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ASPIRES Team attending and presenting research posters at the 2019 Association of Medical Microbiology and Infectious Disease (AMMI) Canada Conference in Ottawa.

Coastal ASPIRES Antimicrobial Stewardship

Antimicrobial Stewardship is...RIGHT diagnosis, RIGHT drug, RIGHT dose, RIGHT route, RIGHT interval, RIGHT duration!

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3 clinical pearls to help preserve vancomycin IV

PROSPECTIVE ANTIMICORBIAL THERAPY REVIEW:

- Lions Gate Hospital ✓
- Squamish General Hospital ✓
- Powell River General Hospital ✓
- Sechelt Hosiptal - launching June 2019

Question? Call 604-417-8921

Antimicrobial Stewardship Programme:
Innovation, Research, Education, and Safety
Quality and Patient Safety, Vancouver Coastal Health



3 clinical pearls to help preserve vancomycin IV

Empiric Bacterial Meningitis Treatment



(Strep pneumoniae)¹

What

- Non-local guidelines recommend adding **vancomycin IV** to **ceftriaxone IV** to cover ceftriaxone-resistant Strep pneumoniae (not MRSA!)

So What

- S. pneumoniae susceptibility to **ceftriaxone** is 100% in VCH².

Now What

For locally acquired or non-travel associated meningitis:

- Patient 18-50 y/o and immunocompetent: **ceftriaxone IV**
- pregnancy, >50yo, immunocompromised: **ampicillin IV + ceftriaxone IV**
- Patient with recent neurosurgery: **meropenem IV + vancomycin IV + involve ID**
- +/- **acyclovir IV** for viral meningitis coverage

Cellulitis Treatment in patients with MRSA colonization



(Staph aureus)¹

What

- Patients colonized with MRSA can still have cellulitis due to streptococci.
- MRSA cellulitis more likely to present with purulence.

So What

- Do not initiate empiric anti-MRSA coverage based on MRSA colonization status.

Now What

- When anti-MRSA coverage indicated, consider PO options such as **doxycycline PO** (susceptibility 97%²) or **TMP-SMX PO** (susceptibility 93%²)

Hospital Acquired Pneumonia Treatment



(MRSA)¹

What

- MRSA is not a common pathogen for pneumonia.

So What

- MRSA nasal screen within 1 week has excellent negative predictive value (>95%) for ruling out MRSA CAP/HCAP/HAP. MRSA nasal screening collected after initiation of anti-MRSA therapy may still be reliable as respiratory tract eradication takes a few days.^{3,4}
- Above not applicable to VAP patients, ICU patients, or patients with structural lung diseases (cystic fibrosis, bronchiectasis)

Now What

- Do-not-start/Stop **vancomycin IV** if MRSA nasal screen negative within 1 week

References: 1. <https://www.giantmicrobes.com> 2. VCH Coastal CoC Antibigram 2017 3. Ann Pharmacother. 2019 Jun;53(6):627-638. 4. Clin Infect Dis. 2018 Jun 18;67(1):1-7

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