



Procedure

Antimicrobial: Prescribing, Management and Stewardship

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Primary Document			
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Author/Custodian	Director, Infection Management and Prevention Services Medical Lead, Antimicrobial Stewardship (QCH)	Effective date	25/03/2025
Applicable to	All Children’s Health Queensland (CHQ) Staff	Review date	19/03/2029

HUMAN RIGHTS

This governance document has been human rights compatibility assessed. Limitations identified were deemed justifiable indicating reasonable confidence that, if adhered to, there are no implications arising under the *Human Rights Act 2019*.

PURPOSE

The purpose of this procedure is to embed the implementation of an [Antimicrobial Stewardship programme](#) at CHQ within the [framework](#) established by the [Australian Commission on Safety and Quality in Health Care \(ACSQHC\)](#).

To align CHQ processes with the Australian Council on Healthcare Standards, in particular the key priority of [preventing and controlling Healthcare Associated Infections](#). The goal is to provide safe quality health care within the framework of the [National Quality and Safety standards](#).

This procedure supports a standardised approach to the appropriate use and prescribing of antimicrobial therapy at Children's Health Queensland Hospital and Health Service (CHQHHS) in order to:

- Optimise clinical outcomes.
- Minimise adverse consequences of antimicrobial use (toxicity, selection of pathogenic organisms and emergence of resistant organisms) and
- Support prudent management of antimicrobial associated health care costs.



Queensland
Government

SCOPE

This procedure relates to all CHQ staff involved in prescribing, dispensing, preparing and administering of antimicrobials.

Each staff member, including Agency, Locum or staff on rotation, is individually responsible and accountable for ensuring safe and appropriate use of antimicrobials (Antimicrobial Stewardship) in accordance with CHQ [Antimicrobial procedures, guidelines](#) and [antimicrobial restrictions](#).

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PROCEDURE

ANTIMICROBIAL PRESCRIBING AND MANAGEMENT

- All CHQ staff involved in the direct provision of antimicrobials to patients will follow the principles of use of antimicrobials as stated in the [Therapeutic Guidelines: Antibiotic](#).
- Antimicrobials will be prescribed per evidence-based guidelines for antimicrobials as per CHQ, [Queensland Health List of Approved Medicines \(LAM\)](#), CHQ Medicines Advisory committee (CHQMAC) endorsed departmental policies or guidelines and the current version of the [Therapeutic Guidelines: Antibiotic](#).
 - Clinical departments, units and document authors will ensure that any document involving antimicrobials are reviewed by the CHQ Antimicrobial Stewardship team and align with the endorsed antimicrobial prescribing guidelines for CHQ.
 - All such endorsed policies and guidelines recommending antimicrobial use will be made available through the CHQ [AMS website](#) and the [CHQ eGovernance Catalogue](#) as per the CHQ [Procedure Management Framework](#).
- The decision to prescribe an antimicrobial should always be clinically justified and the indication recorded on the electronic medication order in ieMR, Metavision®, Paediatric National Inpatient Medication Chart and outpatient (or discharge) prescription. In addition, the course length or review date for antimicrobial therapy should be clearly documented.
- The patient's [antimicrobial allergies](#), [antimicrobial treatment](#) and microbiology results should be reviewed regularly by the treating medical team and antimicrobial therapy rationalised accordingly.
 - Parenteral antimicrobial therapy should only be used for those patients with severe infections or who are unable to take oral antimicrobials. Parenteral antimicrobials should be reviewed regularly (every 48 to 72 hours) and, if appropriate, the patient should be [switched to oral therapy](#).
 - Surgical prophylaxis: Antimicrobials should be prescribed and administered in accordance with the [CHQ Surgical Antibiotic Prophylaxis guidelines](#) and the [Therapeutic Guidelines: Antibiotic](#).
- Departmental and Unit Leads will ensure that all health care professionals (including doctors, nurses and pharmacists) involved in the direct provision of antimicrobials to patients under their care, are aware of and practice according to the [Antimicrobial: Prescribing , Management and Stewardship procedure](#).
- The Antimicrobial Stewardship Steering Committee and the CHQ Medicines Advisory Committee will approve and publish [formulary restrictions](#) that limit the use of broad-spectrum antimicrobials to patients in whom their use is clinically justified.
 - Consultation and approval (in the form of an AMS code) from a Consultant in Paediatric Infectious Diseases / Microbiology consultant (or their delegate) will be required to prescribe, supply or administer restricted antimicrobials (see [CHQ Antimicrobial Approval Process Flow chart](#)). The AMS code will be documented on the medication order / prescription as per Figures 2,3,4.
 - A [decision support escalation process](#) (Appendix 1) will be utilised in instances where a prescriber is in disagreement with the approval or restriction of a particular antimicrobial for a particular patient (see flowchart below).

