

Memo

To: ACS Clinicians and After-hours Physicians

From: Kenneth I. Freedman, M.D., MBA, FASAM,
Chair, Infection Control Committee and
Medical Director, Ambulatory Care Services
Laurie Wassil, RN, CIC,
Infection Control Practitioner and
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Date: 2/14/2006

Re: Quinolone Restriction

CVH has had an alarming development of antimicrobial resistance in our bacterial isolates. The Infection Control Committee (ICC) is concerned about the long-term implications this will have for our community. Thus, we are discouraging the inappropriate usage of antibiotics, especially in the treatment of potential urinary tract infections. *See copy of attached memo and Antimicrobial Susceptibility Profiles from CVH isolates from 2005 and 2004.* These findings were discussed with the Middlesex Hospital Infectious Disease specialists, who advised that we **restrict quinolones** (e.g., ciprofloxacin, levofloxacin, and others) for the next 6-12 months. Our Pharmacy, Nutrition, and Therapeutics Committee endorsed this action at their 2/6/06 meeting.

On behalf of the ICC and under my authority, the Infection Control Practitioners (ICPs) can be contacted 24/7 to obtain the necessary approval for a quinolone; document this on the Antibiotic Order Form CVH-8b. Should a patient return from a hospitalization or ED visit and a quinolone was prescribed, you will NOT need to get this approval. However, please document this on the Form CVH-8b.

Our *suggestions* for care appropriate antibiotic usage include:

- **Moxifloxacin** (Avalox) – only for respiratory infections (primarily pneumonia that is mild enough to be treated at CVH);
- **Ciprofloxacin** (Cipro) – for urinary pathogens documented to be **ONLY** sensitive to Cipro;
- Empiric treatment for **bronchitis, sinusitis, pharyngitis**: no antibiotic OR doxycycline, amoxicillin, amox-clav (Augmentin), TMP/SMX (Septra), or a macrolide (e.g., erythro- or zithromycin).
- Empiric treatment for a **symptomatic UTI** could include: amoxicillin & IM Gentamicin, macrodantin, or fosfomycin.
- Empiric treatment for **diverticulitis** could include: amox-clav, or Septra and Flagyl.
- Empiric treatment of sepsis could include: IM Gentamicin & IM ceftriaxone (Rocephin). Importantly, appropriate cultures should almost always be obtained before any empiric antibiotic therapy is begun.

Contact the ICPs or Dr. Freedman with any questions.

cc: Barbara Forgit, RN, CNA, MPA, Director of ACS
Cynthia Conrad, M.D., PhD, COPS
Kenneth Marcus, M.D., Acting CEO

CVH Medical Staff
CVH Nursing Staff
Infection Control Practitioners