

# Long Term Care RISE



## Antibiotic Timeout Tool

- The prescriber (physician or APP) should be contacted at 48-72 hrs after antibiotics are started to perform an antibiotic timeout as specified below.
- The reassessment of antibiotics should occur based on additional data available including:
  - Resident's clinical response
  - Additional lab/culture data
  - Alternate explanation for the resident's status change
- Responses should be documented in the medical record.

Name of physician/APP contacted: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Antibiotic #1 \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

Antibiotic #2 \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

### Ask the prescriber to answer each of the following questions:

1. Does this patient have an infection that will respond to antibiotics?  Yes  No **Comment** \_\_\_\_\_
2. Is the resident on the right antibiotic(s), at the right dose, through the right route of administration (e.g., PO, IV)?  Yes  No **Comment** \_\_\_\_\_
3. Can a more targeted antibiotic be used to treat the infection?  Yes  No **Comment** \_\_\_\_\_
4. Can the duration of the antibiotic course be shortened?  Yes  No **Comment** \_\_\_\_\_
5. Would the resident benefit from additional infectious disease or antibiotic expertise to ensure optimal treatment of infection?  Yes  No **Comment** \_\_\_\_\_

### Reference:

CDC Core Elements of Antibiotic Stewardship for Nursing Homes  
<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>