- The CHQ Antimicrobial Stewardship Steering Committee is responsible setting an audit schedule, auditing (in collaboration with clinical units), monitor the audit results and review outcome measures produced by the CHQ Antimicrobial stewardship programme.
 - The CHQ Antimicrobial Stewardship Steering Committee membership includes representation from across the organisation, including infectious diseases, microbiology, pharmacy, nursing, CHQ Executive, critical care, oncology, general paediatrics, surgery, informatics and junior medical workforce.
 - Point of care feedback will be provided by the CHQ AMS and ID team to health care professionals involved in the prescribing, supply and administration of antimicrobials to patients, with the aim to support teams in optimizing antimicrobial therapy for patients and auditing concordance with clinical guidelines based on [National Antimicrobial Prescribing survey](#) criteria.

ANTIMICROBIAL FORMULARY RESTRICTIONS

- Antimicrobials should be prescribed according to the [CHQ endorsed antimicrobial prescribing and infection management clinical guidelines](#) which are generally based on Therapeutic Guidelines: Antibiotic and comply with the [Queensland Health List of Approved Medicines \(LAM\)](#).
- Some medicines listed on the LAM require the additional approval of the Infectious Diseases Physician (AMS approval) unless their use is already endorsed for use by Infectious Diseases and CHQ Medicines Advisory Committee (CHQMAC) as a unit-specific protocol.
 - SAS antimicrobials: [Special Access Scheme \(SAS\) - Custom Portal \(health.gov.au\)](#)
 - Non-LAM antimicrobials/ off label/off license use: [Cgov non-LAM medicine IPA application portal](#) – refer to [CHQ Medication approval process](#)
- Where AMS approval is required, the Prescriber will contact the Infectious Diseases consultant (or delegate) who will consider the antimicrobial's use.
 - Use of a restricted antimicrobial at CHQ can only be authorised by a CHQ Infectious Diseases Consultant, CHQ Infectious Diseases Fellow and Consultant Clinical Microbiologist (Pathology Queensland).
 - This consultation MUST be documented in the patient's medical notes, any approvals also documented in the medication order and communicated to Pharmacy before further stock will be supplied from the pharmacy.
 - This process also applies to the review and supply of antimicrobial supplies and quantities available on ward imprest at CHQ.

For a comprehensive list of antimicrobials and the level of approval required, including indication-specific exceptions, see the [QCH antimicrobial formulary](#) or ask your pharmacist for advice. Units are encouraged to develop protocols in consultation with the Infectious Diseases team when a restricted agent needs to be prescribed on a regular basis.

CHQ Antimicrobial formulary is divided into the following three levels of access:



Green: Unrestricted Antimicrobials are “free” to use for clinically appropriate indications (and duration) by all prescribers.



Amber: Restricted Antimicrobials may only be prescribed for certain indications (listed) under the direction of a consultant. Approval is required for use outside of these indications.



