

# Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Antimicrobial Prescribing Principles

## Antimicrobial Prescribing Principles

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- Doses of antimicrobials are for **non-obese ADULTS** with **normal renal and liver** function.
- GUH have agreement to use the **Children's Health Ireland (CHI) Antimicrobial Guidelines** for patients less than 18 years old. The guidelines are available as part of the CHI Paediatric Formulary app ( [Clinibee](#) ). You may be asked to register an account using your email address. The lead contact is Dr. Edina Moylett.
- When antimicrobial treatment is appropriate the prescriber should ensure that there is a clear **clinical justification [documented](#) in the patient's notes** .
- When required, samples for **culture** (blood, sputum, pus etc as appropriate) should be taken prior to commencing or changing antimicrobials unless the patient's condition necessitates immediate initiation of treatment.
- **Review** antimicrobial therapy at least **daily** in the context of clinical progress and culture and other laboratory results. If a pathogen(s) is identified or no pathogen is identified, use the result as appropriate to guide therapy.
- For all patients who identify themselves or who are otherwise identified as penicillin allergic establish the relevant history, assess and document. See [Penicillin Hypersensitivity](#) .
- Prescribers should be aware of contraindications, warnings, precautions, interactions and potential adverse effects of all drugs prescribed, including antimicrobial agents. These are outlined in the Summary of Product Characteristics (SPC) (available at [HPRA](#) ) and BNF.
- Access [GUH Intravenous Medicines Administration](#) Guide for additional information on the safe prescription and administration of individual intravenous antimicrobials.
- See **Interactions [Appendix 1](#)** for online interaction checkers.
- See [Antimicrobial Prescribing in Renal impairment](#) for dose adjustment.
- **Switch IV to oral** as soon as it is appropriate to do so. [See IV to PO switch therapy](#) .
- **Stop** antimicrobials as soon as it is appropriate to do so based on guidance on duration of treatment and clinical response.
- **HSE Information for patients on antibiotics including possible side effects can be found at <https://www2.hse.ie/conditions/antibiotics/>**
- See [Fluoroquinolone warning](#)

### Fluoroquinolones

Systemic fluoroquinolones are associated with disabling and potentially permanent serious side-effects involving the tendons, muscles, joints, nerves, and aorta. The risk of tendinopathy is increased in elderly patients – or those with concomitant steroid use, renal disease, or post-transplant (heart/lung/kidney). Fluoroquinolone use is also associated with QTc prolongation (which can lead to torsades de pointes and ventricular fibrillation), *C. difficile* colitis, aortic aneurysm rupture/dissections and heart valve regurgitation/ incompetence. See SPC for full product information. Patients should be informed of the risks and advised to stop treatment and contact prescriber if they experience pain or swelling in tendons/joints/muscle or neuropathy.

### Dosing in Obesity

- The number of **obese** patients is increasing and the standard doses of some drugs may not achieve effective serum concentrations. Data on antimicrobial dosing in the obese patient are gradually emerging, but only some drugs have been evaluated. Contact Pharmacy /Micro /ID / re optimising antimicrobial dose in obese patients.

### Understanding Antimicrobial Susceptibility Test Reports

- These guidelines are primarily intended to guide empirical treatment of infection. If a specific pathogen is identified and susceptibility test results are available you should generally change from an empirical approach to a laboratory guided approach to treatment. The following is a brief guide to using reported susceptibility test results. These results are not a perfect guide and must always be considered in the overall clinical context. Discuss with Microbiology or Infectious Disease as required.
- Organism is reported as resistant to an antimicrobial agent. Do not use this agent.
- Organism is reported as susceptible to an antimicrobial agent. This agent is likely to be effective at the standard dose and frequency of administration in the context of other necessary patient care measures (such as source control and hydration)
- Organism is reported as susceptible increased exposure (SIE). This agent is likely to be effective provided dose and frequency of administration are appropriate to achieve adequate levels and in the context of other necessary patient care measures (such as source control and hydration)

