

Antibiotics in Care Homes - Overview

Antibiotics are medicines used to treat infections caused by **bacteria**. Common illnesses such as colds and sore throats are usually caused by viruses so antibiotics will not work.. For more serious infections antibiotics can be lifesaving.

Risks associated with antibiotics

- Antibiotics can cause **side effects** such as nausea, vomiting and diarrhoea.
- **Clostridium Difficile** (C diff) is a type of bacteria that can infect the bowel and cause diarrhoea. It is a serious side effect which is more common in older people following treatment with some types of antibiotics and can lead to complications and even death.
- Some people can have **allergic reactions** to certain antibiotics so may need alternatives prescribed.

Antibiotic Resistance

Bacteria are able to adapt and survive the effects of antibiotics. This means the antibiotic is **no longer effective** at treating the infection. This is known as **antibiotic resistance**. The more often we use antibiotics, the more likely it is the bacteria will become resistant meaning the infection is much more difficult to treat. Some bacteria that cause infections in care homes and hospitals are resistant to several antibiotics. An example is **methicillin-resistant staphylococcus aureus (MRSA)**.

By using antibiotics less often, we can slow the development of resistance which will allow time to develop new types of antibiotics.

It is estimated that **2,000 deaths** are caused every year in England because **antibiotics no longer work** for some infections; this figure is expected to rise¹.

What can we do about Antibiotic Resistance?

Only use antibiotics when appropriate. Most coughs and colds get better with plenty of rest, fluids and simple pain relief such as paracetamol. (Use homely remedies if available in the home) without the need for antibiotics.

When antibiotics are prescribed, always **complete the course** to ensure that the infection has gone completely. If the course is not completed, some bacteria may remain and can develop antibiotic resistance.

Obtaining Antibiotics

- If the clinician prescribes antibiotics for a resident it is vital they are started as soon as possible; delaying antibiotics may result in the resident's condition deteriorating.
- A member of staff may need to collect the medication from the pharmacy; not all pharmacies can arrange same day or next day delivery.
- It may be possible to have the prescription dispensed by a local pharmacy if your usual supplying pharmacy is further away.
- If the medication is not supplied with a MAR chart it should be written on the current MAR chart, and double checked by another member of staff.

Things clinicians consider when prescribing antibiotics for older people

- How the person will benefit from treatment
- What kind of infections is it and how severe it is
- Existing health conditions and medications that the person may already be taking
- Whether the person has impaired liver or kidney function. If so, they may need a lower dose
- The person's weight. A low body weight may mean the dose needs to be adjusted

Before prescribing antibiotics, the clinician will usually wish to see the person rather than speaking to care staff on the phone. **Decision aids for Urinary Tract Infections and Chest Infections** are available locally for the care home staff to complete where possible before contacting the prescriber. The clinician will decide whether blood and urine samples are needed and will use national antibiotic prescribing guidelines to ensure the most appropriate antibiotic is supplied. It is very important that antibiotics are given at the **correct times** to make sure they treat the infection.

For patients who may be in their final days or weeks of life, the clinician needs to consider benefits and risks of antibiotic treatment. Whilst it may be appropriate to treat the infection to control symptoms, antibiotics can cause unpleasant side effects such as diarrhoea or vomiting so may not always be prescribed.

Monitoring antibiotic treatment in older people

When people are unwell with an infection, simple measures such as rest and plenty of fluids are important to help them recover. Care staff should check the following regularly to ensure symptoms are improving:

- Temperature returning to normal levels
- Increased energy and improved mobility
- Being more alert and less confused
- Improved appetite

Regular monitoring can also help staff check for unpleasant side effects such as nausea, vomiting, diarrhoea and skin rash. If the patient does not respond to antibiotic treatment after 48 hours, or experiences side effects, this should be discussed with senior staff who should contact a clinician for further advice

Antibiotic treatment of urinary tract infections (UTIs)

Older people, particularly women, often have bacteria present in their urine. Usually this is harmless and does not mean they have an infection. Routine 'dipping' of urine therefore should be avoided unless symptoms are present as it may give misleading results. If an older person has symptoms such as **fever, pain when passing urine or increased confusion**, this may **suggest a UTI**. Care staff should report this to senior staff who should contact a clinician for advice.

A decision-aid is available as part of [a bundle of information](#) to help care staff, nurses and doctors manage UTIs in older people. If having completed the decision aid it is felt that a sample should be taken, please ensure it is taken correctly. [See guidance](#)

References

Adapted from 'Antibiotics – an information leaflet for staff in care homes and community hospitals' by the Scottish Antimicrobial Prescribing Group and the Scottish Medicines Consortium – March 2021 1 Public Health England <https://www.sapg.scot/media/6041/20210610-antibiotics-an-information-leaflet-for-staff-in-care-homes-and-community-hospitals.pdf>

1. English surveillance programme for antimicrobial utilisation and resistance (ESPAUR). Report 2022 to 2023. UK Health Security Agency. <https://assets.publishing.service.gov.uk/media/6555026e544aea000dfb2e19/ESPAUR-report-2022-to-2023.pdf>

Title	Best Practice Guidance – Antibiotics in Care Homes
Description of policy	To inform healthcare professionals
Scope	
Prepared by	Medicines Optimisation Team

Evidence base / Legislation	Level of Evidence: A. based on national research-based evidence and is considered best evidence B. mix of national and local consensus C. based on local good practice and consensus in the absence of national research based information.
Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
Approved by	TAG – Jan 2024
Authorised by	Planned Care Meds Management Working Group – Jan 2024
Review date and by whom	Medicines Optimisation Team
Date of issue	Jan 2024

Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	Dec 2018	Jen Carrol	DRAFT	Developed by Jen, reviewed by Marion Sully and Senior Team
1.0	February 2019	Medicines Optimisation Team	Final	Approved by Senior Team
1.01	August 2021	LW Medicines Optimisation Team	Reviewed	Reviewed and references checked
2.0	September 2021	Senior Medicines Optimisation Team	Final	Changes agreed and approved at Sept 21 Senior Team Meeting
2.1	November 2023	Hayley Hurst (Medicines Optimisation Pharmacist)	Reviewed	Review of content to ensure clinically relevant. References reviewed. Moved to new NWICB template