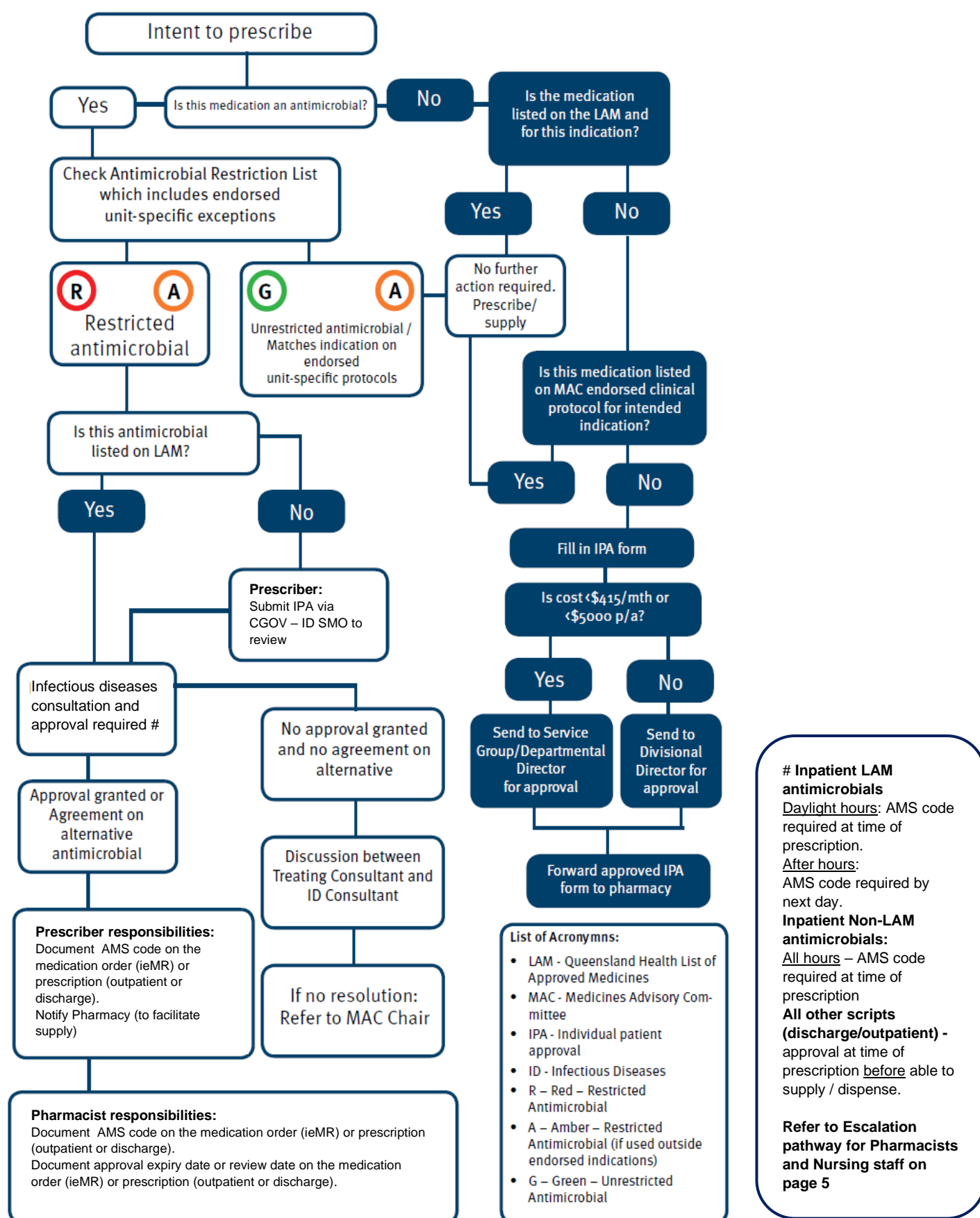
Red: Approval Required Antimicrobials may only be prescribed following authorisation by Infectious Diseases (ID) or Clinical Microbiology. The indication, name of the authorising clinician and unique AMS code must be annotated on the medication chart.

Clinical scenarios involving antimicrobials that require AMS approval:

- Hospital in the Home (HITH) Parenteral Antibiotics (excluding AMS approved HITH pathways for CF, Non CF bronchiectasis and specific conditions listed in the Emergency department HITH pathway).
- Antimicrobials which may require special aseptic compounding:
 - Antimicrobial eye drops – e.g. Ceftazidime, Vancomycin
 - Antimicrobials for Intravitreal injections – e.g. Amphotericin, Voriconazole
 - Antimicrobials for Intrathecal or Intraventricular administration – e.g. Vancomycin
 - Antimicrobials for home parenteral administration (including Hospital in the home (HITH))

Note: Please contact the CHQ Aseptic Production Unit Manager directly to discuss arrangements for aseptic compounding of these products. Wherever possible, this should be organized in advance.

CHQ ANTIMICROBIAL APPROVAL PROCESS



ESCALATION PATHWAY FOR QCH PHARMACISTS AND NURSING STAFF

- Contact the Treating team/prescriber and notify that AMS approval is required
- Document a Medication related intervention in ieMR detailing the request, including antimicrobial, date/time treating team contacted and the date, time and name of ID Team member the request is escalated to.

*Performed on: 06-Mar-2024 15:44 AEST

Clinical Intervention

Medication Related Interventions

Intervention information (issue identified/proposed action)

IV meropenem - ID/AMS approval code required

Follow up (person responsible/result of action)

Notified PSURG RMO Dr Knite - will contact ID team to discuss
Pharmacist notified ID/AMS via eConsult

Medication (if applicable): Meropenem

Contact details: Pharm Acist 1234

Category/classification

<input type="checkbox"/> Adverse Drug Event	<input type="checkbox"/> Instructions unclear	<input type="checkbox"/> Drug information inquiry
<input type="checkbox"/> Incorrect dose	<input type="checkbox"/> LAM conversion	<input type="checkbox"/> Optimisation of dosing regimen
<input type="checkbox"/> Incorrect frequency	<input type="checkbox"/> No valid drug indication	<input type="checkbox"/> Patient counselling
<input type="checkbox"/> Incorrect route	<input type="checkbox"/> Not receiving a drug for condition	<input type="checkbox"/> Financial (cost)
<input type="checkbox"/> Incorrect rate	<input type="checkbox"/> Regular medication not charted	<input type="checkbox"/> Pharmacokinetic consult
<input type="checkbox"/> Drug allergy omitted	<input type="checkbox"/> Storage inappropriate	<input type="checkbox"/> Clinical Intervention and Workload
<input type="checkbox"/> Drug interactions (drug/food/condition)	<input type="checkbox"/> System error	<input checked="" type="checkbox"/> Other: ID/AMS approval required

Clinical importance

<input type="checkbox"/> Insignificant (no harm or injury, low financial cost)	<input type="checkbox"/> Major (major temporary injury, increased LOS)	<input type="checkbox"/> Other:
<input type="checkbox"/> Minor (minor injury, minor treatment)	<input type="checkbox"/> Catastrophic (death, large financial cost)	
<input type="checkbox"/> Moderate (moderate injury, loss)	<input checked="" type="checkbox"/> N/A - workload activity	

Time taken to complete intervention

☐ < 1 Minute ☒ 1-5 minutes ☐ 6-15 Minutes ☐ 16-30 Minutes ☐ > 30 Minutes ☐ Other:

Issue recognised by

☒ Pharmacist ☐ Nurse ☐ Prescriber ☐ Other:

Pharmacist to complete - Intervention resolved: ☐ Yes

- Order a "Medical review" in ieMR for the Treating team – nominate urgency of request (ie within 2 hours) and nominate Treating team member who will be following up/communicated to.

Details for Medical Review

Details | Order Comments | Diagnoses

+ [Icons]

*Priority: 2 - within 2 hours

*Reason for Referral: Review/chart medication ord...

Additional Comments: Meropenem ID/AMS approval required - please contact ID

*Requestor Name and Phone: A Nurse/ B Pharmacist 123

*Requested Start Date/Time: 06-Mar-2024 15:45 AEST

Clinician Contacted: DOCTOR «No Matches»

- Monday to Friday (business hours): Order "Consult to Infectious diseases" in ieMR – document "AMS approval request for xxxx (antimicrobial name), nominate ID Team member request is sent to.

Details for Consult to Infectious Diseases

Details | Order Comments | Diagnoses

+ | |

*Requested Start Date/Time: 08-Mar-2024 1532 AEST Priority: Routine

Frequency: ONCE only Duration: Reason for Consult: AMS approval - Meropenem

Clinician Contacted: CLARK, JULIA ELIZABETH SMO Acknowledged: Yes No

Special Instructions: AMS approval request - Meropenem - escalated to PSURG MO

*Referral - To Specialty: Infectious Diseases

<No Items>

- Afterhours, Weekends and Public holidays: Contact the ID SMO on call via switchboard
- In addition to the abovementioned steps, the pharmacist/ nurse may also order a Consult to the Infection Management and Prevention service (IMPS) in ieMR.
- The prescriber is responsible for notifying pharmacy of AMS approval to allow timely supply of antimicrobial.

