

Responsible Antibiotic Usage

Latest Guidelines (summarised) and Broadway Prescribing Policy

We will explain our clinical choices to avoid antibiotics when a client might previously have expected them.

1. All antibiotics and drugs containing them can only be prescribed after the vet has physically examined the patient. Video consultations and repeat prescriptions are not enough.
2. Use other options. There are many conditions that are not commonly bacterial in origin or will resolve without antibiotics.

By choosing to avoid their use indiscriminately we will have these valuable drugs for a lot longer.

3. Consider which bacteria are likely to be present and use the narrowest spectrum antibiotic possible.
4. Use other alternatives such as debridement and flushing of wounds, analgesia, nutritional modification, hygiene and antiseptics.
5. Use topical rather than oral where possible to protect intestinal bacteria.
6. Use shortest course possible, correct dosing, appropriate to the site and to the type of infection likely to be present, ensure compliance.
7. Use narrowest spectrum possible and use culture to support de-escalation (to a narrower spectrum).
8. Culture before therapy. Always culture if
 - a) therapy needs to be over 1 week
 - b) is a hospital acquired infection
 - c) if life threatening infection
 - d) if first course of therapy has failed.
 - e) mixed bacterial population identified on cytology
9. Audit both culture results and antibiotic usage and adjust practice policy accordingly.