



## NURSING HOME HEALTHCARE PROFESSIONALS: BE ANTIBIOTICS AWARE

# Effective Communication with Residents and Families



50-70%  
of nursing home residents  
are prescribed an  
antibiotic each year.<sup>1,2</sup>



25-75%  
of antibiotic prescribing  
in nursing homes is  
inappropriate.<sup>1,2</sup>

Effective communication with residents and their families helps to address treatment expectations and places the resident at the center of care.<sup>3</sup> Nursing home healthcare professionals can help reduce inappropriate antibiotic use by utilizing the **4-part communication strategy** shown below. Communication skills training has been shown to significantly reduce inappropriate antibiotic prescribing in outpatient settings.<sup>4,5</sup>

Two scenarios using the communication strategy to decrease unnecessary prescribing for asymptomatic bacteriuria and respiratory infections are described on the pages that follow.

### Healthcare professionals can use the 4-part Communication Strategy<sup>6</sup> to discuss appropriate antibiotic use when there is a change in the resident's condition.



#### 1. Review findings:

Review relevant information such as symptoms or physical examination findings that support the decision about appropriate testing and antibiotic use.



#### 2. Deliver a clear diagnosis:

Deliver a clear diagnosis that explains the change in the resident's condition.



#### 3. Provide a **FIRST** negative, **THEN** positive treatment recommendation:

When an antibiotic is not needed, **FIRST** provide a negative treatment recommendation that "rules out" the need for antibiotics. **THEN** provide a positive recommendation for further evaluation, management, and monitoring.



#### 4. Discuss a contingency plan:

Outline a contingency plan that details what actions will be taken if the resident does not improve, or if their condition worsens.

*The scenarios are examples that apply the communication strategy discussed above and are **not** meant to guide the evaluation and treatment of infections in nursing home residents. Always assess the individual resident, use your clinical judgment, and follow your facility's treatment guidelines and protocols when applicable.*

#### References:

1. Lim CJ, et al. Clin Interv Aging. 2014 Jan; 13(9):165-77.
2. Nicolle LE, et al. Infect Control Hosp Epidemiol. 2000 Aug; 21(8):537-45.
3. CDC. The Core Elements of Antibiotic Stewardship for Nursing Homes. Atlanta, GA: US Department of Health and Human Services, CDC; 2015. <http://www.cdc.gov/longtermcare/index.htm>.
4. Cals JWL, et al. BMJ. 2009;338:b1374.
5. Cals JWL, et al. Ann Fam Med. 2013 Mar-Apr;11(2):157-164.
6. CDC Training on Antibiotic Stewardship: Module 6-Communication Training: A Key to Improving Outpatient Antibiotic Prescribing and Use. [https://www.train.org/cdctrain/training\\_plan/3697](https://www.train.org/cdctrain/training_plan/3697).

To learn more about antibiotic prescribing and use, visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use).



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# Effective Communication about Asymptomatic Bacteriuria

## SCENARIO 1

Ms. Smith's daughter is concerned because her mother did not sound like herself on the phone. She is worried that her mother may have a urinary tract infection and needs an antibiotic.

Asymptomatic bacteriuria refers to the isolation of bacteria in a urine culture from a resident without signs or symptoms of a urinary tract infection. Residents with asymptomatic bacteriuria **should not** be treated with antibiotics in most cases.<sup>1</sup>

Healthcare professionals can use the 4-part **Communication Strategy**<sup>2</sup> discussed above to avoid unnecessary testing and antibiotic treatment for residents with asymptomatic bacteriuria.



### 1. Review findings:

*Ms. Smith is less talkative than usual today. She is not complaining of pain or urgency when she urinates and she has no other symptoms to suggest an infection. On exam, she does not have a fever, her lungs sound clear, and her abdomen is not tender.*



### 2. Deliver a clear diagnosis:

*Her urine is darker than usual, which seems more consistent with fluid deficit than a urinary tract infection.*



### 3. Provide a FIRST negative, THEN positive treatment recommendation:

*Since the clinical findings do not indicate a urinary tract infection, an antibiotic will not help and may cause side effects, such as diarrhea. Instead, we will give her fluids and monitor her over the next 24 hours.*



### 4. Discuss a contingency plan:

*If Ms. Smith does not improve, develops a fever, or any new symptoms consistent with an infection, we will perform further testing and start antibiotics if needed.*

The scenarios are examples that apply the communication strategy discussed above, and are **not** meant to guide the evaluation and treatment of infections in nursing home residents. Always assess the individual resident, use your clinical judgment, and follow your facility's protocols and treatment guidelines when applicable.