ANTIMICROBIAL SUPPLY

For inpatients:

- **During daylight hours:** Pharmacy will only be allowed to provide up to 24 hours initial supply of restricted antimicrobials pending Treating team discussion with the ID Team on service.
 - No further supply will be provided without appropriate ID consultation and documented AMS code.
 - Exceptions: Antimicrobials that are only available through Special access scheme, prescribed for off label use and/or compounding required: ID consultation and documented AMS code is required prior to ordering, compounding or supply of these antimicrobials.
 - SAS antimicrobials: [Special Access Scheme \(SAS\) - Custom Portal \(health.gov.au\)](#)
 - Non-LAM antimicrobials/ off label/off license use: [Cgov non-LAM medicine IPA application portal](#) – refer to [CHQ Medication approval process](#)
- **Afterhours:** ID consultation and AMS code is required before the On-call Pharmacist can be contacted to supply restricted antimicrobials.

For outpatients: ID consultation and AMS code is required before supply of restricted antimicrobials will be dispensed.

If no approval is forthcoming (within 24 hours), this will be escalated to the primary treating Consultant and ID Consultant on call/ ID Fellow prior to supply.

- For ongoing supply requests in the absence of a documented AMS code, the pharmacist/ nursing staff will escalate directly to the ID consultant on service.

DOCUMENTATION OF ANTIMICROBIAL PLAN ON THE MEDICATION ORDER AND/OR PRESCRIPTION

The antimicrobial order in Integrated Electronic Medical Record (ieMR), Metavision® or the National Inpatient Medication Chart (NIMC) must include the following information:

- The Indication for Antimicrobial Therapy

- Mandatory field for all electronic medication orders in ieMR and should be as descriptive as possible
- Document indication in the special instruction field in Metavision® medication order
- The order should include the antimicrobial therapy start date, scheduled review date, and proposed duration of therapy to assist with appropriate follow-up and review of therapy.
- The words “AMS approved” with the unique AMS code provided by the Approving ID Physician or Microbiologist
 - Where extension of antimicrobial therapy past the predetermined review date is clinically indicated, the order should be modified by the prescriber to reflect the most current plan and updated approval number where required.

Figure 2: Inpatient antimicrobial order documentation in ieMR:

Details for meropenem

Details | Order Comments | Diagnoses

Review Schedule Remaining Administrations: (Unknown) Stop: (Unknown)

*Dose: 400 mg

Drug form: Vial

*Route of administration: IV

*Frequency: 8 hourly

First dose priority: NOW

First dose date/time: 17-Jan-2019 14:25 AEST

Stop date/time: AEST

PRN:

Infuse over: 30

Infuse over unit: minute(s)

Duration:

*Indication: Sepsis (BC + pseudomonas)

Restricted antimicrobial approved by (name or co...): MDN012345607

Special instructions: Day 1 effective therapy = 17/01/19, Review date 23/01/19

Use patient's own med: ☐ Yes ☒ No

Nurse Witness:

Figure 3: Inpatient antimicrobial order documentation in Metavision®:

Create Order Nil Known Allergies Reported

Orderable: Meropenem inj

Z-Drug Name:

Route: Intravenous

Frequency: Set interval 8 hour

Start: Date & time 17/01/2019 14:20

PRN: ☐ PRN indication:

Stop: No time limit

Category: *Antimicrobial Med Push PICU

Dose: 20 mg/kg

Solution: Sodium Chloride 0.9%

Solution vol. mL

Total mL

(Quantity: 158 mg)

Comments: Day 1 = 1/1/2019, review Day 7 = 7/1/2019. Indication: Sepsis (BC + Pseudomonas) ID approved: MDN012345607

Tip: ID approval. Dose 20-40mg/kg (max 2g). 1st week of life: every 12h, > 1 week to adult: every 8h. Adjust dose for renal impairment. Reconstitute to

Dosing weight: 7.9 kg as of 13/01/2019 22:11

Save_Close Save Cancel

Figure 6: Example of printer Outpatient Antimicrobial Hospital Prescription (ieMR):

