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

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

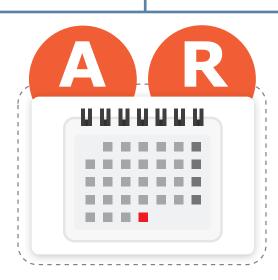
Remember to C.A.R.E.



Selection of antimicrobial agents (Day 0)

CONSIDER

Previous health
care exposure and
antimicrobial use, prior
resistant infections



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

ASSESS

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

REACT

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



Discontinuation of antimicrobials

ELECT

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



DAY 3

DAY 5

DAY 7

Days in time from diagnosis

