

72-Hour Antibiotic Time-Out Sample Template

Time-outs are a core practice in antibiotic stewardship, as they provide active assessment of an antibiotic prescription that occurs 48–72 hours after first administration, taking into account laboratory culture and sensitivity testing results, response to therapy, resident condition, and facility needs (e.g., outbreak situation). The following page includes a “72-Hour Antibiotic Time-Out” form that may be customized to incorporate facility antibiotic time-out policies. The information collected is meant to be used to reassess each resident’s antibiotic need, duration, selection, and de-escalation potential. Completion of an antibiotic time-out is recorded in the resident record.

Electronic health record (EHR) systems can facilitate the time-out process by any of the following:

- Providing automated alerts for each patient on antibiotics, timed for 72 hours post-initial administration
- Generating a list of all patients in need of a 72-hour antibiotic review on a given day
- Documenting the completion of an antibiotic time-out in the resident health record for assessment of staff compliance with time-out protocols

Major EHR systems have the capability to set alerts, generate user-defined reports, and include additional fields in resident health records. Work with facility staff experienced with your EHR system or contact your EHR vendor if you need assistance in setting up the above recommended management settings.

Minnesota Department of Health
Healthcare-Associated Infections & Antimicrobial Resistance Unit
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
health.stewardship@state.mn.us
www.health.state.mn.us

03/15/19

To obtain this information in a different format, call: 651-201-5414.



72-Hour Antibiotic Time-Out

Resident name: _____ Date: _____ Room #: _____

Antibiotic(s) prescribed: _____

Start date: _____ Dose: _____ Route: _____ Duration: _____ Stop date: _____

Prescriber name: _____

Facility where antibiotic prescribed: _____

ER Medical office Hospital Other: _____

Reason Antibiotic Prescribed	Culture	Date	X-Ray	Pathogen	Signs & Symptoms
Skin Wound Cellulitis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Urinary Tract Infection (UTI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lung Respiratory Infection (LRI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Antibiotic Appropriateness

Does resident meet Loeb criteria? Yes No

What are the risk factors/concerns? PVD Wound Diabetes Catheter Penicillin allergy
 Other: _____

Does resident still have symptoms? Yes No

Are signs and symptoms improving? Yes No

Red Flags (select all that apply)

- Antibiotic is ordered for more than 7 days
- Antibiotic inconsistent with organism sensitivities
- There is no stop date on antibiotic order
- No labs are available
- IV route Catheter Penicillin allergy

Actions to Take (select all that apply)

- Inquire about lab diagnostic result if pending
- Remove catheter
- Update provider
- Notify nurse manager or facility supervisor
- No action needed
- Other: _____

To Be Completed by Attending Provider (Check all that apply. Describe any changes.)

- Antibiotic prescribed is appropriate
- Antibiotic should be discontinued
- Change antibiotic to: _____
- Change antibiotic route to: IV PO
- Change duration of antibiotic to: Days of therapy: _____ End date: _____
- Transmission-based precautions: Standard Contact Droplet Airborne None
- Other: _____

Comments:

Provider's Signature: _____

Date: _____