XXXXXXX

Medicare Number: _____ Concession/DVA Number: _____ Entitlement Number: _____	Pt. Name: DOHTESTPAH, SLTESTING Address: 9 ALAN ST HERSTON QLD 4006 Australia Worker's comp status: Unsighted medicare card DOB: 05/05/2012 Ph: _____ Weight: 25 kg (16-JAN-19) Unit/Consult: General Medical Sex: M Ward/Clinic: PAH 01 4 W4BT
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☐ Safety Net Concession or Entitlement Card Holder

☐ Concession Card or RPBS Card Holder

☒ PBS

☐ RPBS

ALLERGIES: No Known Allergies

Drug Name, Strength and Form	Dose, Route and Frequency	Qty	Rpts	Phone Approval Reg24/streamline code/Private item
cIPROFLOXAcin (cIPROFLOXAcin 250 mg oral tablet) PBS Authority Script No. 10002655	1 tab(s) Oral TWICE a day Comments: Do not take antacids, iron, zinc or calcium supplements within 2 hours of taking this medicine. Take for 2 months. ID Approved: Osteomyelitis MDN01234556	56 tab(s)	1	CZ123456 Reg 24

Handwritten alterations or amendments to printed prescriptions are unauthorised

2 items *****Page: 3 of 4 *****

Prescriber Name: PA_DH, Ten DMC
 Signature: _____
 Clinic Unit: _____

Prescriber #: _____
 Phone Contact #: _____
 Prescriber Type: _____

Date of Prescribing: 16/01/2019

Dispensed by: _____
 I certify that I have received this medication and any information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Counsellor: _____
 Medication List Provided: ☐ Y ☐ N

Date of Supply
 Reg. 19(1) Approved

Patient or Agent's Signature

Agent's Address

Printed by PA_DH, Ten DMC, Position – R4 Doctor – Hospitalist, date and time 16/01/2017 09:18

PATIENT OR PHARMACIST COPY

ADMINISTRATION OF ANTIMICROBIALS

As outlined in the [CHQ-PROC-01039 Medication Administration](#): “all CHQ staff are individually responsible and accountable for ensuring safe and appropriate use of antimicrobials (Antimicrobial Stewardship) in accordance with CHQ Antimicrobial procedures, guidelines and restrictions.”

At the point of checking, preparing and/or administration, staff can utilise the [CHQ AMS website](#) alongside standard dose references to ensure that the patient is prescribed antimicrobials appropriately.

Check list:


Is antimicrobial appropriate for the documented indication?

- Review of the [appropriate antimicrobial guideline](#) can ensure that the patient is receiving the right drug at the right dose via the right route and for the right duration, as per the [Six Rights of Safe Medication Administration](#).

Is it a restricted antimicrobial?

- If yes, has [AMS Approval](#) been sought and documented, as shown in examples below.
- Should nursing staff notice in the process of reviewing an order that the review date for an antimicrobial has been exceeded without documentation of review or new approval number:
 - **Daylight hours:**
 - Escalate to the treating Medical team and the ward pharmacist.
 - If the decision is made to continue antimicrobial therapy, ID consultation and AMS code should be sought (and documented) during business hours to ensure appropriate antimicrobial supply can be dispensed for the patient.
 - **After hours:**
 - Escalate to the Nurse Team Leader or Safety CNC.
 - Ward Call Medical Officer should be contacted in the first instance to review the antimicrobial order and discuss plan with the On-call treating consultant.
 - If the decision is made to continue antimicrobial therapy, ID consultation and AMS code should be sought at the start of the next day-time shift.
 - Ward Call Medical Officer must provide handover to the day shift Treating Medical team to follow up ID consultation and AMS code.
 - Nurse Team Leader must provide handover to the day shift nursing team to follow up with the Treating team about seeking AMS code.
 - Day shift nursing team to contact pharmacy for further antimicrobial supply once AMS code is obtained.
 - If the On-call pharmacist is required to attend the hospital to supply a restricted antimicrobial, ID consultant approval will be required prior to supply.

Figure 7: Review of antimicrobial prescription in Medication administration wizard (MAW)

Medications	18-Jan-2019 6:25 AEST	17-Jan-2019 22:25 AEST	17-Jan-2019 14:25 AEST
Scheduled			
 meropenem 400 mg, Vial, IV, 8 hourly, start: 17/01/19 14:25:00 AEST, infuse over 30 minute(s), Indication: Sepsis (BC + pseudomonas), Approval: MDN012345607, Day 1 effective therapy = 17/01/19, Review date 23/01/19 Target Dose: meropenem 25 mg/kg 17-Jan-2019 14:27 meropenem	400 mg Not given within 5 days.	400 mg Not given within 5 days.	NOW Not given within 5 days.

