Assessment of Antimicrobial Stewardship Program (AMSP) activities in the facility		Established at facility	Comment
Policies to support optimal antibiotic use	Does your facility have a policy that requires prescribers to document in the medical record a dose and duration for all antibiotic prescriptions? Does your facility have a policy that requires prescribers to document in the medical record an indication for each antibiotic prescription? Does your facility have a policy that requires prescribers to document in the medical record an indication for each antibiotic prescription? Does your facility have a policy that requires prescribers to collect and submit relevant clinical specimens before an antibiotic is prescribed? Does your facility have a policy that requires prescribers to list the prescribed antibiotic by its generic name (instead of brand name)		
Policies to support optimal antibiotic procurement	Does your facility have a policy that requires the pharmacy to maintain a facility-level antibiotic formulary (i.e., a list of the antibiotics that the institution will procure and stock)  Does your facility have a policy that requires the pharmacy to avoid procurement of unnecessary or duplicative combinations of antibiotics? (e.g., cloxacillin and dicloxacillin)		
Broad interventions to improve antibiotic use	Are the following actions to improve antibiotic prescribing conducted in your facility? Is there a procedure for reviewing the appropriateness of all empiric antibiotics 48 h after the initial orders?  Do specified antibiotic agents (e.g., colistin, carbapenems) need to be approved by a senior physician, pharmacologist, or ID specialist prior to administration (i.e., pre-authorization) at your facility?		
	Does a physician, pharmacist, or pharmacologist conduct retrospective audit with feedback for courses of therapy for specified antibiotic agents (e.g., colistin, carbapenems) at your facility		

Assessment of Antimicrobial Stewardship Program (AMSP) activities in the facility		at facility Comment	
Prescription- specific interventions to improve antibiotic use	<ul> <li>Does your facility have written guidelines or policies for the following actions?</li> <li>Recommended changes from intravenous to oral antibiotic therapy in appropriate situations (e.g., switch to an appropriate antibiotic with good oral bioavailability such as a quinolone in the setting of clinical improvement)?</li> <li>Dose adjustments in cases of organ dysfunction?</li> <li>Dose optimization (pharmacokinetics/pharmacodynamics) for treatment of organisms with reduced susceptibility?</li> <li>Feedback in situations where therapy might be unnecessarily duplicative (e.g., double anaerobic cover age of the stopped after a certain number of days)?</li> <li>Does your facility provide written guidance for treatment of the following common infections?</li> </ul>		
Diagnosis and Infections specific Interventions to improve antibiotic use	Does your facility provide written guidance for treatment of the following common infections? Diagnosis and infections specific interventions to improve antibiotic use – hospitalised patients C o m m u n i t y - a c q u i r e d p n e u m o n i a H e a l t h c a r e - a s s o c i a t e d p n e u m o n i a Community-acquired urinary tract infection Healthcare-associated urinary tract infection Skin- and soft-tissue infections (e.g., abscess, cellulitis)  Surgical prophylaxis Acute gastrointestinal infections  Meningitis  Neonatal sepsis  Clinical sepsis (non-neonates)		

Assessment of Antimicrobial Stewardship Program (AMSP) activities in the facility		at facility	Comment
	Maternal intrapartum/postpartum infections		
Diagnosis and nfections specific nterventions o improve antibiotic use outpatients	Upper respiratory tract infection CAP Skin- and soft-tissue infections Acute gastroenteritis Sexually transmitted infections Maternal antenatal/intrapartum/postpartum infections		
Process	Routine monitoring allows program coordinators to assess the performance of stewardship practices at specified intervals (Does your stewardship programme routinely monitor adherence to documentation of dose in inpatient antibiotic prescriptions?documentation of duration in inpatient antibiotic prescriptions?documentation of clinical indication in inpatient antibiotic prescriptions?facility-specific empiric treatment recommendations for at least one common inpatient infection (infections listed in Section H)?collecting and submitting cultures before beginning empiric antibiotic therapy for inpatient infection of dose in outpatient antibiotic prescriptions?documentation of dose in outpatient antibiotic prescriptions?documentation of duration in outpatient antibiotic prescriptions?documentation of clinical indication in outpatient antibiotic prescriptions?facility-specific empiric treatment recommendations for at least one common outpatient infection (infections listed in Section H)?		

Assessment of Antimicrobial Stewardship Program (AMSP) activities in the facility		rdship Program (AMSP)  Established at facility  Comment	
	collecting and submitting cultures before beginning empiric antibiotic therapy for outpatient in fections?adjusting antibiotics based on culture results for outpatient infections		
Antibiotic use and outcome measures	Does your facility track rates of infections caused by antibiotic resistant pathogens (e.g., bloodstream infections caused by carbapenem-resistant Enterobacteriaceae or colistin-resistant Gram-negative bacteria)? Does your facility produce an annual cumulative antibiogram for at least one common infection (infections listed in S e c t i o n		
Reporting information to staff on antibiotic use and resistance	Does your stewardship programme share unit- /department-specific reports on antibiotic use with prescribers? Has a current antibiogram for common infections been disseminated to prescribers at your facility in the past year? Do prescribers routinely receive direct, personalised communication about how they can improve their antibiotic prescribing (e.g., dose adjustments, narrowing antibiotics based on culture results)? Do prescribers receive warnings regarding clinically significant interactions between prescribed antibiotics and other medications (e.g., co-trimoxazole and phenytoin toxicity, ototoxicity		
3	induced by gentamicin in combination with loop diuretics		

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Assessment of Antimicrobial Stewardship Program (AMSP) activities in the facility		at facility	Comment
Education	Does your stewardship program provide orientation to prescribers for facility-specific a n t i b i o t i c policies? Does your stewardship program provide refresher training to prescribers for facility-specific antibiotic policies? Does your stewardship programme provide unit-/department-specific training on antibiotic policies		

ID: Infectious disease, CAP: Community-acquired pneumonia, IT: Information technology, DDD: Defined daily dose



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