

ANTI-INFECTIVES CHECKLIST: THE 5 D'S OF ANTIMICROBIAL STEWARDSHIP

- DRUG**
- Is the anti-infective indicated?
 - Is there a need to start an anti-infective?
 - Have cultures been taken before starting the anti-infective?
 - Does the Gram stain correlate with culture results?
 - Is this the most appropriate anti-infective?
 - Is narrowing down the anti-infective possible?
 - Is double coverage indicated?

- DOSE**
- Is the dose of the anti-infective appropriate for the indication?
 - Dose is too high
 - Dose is appropriate
 - Dose is too low
 - Is the dose adjusted for renal or hepatic function?

- DRUG ROUTE**
- Is the drug route appropriate?
 - For highly bioavailable anti-infectives, PO and IV administration provides similar drug levels
 - Is step-down from IV to PO possible?
 - Continues to need anti-infective
 - Clinically stable
 - Capable of tolerating oral dosage (e.g. no gastrointestinal abnormalities or drug interactions adversely affect oral absorption)

- DOSING INTERVAL**
- Is dosing frequency appropriate for the indication?
 - Is the dosing frequency adjusted for renal or hepatic function?

- DURATION**
- Has duration of therapy been considered when initiating anti-infectives?
 - Is the duration of the anti-infective appropriate for the indication?
 - Has duration been specified in the prescription?