

Letterkenny University Hospital - LUH Antimicrobial Prescribing Policy/Guidelines: Antimicrobial Prescribing Principles

Antimicrobial Prescribing Principles

- Doses are for **non-obese, non-pregnant adults** with **normal renal and liver** function.
- LUH have agreement to use the Children's Health Ireland (CHI) Antimicrobial Guidelines for patients less than 18years old. The guidelines are available to access via **LUH Linkopolis** (Application available on every LUH desktop computer) -> **Pharmacy Medicines Information -> Paediatrics** and can be accessed via the **Clinibee** application (auto-sign in), Clinical Guidelines then Antimicrobial Guidance. There are also very useful individual monographs for each antimicrobial that provide dosing advice in children.
- Antimicrobials should only be started with clear **clinical justification**, and **documentation** in patient notes.
- Always **culture** (blood, sputum, pus etc) as appropriate prior to commencing or changing antimicrobials.
- **Review** antimicrobial therapy **daily** with culture results and clinical progress. If pathogen(s) identified, **modify** therapy accordingly.
- For all patients labelled as penicillin allergic establish history, assess and document. See [Penicillin Hypersensitivity](#) .
- Prescribers should be aware of contraindications, warnings, precautions, interactions and **potential adverse effects of all drugs prescribed** , including antimicrobial agents. These are outlined in the Summary of Product Characteristics (SPC) available via the [HPRA website](#) or in the BNF (which can be accessed via Linkopolis - pharmacy medicines information). See Appendix 6 for additional information on additional warnings with antimicrobials, please also see warning for **Fluoroquinolones** .
- See [Appendix 1](#) for information on the safe prescription and Administration of Intravenous antimicrobials in LUH.
- See [Appendix 5](#) for information on **Interaction** checkers in LUH.
- See [Antimicrobial Prescribing in Renal Impairment](#) for dose adjustment guidance.
- The number of **obese** patients is increasing and the standard doses of some drugs may not achieve effective serum concentrations. Data on antimicrobial dosing in the obese patient are gradually emerging, but only some drugs have been evaluated. Please contact Pharmacy/Microbiology regarding optimising antimicrobial dose in obese patients if concerned.
- **Switch IV to oral** as soon as possible. See [IV to PO switch therapy](#) .
- **Stop** antimicrobials as soon as possible based on clinical response.

When initiating and reviewing antimicrobial therapy please apply the [Start Smart, then Focus Antibiotic Care Bundle](#) .