



ANTIBIOTIC GUARDIAN

Keep Antibiotics Working

ANTIBIOTICS AND INFECTION CONTROL

HOW MUCH DO YOU KNOW? TRY OUR QUIZ FOR NURSES

Are the following statements True or False?

- 1 Antibiotic empirical (best guess) guidelines recommend the same antibiotic for the same condition in every Trust in UK True / False
- 2 Antibiotic resistance is due to the human body, not the bacterial cell True / False
- 3 IV vancomycin can be used to treat *Clostridium difficile* infection True / False
- 4 If a patient is colonised with MRSA in their groin, they just need Octenisan as a body wash and not mupirocin nasal ointment for their nose True / False
- 5 Tazocin is a penicillin and must not be given to patients who have had anaphylaxis when given flucloxacillin True / False
- 6 Patients who have a history of infection with an extended spectrum beta-lactamase producing organism (ESBL) should be isolated to protect other patients True / False
- 7 If *Pseudomonas* and anaerobes are isolated in a venous leg ulcer, the patient should always be treated with antibiotics True / False
- 8 Vancomycin levels should be taken 6-14 hours after the dose has been given True / False
- 9 If a patient's urine smells 'strong', they must have an infection and need antibiotics True / False
- 10 It is important to document the indication for any antibiotic prescriptions on the drug chart so that the antibiotic can be stopped or changed if an alternative diagnosis is made True / False

PLEASE SEE OVERLEAF FOR THE ANSWERS – NO PEEKING!



ANTIBIOTICS AND INFECTION CONTROL

NURSE QUIZ – ANSWERS

- 1 Antibiotic empirical (best guess) guidelines recommend the same antibiotic for the same condition in every Trust in UK
False – the resistance patterns are different in every trust and guidelines must reflect the expected organisms for each organisation
- 2 Antibiotic resistance is due to the human body, not the bacterial cell
False – resistance is a mechanism developed by the bacterial cell
- 3 IV vancomycin can be used to treat *Clostridium difficile* infection
False – IV vancomycin does not produce high enough levels in the GI tract so oral or rectal must be used
- 4 If a patient is colonised with MRSA in their groin, they just need Octenisan as a body wash and not mupirocin nasal ointment for their nose
False – decolonisation must take place for body and nose if any part of the body is colonised
- 5 Tazocin is a penicillin and must not be given to patients who have had anaphylaxis when given flucloxacillin
True – Tazocin is a penicillin, as is flucloxacillin, and anaphylaxis is likely with both drugs if there is a history with either
- 6 Patients who have a history of infection with an extended spectrum beta-lactamase producing organism (ESBL) should be isolated to protect other patients
True – this is especially important if patients are incontinent
- 7 If *Pseudomonas* and anaerobes are isolated in a venous leg ulcer, the patient should always be treated with antibiotics
False – *Pseudomonas* may be a coloniser in a venous leg ulcer and stringent wound toilet should reduce the bacterial load. Using antibiotics can lead to resistance
- 8 Vancomycin levels should be taken 6-14 hours after the dose has been given
False – Vancomycin levels should be taken immediately before the dose (a trough level)
- 9 If a patient's urine smells 'strong', they must have an infection and need antibiotics
False – smell is not an indicator of infection
- 10 It is important to document the indication for any antibiotic prescriptions on the drug chart so that the antibiotic can be stopped or changed if an alternative diagnosis is made
True – not knowing the indication for an antibiotic makes it difficult for staff new to the patient to monitor or adjust the prescription