when urinating, a strong urge to urinate often, and pain in the stomach.
 - A change in behavior alone, such as confusion or disorientation, is rarely, if ever, a symptom of a UTI.
- If a person is experiencing these symptoms, a urine sample is tested to determine if there are bacteria that may be causing a UTI and, more importantly, what kind of bacteria.
- If your family member is experiencing symptoms and bacteria are found, she or he will typically be prescribed an antibiotic.
- Your family member's individual history is also taken into account (for example, his/her history of UTIs) when determining treatment.
- Antibiotics do not help when there are no UTI symptoms. However, many older people get an antibiotic for UTI treatment even though they do not have these symptoms.
 - This happens because sometimes doctors think that a positive urine test result shows an infection, when the urine sample isn't clean or because they want to be "safe rather than sorry."
 - Taking antibiotics when they are not needed may cause health problems.
- If your family member is not experiencing any symptoms, but a urine sample shows some bacteria, it may be better to wait one or two days and drink extra water. His/her doctor will request that nurses check on him/her often to see how much s/he is drinking, take his/her temperature, and ask if s/he is experiencing any symptoms. This is called monitoring or "watchful waiting," and it may be a better choice than taking an antibiotic. Watchful waiting may be done for up to a few days.
 - Watchful waiting is still caring for and treating your family member.
 - I understand that it may be difficult to wait. However, watchful waiting is a good way to make sure that your family member avoids the risks of antibiotics when they aren't needed and won't help. Watchful waiting also means that if any symptoms of infection develop, antibiotic treatment can still begin.

IV. When are antibiotics used to treat lower respiratory tract infections (LRTIs)?

- There are many different kinds of respiratory tract infections, such as colds and coughs, the flu, pneumonia, and bronchitis.
- Not all respiratory tract infections need to be treated with an antibiotic.
 - Some of them, like a cold or the flu, will go away on their own or can be helped with over-the-counter medicines.
- Doctors, physician assistants, and nurse practitioners often use antibiotics to treat some lower respiratory tract infections like pneumonia and bronchitis.
- The most common symptoms of a respiratory infection that needs an antibiotic are a fever with a bad cough.
 - A cough alone is typically not treated with an antibiotic.
- If a resident is experiencing these symptoms, a nurse might check his/her heart rate, temperature, and oxygen levels.
- If your family member is experiencing a bad cough and a fever, he/she will typically be prescribed an antibiotic.
- Antibiotics do not help if your family member has a virus.
 - Taking antibiotics when they are not needed may cause health problems.
- If your family member is only experiencing a cough, but does not have a fever or any other symptoms, it is often better to wait. His/her doctor will request that nurses check on him/her often to see how he or she is feeling, take his/her temperature, take other assessments, and ask if s/he is experiencing any other symptoms. Your family member may be given acetaminophen (Tylenol) and/or a cough suppressant to make him or her feel better. He or she may be asked to drink more. This is called monitoring or “watchful waiting,” and it may be a better choice than taking an antibiotic. Watchful waiting may be done for up to a few days.
 - Watchful waiting is still caring for and treating your family member.
 - I understand that it may be difficult to wait. However, watchful waiting is a good way to make sure that your family member avoids the risks of antibiotics when they aren’t needed and won’t help. Watchful waiting also means that if any symptoms of infection develop, antibiotic treatment can still begin.

V. What are the risks—or harms—of antibiotics?

- Antibiotics are important for treating your family member when he or she definitely has an infection.
- It is crucial that your family member take the antibiotics as prescribed to ensure that the infection is effectively treated.
- Unneeded antibiotics can do more harm than good.

- Before taking an antibiotic, it is important to understand how antibiotics could harm or hurt your family member.
- Although we cannot be certain that any of these harms or problems will occur, it is important to discuss the possible harms so that you and your family member are aware of them and understand how they may affect him or her. Knowing this information will also help you and your family member identify and communicate any changes in how he or she feels to a nurse or doctor.
- There are five potential health problems that occur as a result of taking an antibiotic:
 1. The first are allergic reactions, like a rash or swelling. An allergic reaction doesn't often happen, but sometimes it does.
 2. Another problem can be side effects, such as stomach upset. Side effects happen sometimes, but usually aren't too much of a problem. Most commonly used antibiotics cause very few side effects. But, side effects vary a lot from person to person, and from antibiotic to antibiotic.
 3. If your family member takes other medications, sometimes the antibiotic might interact with certain drugs. Medications such as antacids, Coumadin (warfarin), blood pressure medications, or anti-diabetic medications can interact with antibiotics. Interactions can interfere with the effectiveness of either the antibiotic or the medication. Some interactions can be harmful, for example by causing organ damage.
 4. Once in a while an antibiotic can lead to an infection called *Clostridium difficile* or *C. diff*.
 - *C. diff* is bacteria that can cause severe and lengthy illness. It can be life-threatening, particularly for older adults. Symptoms of *C. diff* include painful diarrhea, pain or cramping in the stomach, weight loss, fever, and dehydration.
 - People have lots of bacteria in their bodies; some are good, and some are bad. Good bacteria protect the body from bad bacteria. Antibiotics destroy all bacteria, good or bad. Killing good bacteria can leave a person vulnerable for other bad bacteria to cause an infection. *C. diff* is a type of bad bacteria that can infect people when their good bacteria can't fight as hard to protect them.
 - As many as half of nursing home residents have *C. diff*, although they may not get sick from it. But, when your family member takes an antibiotic, it can kill off the good bacteria and let *C. diff* grow and cause an infection, making him or her sick. Someone is much more likely to get a *C. diff* infection after taking antibiotics.
 - Finally, *C. diff* can spread easily in a nursing home, mainly on hands from person to person, but also on cart handles, bedrails, bedside tables, toilets, sinks, thermometers—even telephones and remote controls.
 - In recent years, *C. diff* infections have become more common, severe, and difficult to treat. Once a person has *C. diff*, he or she can get it again more easily.

