Key Components of an antimicrobial stewardship program for treating patients with severe community-acquired pneumonia AND sepsis

Remember to C.A.R.E.

C

CONSIDER
Previous health care exposure and antimicrobial use, prior resistant infections

A

ASSESS
Do we need to continue antibiotics in a rapidly improving patient? If not improving, should therapy be changed?

R

REACT
Stopping anti-MRSA drugs when nasal PCR is negative or if cultures are negative for MRSA at 48 hours

E

ELECT
Stopping all antibiotics between days 5-7, following clinical stability or procalcitonin if available

Selection of antimicrobial agents (Day 0)

Daily evaluation & review of clinical stability
Key point: Is patient getting better? (Days 3-5, typically)

Discontinuation of antimicrobials

Days in time from diagnosis

Coordinated program that promotes the appropriate use of antimicrobials, improves patient outcomes, reduces antimicrobial resistance, and decreases the spread of infections due to multidrug-resistant organisms

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