Charting for: CHQTEST, LCCHB

meropenem
 400 mg, Vial, IV, NOW, start: 17/01/19 14:25:00 AEST, infuse over 30 minute(s), Indication: Sepsis (BC + pseudomonas), Approval: MDN012345607, Day 1 effective therapy = 17/01/19, Review date 23/01/19
 Target Dose: meropenem 25 mg/kg 17-Jan-2019 14:27

*Performed date / time : 17-Jan-2019 1519 AEST

*Performed by : TESTER, TEST RN

Witnessed by :

*meropenem: 400 mg Volume: 0 ml

Diluent: <none> ml

*Route: IV Site:

Total Volume: 0 Infused Over: 30 minute(s)

17-Jan-2019 1400 AEST 17-Jan-2019 1500 AEST 17-Jan-2019 1600 AEST 17-Jan-2019 1700 AEST 17-Jan-2019 1800 AEST 17-Jan-2019 1900 AEST

☐ Not Given

Reason :

REVIEW OF ANTIMICROBIAL USE

Where extension of antimicrobial therapy past the predetermined review date is clinically indicated, the order should be amended to reflect the most current plan and updated approval number where required.

- **Extension of course without dose change**

- Prescriber or pharmacist modify original order to show the new AMS code and amended review date.
- Additionally, document in the patient's electronic medical record.

In certain cases (ie. Surgical antimicrobial prophylaxis) it may be appropriate for the prescriber to set a fixed stop date to the order to ensure that additional doses are not given inappropriately.

Figure 8: Example of ieMR Inpatient antimicrobial order with duration specified:

*Dose: 400 mg

Route of administration: IV

First dose priority: Routine

Stop date/time: 24-Jan-2019 1559 AEST

Infuse over: 30

Duration: 7 day(s)

approved by (name or c... MDN012345607)

Figure 8: Example of Inpatient antimicrobial order on P-NIMC with duration specified for ieMR Downtime:

REGULAR MEDICATIONS

YEAR 20 ____ DATE & MONTH ____		PRESCRIBER MUST ENTER ADMINISTRATION TIMES									
		1/1	2/1	3/1	4/1	5/1	6/1	7/1	8/1		
Date 1/1	Medicine (Print Generic Name) MEROPENEM	Day		1	2	3	4	5	6	7	Please R/V
Route IV	DOSE 400mg	Frequency & now enter times every 8 hours		06:00							Continue of discharge? Discharge? Duration: days/days
Pharmacy / Additional Information ID approved (For 7 days) MDN012345607		14:00									
Indication Sepsis (BC+ pseudomonas)		22:00									
Prescriber Signature JD	Print Name J. Doe	Contact/Pager 4321									

SUPPORTING DOCUMENTS

- Australian Commission on Safety and Quality in Health Care. (ACSQHC). (2018), 'Stewardship in Australian Hospitals 2018,' In M. Duguid and M. Cruickshank, (eds). Australian Commission on Safety and Quality in Health Care: Sydney.
- Australian Commission on Safety and Quality in Healthcare. (ACSQHC). (2019), National safety and quality health service standards, *Australian Commission on Safety and Quality in Healthcare website: Sydney*, [online] Available at: <http://www.safetyandquality.gov.au/>
- Antibiotic expert group. (2020), 'Therapeutic guidelines: Antibiotic (2020)', *Therapeutic Guidelines Ltd website: Melbourne*, [online] Available at: <http://online.tg.org.au/ip/desktop/index.htm>

LEGISLATION AND OTHER AUTHORITY:

- *Public Service Act 2008* (Qld)

STANDARDS:

- Australian Standard Medical and Surgical Equipment
- National Safety and Quality Health Service (NSQHS) Standards

CONSULTATION

Key stakeholders who reviewed this version:

