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Practical Implementation of an Antibiotic Stewardship Program



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Practical Implementation of an Antibiotic Stewardship Program

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The findings and conclusions in this book are those of the authors and editors and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC) or Department of Veterans Affairs (VA).



Preface

As antibiotic resistance becomes an increasingly urgent public health crisis, there is growing recognition that antibiotic stewardship interventions are of central importance. Government and accreditation agencies are incorporating implementation of antibiotic stewardship programs (ASP) as requirements for quality healthcare. This textbook provides a core curriculum for antibiotic stewardship for both new and experienced stewards. It is designed to be of use across the spectrum of healthcare settings. Chapters discuss how to develop a needs assessment and request resources from administrators, how to leverage the work of the microbiology laboratory and informatics to improve antibiotic use and reduce adverse outcomes, and how to fulfill the basic rules of antibiotic stewardship – prescribing the right drug at the right dose via the right route, and only when indicated.

Most of the chapters of this textbook are coauthored by both a physician and a pharmacist. We believe the physician-pharmacist working relationship is central to the success of an ASP; their roles are complementary and they must work together to lead successful antibiotic stewardship interventions across the healthcare spectrum. Through shared authorship, we have highlighted the importance of a multidisciplinary ASP and captured both the physician and pharmacy perspectives, making each chapter useful for both disciplines.

It is our goal for this textbook to be a valuable resource for any ASP, ranging from those just beginning the process (Chapters 1–4) to established programs looking for new ideas and metrics to measure (Chapters 5–11) or to ensure continued commitment to their program from facility administrators (Chapter 14). There are illustrative examples that should resonate with the reader (Chapter 15) and specific advice for post-acute care and outpatient settings (Chapters 12 and 13). Although there is not a specific chapter focusing on antibiotic stewardship as it relates to the pediatric population, most of the tenets of antibiotic stewardship are identical for children and adults. For scenarios where there may be nuances specific to the pediatric population, they are addressed within relevant chapters (Chapters 6 and 13).

To our authors, thank you for your diligent work on these chapters over the past two years. To our readers, we hope you enjoy this text as much as we enjoyed editing it.



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