5. The last problem is called antibiotic resistance.
 - Antibiotics normally work by killing bacteria or germs. Sometimes not all of the bacteria are killed. The strongest ones are left to grow and spread. A person can get sick again, and this time the bacteria will be harder to kill because the antibiotics no longer work. This is called antibiotic resistance. In other words, the more often you use an antibiotic, the greater the chance that the antibiotic won't kill the bacteria.
 - When resistance develops, the doctor will need to prescribe a different antibiotic to fight the infection. But, your family member may need to be tested to find out which antibiotic will work. A sample from your infection will be sent to a lab and tested against a panel of antibiotics to find which treatment is likely to work best for you.
 - In some cases, antibiotics may not clear up an infection completely and follow-up or additional treatment may be necessary.
 - Your family member may also have to be put in isolation to prevent the infection from spreading to other residents.

VI. What is our nursing home doing to decrease the chance of these risks?

- Improving the way we use antibiotics for our residents is one way we can protect your family member's health and ensure the safety of his or her care.
- Our nursing home is taking action in two ways to make sure that your family member and other residents get the right care at the right time.
 - First, we are having conversations with residents and their families—just like we are doing now—to share information and help you understand the risks of antibiotics. This helps to ensure that your family member is getting the right care for his or her situation.
 - Second, we have an antibiotic stewardship program to—
 - Make sure that antibiotics are used only when absolutely necessary—when there is a bacterial infection.
 - Makes sure that residents get the right antibiotics, at the right time, for the right length of time.
 - Decrease the likelihood that residents experience any harm, including *C. diff* infections and antibiotic resistance.

VII. What can you do to make sure that your family member gets the best care?

Before Taking an Antibiotic

- Talk with your family member and his or her doctor about the benefits and risks.
- Tell someone, such as myself or another staff member, if you want more information—or have concerns—about antibiotics and the risks.
- You can help your family member and others by making sure they take antibiotics only when they are needed. Make sure the doctor and nurses know that an antibiotic should be prescribed for your family member only if it is absolutely necessary.

Note: For a number of reasons, it may be difficult for residents' family members to ask questions or talk to the doctor and nurses about antibiotics. For these family members and the resident, it will be important to close the loop to make sure they understand the information that you have shared with them. This can be done by asking a few questions such as—

- How do you feel about your family member taking an antibiotic?
 - What are you most worried about?
- How do you feel about your family member not taking an antibiotic?
 - What are you most worried about?
- What else would you like to know about antibiotics?
- Would you like to talk with someone else, such as a doctor, about antibiotics?
- Would you like to talk about other options?

When Taking an Antibiotic

- When taking an antibiotic, your family member may experience several side effects such as a rash, diarrhea, nausea, vomiting, and headaches.
- If your family member is—or may be—experiencing any of these side effects—or just feels different—let a nurse know immediately. This will help us work together to make sure he or she is getting the right care.

VIII. Additional questions about antibiotics

Some residents' family members may want additional information about antibiotics to help them be better informed and able to discuss treatment. If you sense that they want more information, but are not sure what questions to ask, you can provide them with any of the following questions to ask a nurse or doctor:

- Why is my family member being prescribed an antibiotic?
- What is this particular antibiotic supposed to do?
- Is this drug likely to cause any side effects? What changes in health or behavior should we be watching for while my family member is taking the antibiotic?
- Is there anything that we can do to prevent these side effects?
- Does this drug interfere with the effectiveness of other medications?

Also, be sure your loved one's doctor knows about any—

- Allergies
- Bad reactions to previous antibiotics (and which ones if possible)
- Previous antibiotic-resistant infections
- Other drugs that your family member takes, such as Coumadin®
- Health problems, such as diabetes or COPD

IX. Where can you get more information?

You can get more information about antibiotics from the

- U.S. Food and Drug Administration at <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/AntibioticsandAntibioticResistance/default.htm>
- Centers for Disease Control and Prevention at <http://www.cdc.gov/getsmart/community/for-patients/index.html>

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