

# NURSES IN ANTIMICROBIAL STEWARDSHIP

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# NURSING WORKFORCE:

- Largest professional workforce within Healthcare
- Regular clinical review and engagement with patients
- Consistent role at point of care for patients and families
- Primary role to administer medications safely and effectively
- NMC duty of care to ensure no harm & patients receive the correct medicine

# WHERE CAN NURSES/ MIDWIVES CONTRIBUTE TO AMS?

**Table 1. Overlap of nursing activities with function attribution in current antimicrobial stewardship models**

	Nursing	Microbiology	Case management	Pharmacy	Infectious Diseases	Infection Control	Inpatient Physician	Administration
<b>Patient admission</b>								
Triage and appropriate isolation	•					•		
Accurate allergy history	•			•	•		•	
Early and appropriate cultures	•				•		•	
Timely antibiotic initiation	•				•		•	•
Medication reconciliation	•			•			•	
<b>Daily(24h) clinical progress monitoring</b>								
Progress monitor and report	•		•		•		•	
Preliminary micro results and antibiotic adjustment	•	•		•	•		•	
Antibiotic dosing and de-escalation	•			•	•		•	
<b>Patient safety and quality monitoring</b>								
Adverse events	•			•	•		•	
Change in patient condition	•				•		•	
Final culture report and antibiotic adjustment	•	•		•	•	•	•	
Antibiotic resistance identification	•	•			•	•	•	
<b>Clinical progress/patient education/discharge</b>								
IV to PO antibiotic, outpatient antibiotic therapy	•		•	•	•		•	
Patient education	•				•	•	•	
Length of stay	•		•		•		•	•
Outpatient management, long term care, readmission	•		•		•	•		•

**NO EXTRA WORK INVOLVED!**



# NURSING/MIDWIFERY INFLUENCE IN ANTIMICROBIAL STEWARDSHIP

<b>Medicines Management</b>	<b>Nursing Management</b>
<b>Prescribing in line with recommended guidelines –non medical prescribers</b>	<b>Adherence to infection prevention and control standards both national and local</b>
<b>Monitor duration of therapy</b>	<b>Provision of essential nursing care including nutrition, hydration and prevention of pressure ulcers</b>
<b>Promote appropriate route of administration</b>	<b>Appropriate sampling</b>
<b>Timing of antimicrobial administration</b>	<b>Review microbiology results</b>
<b>Participation in therapeutic drug monitoring</b>	<b>Nursing assessment</b>
<b>Check allergy status</b>	<b>Health Promotion</b>
<b>Contribute to preparing patient for Out-patient parenteral antimicrobial therapy (OPAT)</b>	<b>Discharge Planning</b>
<b>← Patient education, awareness and involvement in antibiotic use →</b>	

# INTERNATIONAL PERSPECTIVE

1.7.2017

EN

Official Journal of the European Union

C 212/1

II

(Information)

INFORMATION FROM EUROPEAN UNION INSTITUTIONS, BODIES, OFFICES  
AND AGENCIES

EUROPEAN COMMISSION

COMMISSION NOTICE

EU Guidelines for the prudent use of antimicrobials in human health  
(2017/C 212/01)

WHITE PAPER



**Redefining the Antibiotic Stewardship Team:  
Recommendations from the American Nurses  
Association/Centers for Disease Control and Prevention  
Workgroup on the Role of Registered Nurses in Hospital  
Antibiotic Stewardship Practices**

**Effective Date:** 2017

# CURRENT NURSING AMS INVOLVEMENT IN UK

- National audit & feedback
- Penicillin allergy review
- Education & awareness – pre & post registration
- Bacteraemia review – SABs & Gram -ve
- Antimicrobial stewardship rounds
- Bone & joint infection rounds
- International AMS collaboration
- Health & Social Care Integration
- R&D
- Policy & strategic direction

# UK PERSPECTIVE – WHAT'S TO COME



BRITISH SOCIETY FOR  
ANTIMICROBIAL  
CHEMOTHERAPY



**NMC** Nursing &  
Midwifery  
Council





# ANTIMICROBIAL STEWARDSHIP IN NURSING CLINICAL PRACTICE

# AMS NURSING ROLE COMMUNITY HOSPITAL

12 month education programme for nurses

Most hospitals predominantly nurse led

GP & Pharmacy input variable (daily in one ward only)

## **Aims**

Increase nursing knowledge

Reduce number of inappropriate urine samples sent to the lab

## **Measurables**

Pre-test/ post-test questionnaire

Number of urine samples sent to lab

# Results

Question	Pre-test result	Post-test result	P value
I know what antimicrobial stewardship means	50% Agree 36% Disagree 14% Unsure	96% Agree 4 % Disagree	0.019
I have sufficient knowledge of antibiotics to ask the prescriber questions about antimicrobial prescriptions	68% Agree 23% Disagree 9% Unsure	92% Agree 8% Unsure	0.01
I know what is meant by empiric antibiotic therapy	23% Agree 54% Disagree 23% Unsure	76% Agree 4% Disagree 20% Unsure	0.00003
Urinalysis is a reliable tool in the diagnosis of UTI in older adults and catheterised patients	27% Agree 64% Disagree 9% Unsure	92% Disagree 4% Agree 4% Unsure	0.019
Antibiotic resistance only affects the person who has received the antibiotics	45% Agree 18% Disagree 41% Unsure	20% Agree 76% Disagree 4% Unsure	0.029
I know which antibiotics are classed as high risk in terms of promoting resistance or C.difficile infection	73% Agree 23% Disagree 4% Unsure	92% Agree 8% Unsure	0.013



**Knowledge does not always  
result in behaviour change**

# IMPACT ON PRACTICE

Question	Response
Has the session on antimicrobial stewardship been beneficial for your nursing practice?	100% Yes
Since attending the educational session on antimicrobial stewardship, I now feel more confident in my role in the management of infections.	95.24% Yes 4.76% No change

**Can you provide an example of where you have used the areas of nursing influence or principles of antimicrobial stewardship in clinical practice?**

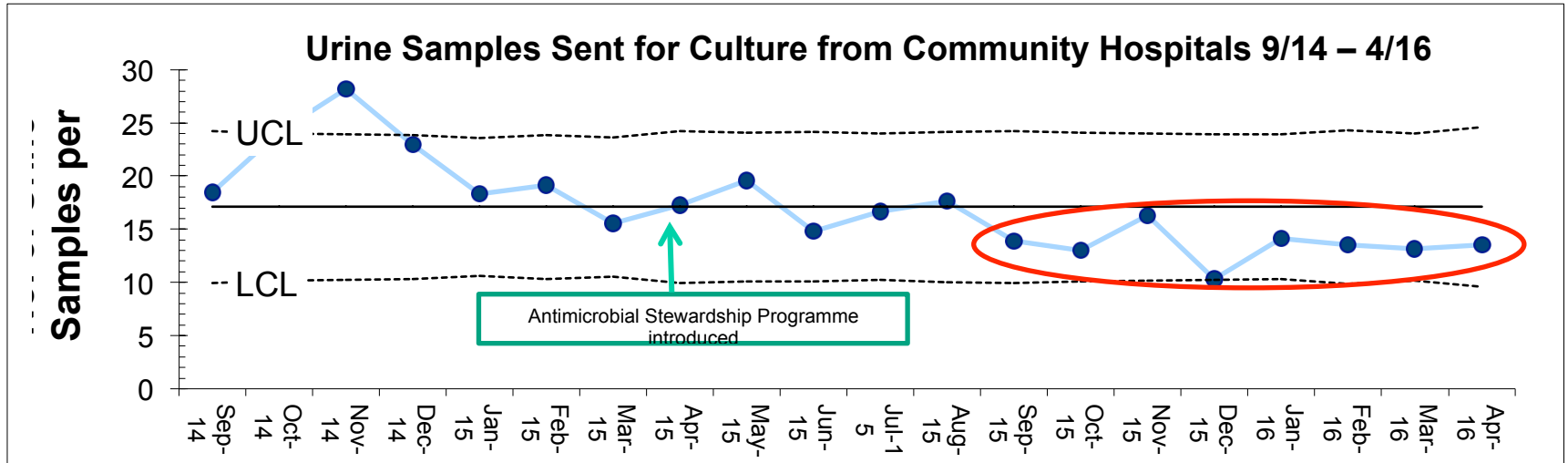
## **Qualitative themes**

- End date antibiotic prescriptions
- Urinalysis no longer used as diagnostic tool for UTI
- Questioning inappropriate sample requests
- Review lab results for sensitivities

# URINE SAMPLES

Statistically significant reduction in urine samples sent to the labs from mean 20.9 to 14.9 samples per 1000 OBD ( $p=0.009$ )

- 29% overall reduction
- Marginal cost saving
- Prevention of antimicrobial prescriptions



# UNDERGRADUATE NURSING EDUCATION

Education introduced to undergraduate nursing programme 2014

First School of Nursing to include AMS

AMS education delivered in 3<sup>rd</sup> yr

Blended teaching methods

Incorporates all principles of AMS, microbiology and areas of nursing influence in AMS

# EVALUATION OF UNDERGRADUATE NURSING EDUCATION

Evaluation carried out 2016

Quantitative & qualitative evaluation questionnaire

10 questions and 3 statements

All 13 questions had optional free text

Survey completed by 167 students



# RESULTS

## KNOWLEDGE & UNDERSTANDING

15% of students aware of AMS pre-lecture rising to 79% post-lecture

“I have more insight into the principles of AMS & the link between this & IPC”

