

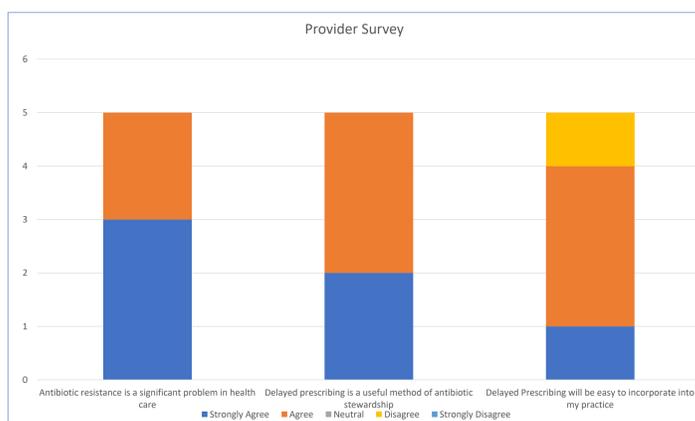
# Delayed Prescribing: Promoting Antibiotic Stewardship in an Urgent Care Setting

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## Problem and Objectives

Antimicrobial resistance has been named one of the ten global health threats by the World Health Organization (World Health Organization, 2019). In the United States approximately thirty percent of outpatient antibiotic prescriptions are unnecessary (Sanchez, Fleming-Dutra, Roberts & Hicks, 2016). The CDC has developed an outpatient antibiotic stewardship program using delayed prescribing as one method to decrease unnecessary antibiotic prescriptions. The objectives for this study included:

- Survey provider attitudes toward antibiotic stewardship
- Provide education on delayed prescribing to all providers
- Implement new patient instructions about delayed prescribing into the electronic health record



## Clinical Initiatives

Setting:  
 Three urgent care centers in Northwestern Pennsylvania

Participants:  
 Seven advanced practice providers (four nurse practitioners and five physician assistants)

- Interventions:
- Educational PowerPoint on delayed prescribing shared with all providers
  - Survey on attitudes about delayed prescribing completed
  - Patient instructions on delayed prescribing added to electronic health record
  - 30-day chart review completed after educational PowerPoint to determine number of times delayed prescribing was utilized

## Outcomes and Recommendations

Survey: six providers chose to participate in the study and five completed survey.

Delayed Prescribing utilization: over thirty-day period the new delayed prescribing instructions were given out to twenty-seven patients.

## Conclusions

The initiative did result in utilization of delayed prescribing by providers though it was a low rate. There were 2,579 patient visits and delayed prescribing instructions were used twenty-seven times. This could be due to the time of year or types of patients seen. Future studies could include diagnosis codes, follow up with patient pharmacies to see if prescriptions were filled and individual provider tracking on antibiotic prescribing trends. Further research should also look at barriers to antibiotic stewardship in the outpatient setting. This study location was lacking in formal antibiotic stewardship education, methods and patient education. This simple intervention did provide a beginning framework for antibiotic stewardship along with new patient education instructions.