SCENARIO

While assisting the director of nursing with interpreting antibiotic use data from a facility, you find that fluoroquinolones were the most commonly prescribed antibiotic class and were frequently prescribed for urinary tract infections (UTIs) and bronchitis.

The U.S. Food and Drug Administration (FDA) issued a boxed warning that fluoroquinolones should not be used for acute bacterial sinusitis, acute bacterial exacerbations of chronic bronchitis, and uncomplicated UTIs when other treatment options are available. In these conditions, the risks of serious adverse events generally outweigh the benefits of treatment with fluoroquinolones.

Consultant pharmacists can help improve fluoroquinolone prescribing practices by:

1. Reviewing the indications for fluoroquinolones prescribed and ensuring concordance with guideline-recommended indications.

2. Discussing the clinical case with the healthcare professional and recommending alternatives to fluoroquinolones, especially for conditions specified in the FDA warning.

3. Ensuring alternative agents for the treatment of common infections are included in the nursing home emergency kit.

4. Reviewing the fluoroquinolone susceptibility patterns when antibiogram data are available and discussing with the medical director to adjust nursing home protocols and treatment guidelines.

5. Providing education for facility staff about adverse events associated with antibiotic use.

The scenarios and recommendations are applicable to most nursing home residents. Prior to making recommendations, always assess the individual resident, review the documentation in the medical record, discuss with facility staff, and use your clinical judgment. Follow your facility’s protocols and treatment guidelines when applicable.

References: