

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
Antibiotic Stewardship/Snapshot



1. Your facility: _____
2. Your email: _____
3. Date of Snapshot: _____
4. Unit: NICU/ SCN NBN
5. How many deliveries do you average a year? _____

Diagnosis:

6. Do you have set criteria for determining at-risk sepsis in infants?
 __Yes
 __No
7. Do you use the Kaiser Early Onset Sepsis Calculator on infants greater than 34 weeks?
 __Yes
 __No
8. Do you have protocols or standing orders established to determine when to start and stop antibiotics on infants at risk for early onset sepsis?
 __Yes
 __No
9. Do you engage families to provide education on the necessity and appropriate use of antibiotics?
 __Yes
 __No

Treatment:

10. Does your unit use any of the following electronic systems to prescribe, dispense, or administer medications?

 __Computerized physician order entry or an order management system (CPOE or CPROM)

 __Electronic medication administration record (eMAR)

 __Bar coded medication administration (BCMA)



11. If selected, which EMR do you use?

- Epic
- Cerner
- McKesson
- Allscripts
- Siemens
- Other

12. Does your unit have a policy that requires prescribers to document in the medical record or during order entry the dose, duration, and indication for all antibiotic prescriptions?

- Yes
- No

13. Do antibiotics prescribed need to be approved by a physician (such as an infectious disease specialist) or a pharmacist prior to dispensing (i.e. pre- authorization)?

- Yes
- No

14. Do prescribers in your unit receive direct personalized communication about how they can improve their antibiotic prescribing?

- Yes
- No

Management/Monitoring

15. Do nurses in your unit have a formal handoff process that includes review of antibiotic dose, duration and indication?

- Yes
- No

16. Is there a formal process prompting your medical care team to review the appropriateness of all antibiotics prescribed for infants 48 hours after the initial order (e.g. "antibiotic time out")

- Yes
- No

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17. Does your unit monitor and report antibiotic use for > 48 hours in infants with negative blood, cerebral spinal fluid, or urine cultures?
 Yes
 No
18. Who at your organization reviews blood culture results and adjusts type of antibiotic used based on organism identification?
 Pharmacist
 Physician
 Nurse Practitioner/Mid-level Provider
 Other
19. If you answered 'other' above, please explain:
20. Does your unit have a multidisciplinary team responsible for antibiotic stewardship?
If yes, which of the following are members of the multidisciplinary team?
 Neonatologist(s)
 Pharmacist(s)
 Infection Prevention and Health Care Epidemiologist(s)
 Infectious Disease Specialist(s)
 Quality Improvement Specialist(s)
 Microbiology Laboratory Technician(s)
 Information Technologist(s) (IT)
 Nurse(s)
 Nurse Practitioner(s) / Physician Assistant(s)
 Parent(s) / Consumer Advisor(s)
 No team
21. Does your hospital report antibiogram data to your unit for review?
 Yes
 No
22. Are you able to chart "teach back" education with your families in your EMR?
 Yes
 No