



HAUTE AUTORITÉ DE SANTÉ

CLINICAL PRACTICE GUIDELINES

**Antibiotic therapy
and prevention of bacterial resistance
in healthcare organisations**

**Checklists for professional
practice appraisal**

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Checklists for professional practice appraisal

Proper use of antibiotics in healthcare organisations

Table 1. Objective: to ensure prescription of antibiotics is in accordance with best practice						
N°	Criteria	Source	Yes	No	NA	Comments
1	Prescription of an antibiotic is nominative, dated and signed, giving the name of the patient	PF	<input type="checkbox"/>	<input type="checkbox"/>		
2	The initial prescription for antibiotic therapy is recorded	PF	<input type="checkbox"/>	<input type="checkbox"/>		
3	Re-assessment of antibiotic therapy between 24 and 72 hours is recorded	PF	<input type="checkbox"/>	<input type="checkbox"/>		
4	Continuation of antibiotic therapy beyond 3-4 days is subject to the opinion of a senior doctor	PF	<input type="checkbox"/>	<input type="checkbox"/>		
5	Continuation of empirical antibiotic therapy beyond 3-4 days is justified	PF	<input type="checkbox"/>	<input type="checkbox"/>		
6	Antibiotic therapy should not continue for more than one week without justification		<input type="checkbox"/>	<input type="checkbox"/>		

PF: patient's file

N°	Criteria	Source	Yes	No	NA	Comments
1	The documented or probable bacterial origin is given	PF	<input type="checkbox"/>	<input type="checkbox"/>		
2	The antibiotic therapy prescribed complies with the protocol used in the department or with the specialty's guidelines	PF Nominative prescription Antibiotic protocols	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
3	The antibiotic therapy takes account of microbiological results	PF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	If a diagnosis of septic shock is suspected on admission, antibiotic therapy is initiated within the 1 st hour following onset of septic shock	PF Daily monitoring sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	If at the 48-72 hour reassessment, it is decided to continue with antibiotic therapy, its anticipated duration is specified	PF	<input type="checkbox"/>	<input type="checkbox"/>		
6	Antibiotic therapy should not continue for more than one week without justification	Prescription PF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	The prolongation of any antibiotic combination beyond 3 days is justified	PF Monitoring sheets	<input type="checkbox"/>	<input type="checkbox"/>		
8	Dose is decreased whenever possible	PF	<input type="checkbox"/>	<input type="checkbox"/>		
9	When a dose decrease is possible but is not implemented, the justification for the decision is given	PF	<input type="checkbox"/>	<input type="checkbox"/>		

PF: patient's file

ICATB: *Indice composite de bon usage des antibiotiques* (Composite index on proper use of antibiotics)

Table 3. Objective: to establish a good overall organisation of antibiotic prescription in the hospital: The CAI						
N°	Criteria	Source	Yes	No	NA	Comments
1	A CAI exists within the establishment or the establishment is part of a network	Report of CAI activities	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
2	The CAI has met at least 3 times during the previous calendar year	Report of CAI activities	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
3	The CLIN and COMEDIMS are represented on the CAI	Composition of the CAI	<input type="checkbox"/>	<input type="checkbox"/>		
4	The CAI is consulted by the COMEDIMS	Report of CAI and COMEDIMS	<input type="checkbox"/>	<input type="checkbox"/>		
5	A list of the anti-infectives available within the establishment has been drawn up by the CAI and validated by the COMEDIMS	List of available antibiotics	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
6	A list of antibiotics with controlled distribution is available	List of antibiotics with controlled distribution	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
7	The control procedures for the dispensation of these antibiotics are known	Internal document of the CAI / pharmacy / microbiology laboratory	<input type="checkbox"/>	<input type="checkbox"/>		

CAI: *Commission des anti-infectieux / commission des antibiotiques* (Committee for anti-infectives/ Committee for antibiotics)

CLIN: *Comité de lutte contre les infections nosocomiales* (Committee for the prevention of hospital infections)

COMEDIMS: *Commission des Médicaments et des Dispositifs Médicaux Stériles* (Committee for Medicinal Products and Sterile Medical Devices)

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N°	Criteria	Source	Yes	No	NA	Comments
1	The establishment has at least one advisor for antibiotic therapy	Report of the CAI/CME	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
2	Advisors on antibiotic therapy are members of the CAI	Report of the CAI	<input type="checkbox"/>	<input type="checkbox"/>		
3	Advisors will be either full or part time	Report of the CAI	<input type="checkbox"/>	<input type="checkbox"/>		
4	There are local representatives known to the CAI in each department or sector	Report of the CAI	<input type="checkbox"/>	<input type="checkbox"/>		

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 CME: *Commission médicale d'établissement* (Hospital Medical Committee)

