

Checklist to Review Successful Incorporation of the HICPAC Principles of Antimicrobial Stewardship in Clinical Treatment Guidelines

Introduction: Clinical Treatment Guideline writing groups can use this checklist while reviewing and editing their Guidelines to assure successful incorporation of the [HICPAC Principles of Antimicrobial Stewardship into their Guidelines](#).

HICPAC Principles of Antimicrobial Stewardship	Principle Represented	Principle Not Represented	Principle Not Applicable
1) Professional societies and guideline developers should incorporate the principles of diagnostic testing and treatment directly into the recommendations included in their treatment guidelines. Recommendations for diagnostic testing and treatment choices should consider optimal effective treatment, minimal adverse consequences including the development of antibiotic resistance, and healthcare value.			
a. Principles of Testing			
i. Diagnostic tests should be used wisely to avoid unnecessary antibiotic therapy or therapy that is unnecessarily broad-spectrum, with consideration of healthcare value.			
ii. Rapid diagnostic tests, biomarkers, and decision rules that have acceptable performance characteristics to differentiate bacterial vs. non-bacterial infection should be used to avoid use of unnecessary antibiotic therapy.			
iii. Bacterial cultures with susceptibility testing should be collected, handled and processed promptly and appropriately to identify specific bacteria causing infection and facilitate use of narrow-spectrum antibiotics whenever possible.			
iv. When available and appropriate for the infection and the bacterial isolate, molecular testing to identify specific resistance genes (for example, mec in Staphylococcus, van in Enterococcus) or novel non-culture based phenotypic assays of susceptibility may be used to target antibiotic therapy toward susceptible or resistant isolates.			
v. Avoid diagnostic testing without an appropriate clinical indication when the results may have unintended consequences. For instance, a urine culture, rapid strep test, or C. difficile testing should not be performed unless the patient meets criteria for testing.			
b. Principles of Treatment			
i. When appropriate for the infection, source removal (e.g., drainage of abscess, removal of an implicated device) should be accomplished early in the course of treatment.			
ii. Recommendations for initial empiric antibiotic therapy choices should balance treatment efficacy, severity of illness (i.e., sepsis), and the potential for adverse events including the development of antibiotic resistance. When multiple therapeutic options are available, a hierarchy of antibiotic treatment recommendations should be provided with “first choice” options being those with adequate therapeutic efficacy, the lowest risk of facilitating antimicrobial resistance, and the lowest risk of promoting C. difficile and other adverse events, with consideration of healthcare value.			
iii. Recommendations for optimal dosing of antibiotics should be based on efficacy studies and pharmacokinetic and pharmacodynamics principles.			
iv. Recommendations for duration of therapy should be made, emphasizing the shortest effective duration.			
v. Recommendations for de-escalation of initial empiric antibiotic therapy should be provided, including:			
1. Using the results of bacterial cultures and diagnostic tests to discontinue or narrow unnecessarily broad-spectrum antibiotic therapy.			
2. Using other stewardship tools, such as consultation with an antibiotic stewardship team and/or infectious diseases specialist, daily review of antibiotic therapy, and automatic stop orders after adequate treatment duration.			
vi. Potential adverse events related to antibiotic treatment should be noted in the guideline so that providers may opt not to prescribe an antibiotic, or to choose a recommended agent that has a lower potential for adverse events.			
2) Professional societies and guideline developers should consider presenting advantages and disadvantages of diagnostic tests and antibiotic treatment choices with respect to efficacy and adverse consequences, including antibiotic resistance, with consideration of healthcare value, either in the text or a table.			
3) Recommendations for patient education regarding diagnostic testing, antibiotic therapy, and duration of therapy should be provided when feasible and appropriate.			