#### References:

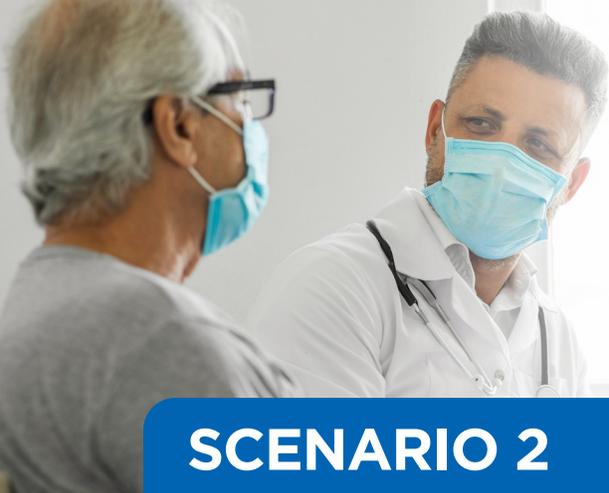
1. Nicolle LE, et al. Clin Infect Dis. 2005 Mar;40(5):643-54.
2. CDC Training on Antibiotic Stewardship: Module 6-Communication Training: A Key to Improving Outpatient Antibiotic Prescribing and Use. Updated in 2020. [https://www.train.org/cdctrain/training\\_plan/3697](https://www.train.org/cdctrain/training_plan/3697).

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# Effective Communication about Respiratory Infections

## SCENARIO 2

Mr. Jones woke up with a cough. He is concerned and asks for an antibiotic because in the past, antibiotics have helped him feel better when he is sick.

Antibiotics should not be prescribed for residents with upper respiratory infections or acute uncomplicated bronchitis unless pneumonia is suspected, or they meet criteria for antibiotic initiation.<sup>1-3</sup>

Healthcare professionals can use the 4-part **Communication Strategy**<sup>4</sup> discussed above to avoid unnecessary antibiotic treatment for residents with respiratory tract infections.



### 1. Review findings:

*Mr. Jones, I am sorry you are not feeling well today. When I examined you, your oxygen level and temperature were normal, you have no throat swelling or sinus tenderness, and your lungs sounded clear.*



### 2. Deliver a clear diagnosis:

*The doctor and I discussed your symptoms. It seems that you have acute bronchitis, also known as a chest cold, which is most commonly caused by a virus.*



### 3. Provide a **FIRST** negative, **THEN** positive treatment recommendation:

*An antibiotic will not work against a viral infection, and may cause side effects, such as diarrhea. Instead, we will test you for respiratory viruses, including flu. We will provide treatment to help you feel better and closely monitor your symptoms.*



### 4. Discuss a contingency plan:

*If you become short of breath, develop a fever or any other concerning symptoms, we will perform more testing, a chest X-ray, and start antibiotics if needed.*

The scenarios are examples that apply the communication strategy discussed above, and are **not** meant to guide the evaluation and treatment of infections in nursing home residents. Always assess the individual resident, use your clinical judgment, and follow your facility's protocols and treatment guidelines when applicable.

#### References:

1. Harris AM, et al. Ann Intern Med. 2016 Mar;164(6):425-34.
2. Loeb M, et al. Infect Control Hosp Epidemiol. 2001 Feb;22(2):120-4.
3. Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease-2019 Report. <https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-v1.7-FINAL-14Nov2018-WMS.pdf>.
4. CDC Training on Antibiotic Stewardship: Module 6-Communication Training: A Key to Improving Outpatient Antibiotic Prescribing and Use [https://www.train.org/cdctrain/training\\_plan/3697](https://www.train.org/cdctrain/training_plan/3697).

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