“Students are not in a position to challenge a prescriber”

“Nurses & students spend most time with patients & are key factor in patient education”

# APPLICATION TO CLINICAL PRACTICE

92% believed that nurses have an important role to play in AMS

71% could identify where they could contribute to antimicrobial & infection management

38% felt their practice had changed

“Assess length of antibiotic prescriptions”

“Promote IPC with colleagues”

“Share information with other colleagues to optimize patient outcomes”

# RELEVANCE TO PRE-REGISTRATION PROGRAMME

84% felt that AMS relevant to undergraduate nursing education

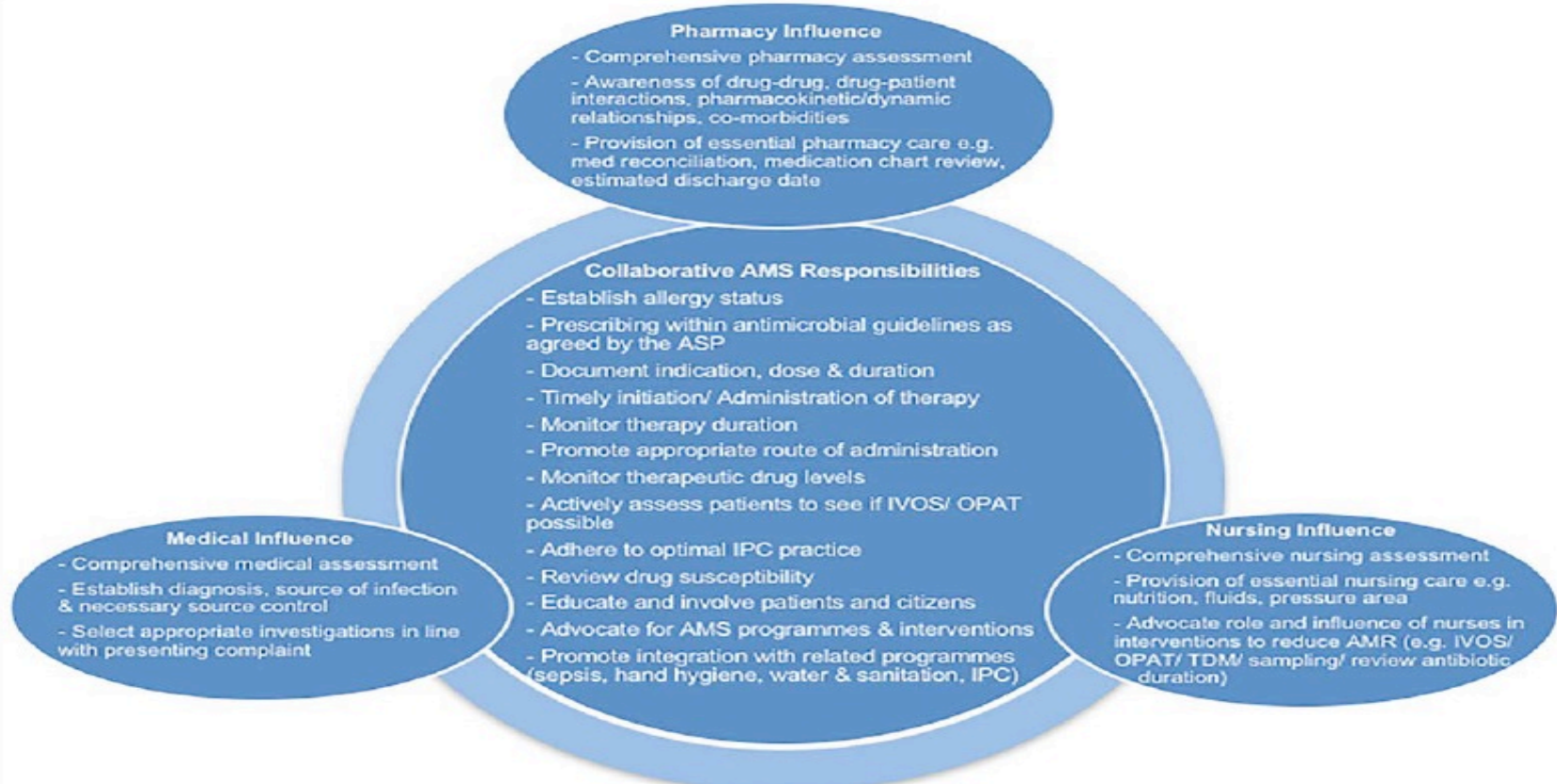
73% felt more confident in asking about antimicrobial prescriptions

“AMS contemporary healthcare issue where we have clear roles and responsibilities”

“I feel more confident in asking about antibiotic prescriptions”

“AMS should be introduced in 1<sup>st</sup> year and we should have more of this in our training”

# HOPES FOR THE FUTURE - SYNERGY....





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