Table 5. Objective: to ensure that the microbiology laboratory plays its part in the proper use of antibiotics						
N°	Criteria	Source	Yes	No	NA	Comments
1	Internal quality control procedures for bacterial resistance detection tests have been set up by the microbiology laboratory	Internal document	<input type="checkbox"/>	<input type="checkbox"/>		
2	External quality control procedures for bacterial resistance detection tests have been set up by the microbiology laboratory	Internal document	<input type="checkbox"/>	<input type="checkbox"/>		
3	The information management system set up within the microbiology laboratory enables epidemiological surveillance	Results of epidemiological surveillance	<input type="checkbox"/>	<input type="checkbox"/>		
4	The microbiology laboratory has an operational early warning system which can warn the EOHH and the clinical departments of any epidemic and specific bacterial resistance profile (alert thresholds have been established)	Internal document for alert procedure and traceability (computer software)	<input type="checkbox"/>	<input type="checkbox"/>		
5	The pharmacy and the microbiology laboratory continually exchange data in order to monitor the controlled dispensation antibiotics	Internal document Microbiology laboratory and Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
6	Data on the surveillance of the antibiotic-resistance of common bacteria are presented to the CAI and the CLIN at least once yearly	Document on surveillance of resistance transmitted to the CAI and the CLIN	<input type="checkbox"/>	<input type="checkbox"/>		
7	Data on the surveillance of the antibiotic-resistance of common bacteria are transmitted to the clinical departments at least once yearly	Document on surveillance of resistance transmitted to the clinical departments	<input type="checkbox"/>	<input type="checkbox"/>		

EOHH: *Equipe Opérationnelle en Hygiène Hospitalière* (operational team for hospital hygiene)

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Table 6. Objective: to ensure that the hospital pharmacy plays its part in the proper use of antibiotics						
N°	Criteria	Source	Yes	No	NA	Comments
1	The pharmacy is organised so that it can deliver prescribers with antibiotics permitted by COMEDIMS / CAI / CLIN at all times	Internal document to the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>		
2	The traceability of antibiotic units supplied but not administered is ensured	Joint pharmacy - clinical departments document	<input type="checkbox"/>	<input type="checkbox"/>		
3	The pharmacy validates the nominative prescriptions for antibiotics, at least by identifying the patient, prescriber, and date of the prescription.	Internal document to the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>		
4	For antibiotics under controlled dispensation, the pharmacy has an internal procedure to check that the prescription conforms with CAI recommendations and even the opinion of the advisor	Internal document to the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>		
5	There is an information management system, which is accessible to health professionals within the establishment. It gives an updated list of antibiotics available from the pharmacy, guidelines on good administration practices, and daily treatment costs	Internal document to the pharmacy Information system/network	<input type="checkbox"/>	<input type="checkbox"/>		
6	Antibiotic use is expressed in the form DDD (defined daily dose) per 1000 days of hospitalisation	Report with data on usage	<input type="checkbox"/>	<input type="checkbox"/>		Circular DGS/DHOS/DSS/5A/E2/2006/139 Present in ICATB
7	Data on the monitoring and analysis of antibiotic use (by main medical activities or by centres of responsibility in the healthcare organisation) are transmitted at least once yearly to COMEDIMS, CLIN, CAI, CME, clinical departments and sectors	Internal document to the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>		
8	The data on use of antibiotics are presented to the CAU and the CLIN at least once yearly	Document transmitted to the CAI and CLIN	<input type="checkbox"/>	<input type="checkbox"/>		
9	The data on antibiotic use are transmitted to the clinical departments at least once a year	Document transmitted to the clinical departments	<input type="checkbox"/>	<input type="checkbox"/>		

COMEDIMS: *Commission des Médicaments et des Dispositifs Médicaux Stériles* (Committee for Medicinal Products and Sterile Medical Devices)

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Table 7. Objective: to organise those involved within the hospital with respect to the proper use of antibiotics: the clinical departments

N°	Criteria	Source	Yes	No	NA	Comments
1	There are written antibiotic therapy protocols (hardcopy, intranet) for each common clinical situation, that take into account local bacterial resistance: hospital protocol; protocols specific to the medical departments, surgical departments, emergency services, long-term and medium-term hospitalisation	Departmental protocols, intranet	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
2	There are written protocols (hardcopy, intranet) on methods of antibiotic administration	Departmental protocols, intranet	<input type="checkbox"/>	<input type="checkbox"/>		
3	The written protocols are validated by the CAI	Report of CAI activities	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
4	Audits have been performed on compliance with the written antibiotic therapy protocols (hardcopy, intranet) - results are provided	Report of CAI activities or audit report	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
5	There are local representatives known to the CAI in each clinical department or sector	Report of CAI activities	<input type="checkbox"/>	<input type="checkbox"/>		
6	The traceability of antibiotic units supplied but not administered is ensured	Joint pharmacy - clinical departments document	<input type="checkbox"/>	<input type="checkbox"/>		

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Table 8. Objective: Information and training						
N°	Criteria	Source	Yes	No	NA	Comments
1	There is a procedure for informing new prescribers about the proper use of antibiotics	CAI document.	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
2	There are written antibiotic therapy protocols (hardcopy, intranet) for each common clinical situation, that take into account local bacterial resistance: hospital protocol; protocols specific to the medical departments, surgical departments, emergency services, long-term and medium-term hospitalisation	Internal document, intranet system	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB
3	In the event of a new antibiotic being introduced into the establishment, meetings with representatives of the pharmaceutical industry take place through the CAI	CAI internal document	<input type="checkbox"/>	<input type="checkbox"/>		
4	At least one survey of practice or one audit has been carried out on the proper use of antibiotics during the previous calendar year. Its results have been made known within the establishment	Internal document Report of the CAI	<input type="checkbox"/>	<input type="checkbox"/>		Present in ICATB

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