<ul style="list-style-type: none"> • Director, Infection Management and Prevention Service (IMPS, CHQ) • Antimicrobial Stewardship Steering Committee (QCH) • Paediatric Infection Management Consultants, Fellows and Registrars (QCH) 	<ul style="list-style-type: none"> • Pharmacist Advanced - Antimicrobial Stewardship (QCH) • Medicines Advisory Committee – endorsed 20/03/2025
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REFERENCES

No.	Reference
1.	Australian Commission on Quality and Safety in Healthcare
2.	National Antimicrobial Resistance Strategy
3.	Antimicrobial Stewardship Clinical Care Standard: Evidence Sources
4.	Australian Society of Infectious Diseases
5.	National Antimicrobial Prescribing Survey (NAPS)
6.	Antimicrobial Use and Resistance in Australia (AURA)

ASSURANCE STRATEGY

Strategy	Annual Point Prevalence audit, Regular AMS rounds (including point of care rounds; virtual AMS dashboard rounds), Quality improvement audits, Drug Use evaluations, Annual review of CHQ Antibigrams
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Audit/review tools	Audit/review tools frequency	Key performance indicators
Nil	Bi-/Monthly reporting to Antimicrobial Stewardship Steering Committee	<ul style="list-style-type: none"> Benchmark CHQ Paediatric Point Prevalence data against National and International Paediatric hospitals through the National Antimicrobial Prescribing Survey (NAPS). Percentage of patients undergoing specified surgical procedures that receive an appropriate prophylactic antibiotic regimen. Percentage of patients with suspected sepsis receiving appropriate parenteral antibiotics after blood culture Percentage of patients with suspected sepsis receiving appropriate parenteral antibiotics within 60 minutes (septic shock). Percentage of prescriptions for restricted antibiotics that are concordant with CHQ Antimicrobials Restrictions approved criteria. Percentage of prescriptions that are concordant with CHQ Early IV to oral switch criteria. Percentage of patients with a toxic or sub-therapeutic aminoglycoside or vancomycin concentration whose dosage has been adjusted or reviewed prior to the next aminoglycoside or vancomycin dose. Surveillance reporting outcomes on detection and management of Multi-resistant organisms.

PROCEDURE REVISION AND APPROVAL HISTORY

Version No.	Modified by	Amendments authorised by	Approved by	Comments
1.0	Infectious Diseases Consultant- Antimicrobial Stewardship (Infection Management and Prevention Service)	Medicines Advisory Committee (MAC) Antimicrobial Stewardship Steering Committee (CHQ)	General Manager Operations	
2.0	Director- Infection Management and Prevention Service and	Medicines Advisory Committee (MAC)	Executive Director Hospital Services	

	Antimicrobial Stewardship Pharmacist (QCH)	Antimicrobial Stewardship Steering Committee (CHQ)		
3.0 (18/06/2020)	Director- Infection Management and Prevention Service, Antimicrobial Stewardship Pharmacist (QCH)	Medicines Advisory Committee (MAC) Antimicrobial Stewardship Steering Committee (CHQ)	Executive Director Clinical Services	
4.0 31/01/2023	Pharmacist Advanced-Antimicrobial Stewardship	Director- Infection Management and Prevention Service	Division Director Medicine	
4.1 15/04/2024	Director- Infection Management and Prevention Service Pharmacist Advanced-Antimicrobial Stewardship	Director, Infection Management and Prevention Services Medical Lead, Antimicrobial Stewardship	Executive Director Clinical Services	
5.0 19/03/2025	Pharmacist Advanced-Antimicrobial Stewardship	Director, Infection Management and Prevention Services Medical Lead, Antimicrobial Stewardship	Executive Director Clinical Services	Scheduled review

Key words	Antimicrobials, antibiotics, antifungals, antivirals, Antimicrobial Stewardship, AMS, Antimicrobial Prescribing and Management, restrictions, formulary, AMS approval process, escalation, appropriate use, infectious diseases consultation, documentation, 01036
Accreditation references	The National Safety and Quality Health Service (NSQHS) Standards (1-8): <ul style="list-style-type: none"> Standard 3: Preventing and Controlling Healthcare-Associated Infections Standard 4: Medication Safety

APPENDIX 1: DECISION SUPPORT PROCESS

The decision support process is an escalation through a number of steps that are triggered when a request for a restricted antimicrobial is denied.

The process may be terminated if there is a consensus that the restricted antimicrobial or an alternative is appropriate.

