Don’t continue antibiotics beyond 72 hours in hospitalized patients unless patient has clear evidence of infection.

Antibiotics are often started when a patient is possibly infected. After three days, laboratory and radiology information is available and antibiotics should either be deescalated to a narrow-spectrum antibiotic based on culture results or discontinued if evidence of infection is no longer present. Lessening antibiotic use decreases risk of infections with Clostridium difficile (C. difficile) or antibiotic-resistant bacteria.

Avoid invasive devices (including central venous catheters, endotracheal tubes and urinary catheters) and, if required, use no longer than necessary. They pose a major risk for infections.

Invasive devices are often necessary for patient support; however, they are a major risk for healthcare-associated infections (HAIs). We are learning they can often be avoided and, if used, can be quickly removed with the help of clinical reminders and protocols. They should never be used for convenience.

Don’t perform urinalysis, urine culture, blood culture or C. difficile testing unless patients have signs or symptoms of infection. Tests can be falsely positive leading to overdiagnosis and overtreatment.

Although important for diagnosing disease when used in patients with appropriate signs or symptoms, these tests often are positive when an infection is not present. For example, in the absence of signs or symptoms, a positive blood culture may represent contamination, a positive urine culture could represent asymptomatic bacteriuria, and a positive test for C. difficile could reflect colonization. There are no perfect tests for these or most infections. If these tests are used in patients with low likelihood of infection, they will result in more false positive tests than true positive results, which will lead to treating patients without infection and exposing them to risks of antibiotics without benefits of treating an infection.

Don’t use antibiotics in patients with recent C. difficile without convincing evidence of need. Antibiotics pose a high risk of C. difficile recurrence.

C. difficile can be a life threatening illness and is generally caused by antibiotics killing normal bacteria in the intestine. Patients recovering from C. difficile are three times as likely to have a recurrence if they receive an antibiotic in the following month. However, unnecessary antibiotics are often used in this population – primarily for misdiagnosed urinary tract infection or pneumonia.

Don’t continue surgical prophylactic antibiotics after the patient has left the operating room.

Prophylactic antibiotics during surgery can significantly decrease the risk of surgical site infections; however, they only have benefit if used immediately around the time of surgery. When antibiotics are used for longer than necessary, they increase the risk of infection with antibiotic-resistant bacteria and C. difficile.
How This List Was Created

A list of approximately 40 potential Choosing Wisely recommendations were collected from members of the SHEA Guidelines, Public Policy and Government Affairs, Antibiotic Stewardship, Education and Publications Committees. From those suggestions, a subgroup of the Guidelines Committee reviewed the list for duplicates and anonymously electronically ranked them. The top fifteen were sent to the SHEA Research Network for a separate ranking. Those that ranked in the top eight were adopted by the SHEA Guidelines Committee and the SHEA Board of Trustees.

For SHEA’s disclosure and conflict of interest policy, please visit www.shea-online.org.

Sources


About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the Society for Healthcare Epidemiology of America

SHEA is a professional society representing physicians and other healthcare professionals around the world with expertise in healthcare epidemiology, infection prevention and antimicrobial stewardship. SHEA’s mission is to prevent and control healthcare-associated infections, improve the use of antibiotics in healthcare settings and advance the field of healthcare epidemiology. The society promotes science and research, advocating for effective policies, providing high-quality education and training and developing appropriate guidelines and guidance in practice. SHEA upholds the value and critical contributions of healthcare epidemiology and improved antibiotic use to improve patient care and healthcare worker safety in all healthcare settings.

Visit SHEA online at www.shea-online.org, www.facebook.com/SHEApreventingHAIs and @SHEA_Epi.

For more information or to see other lists of Things Providers and Patients Should Question, visit www.choosingwisely.org.