

# MAHER – ANTIBIOTIC POLICY

Doc No: MAHER/ABP/SOP/01

Version no: 01

Date of Issue:23/5/2020

## Preamble

Antibiotics have been used to treat infectious diseases for over 60 years. However, over the last decade, irrational and excessive use of antibiotics have led to antimicrobial resistance (AMR), which is a serious global concern and a major threat to public health.

Resistance to antibiotics is not only a concern for the individual patient but to the community as a whole. It shakes the established course of treatment by reducing its efficacy, increases the complexity and cost of treatment as well as slims down the possibility of a successful outcome.

Microbes that are resistant to antibiotics do not respond to the given treatment. This in turn leads to prolonged periods of illness and considerable increase in morbidity and mortality. Furthermore, the risk of contracting the antibiotic resistant strains of microorganisms among the general population also rises owing to the long period of infectivity in the resistant individuals. This snow ball reaction is highly detrimental and could pose as an economic burden to the society due to wastage of resources, poor quality drugs, high treatment costs and increase in the adverse drug reactions among people.

Thus, a pragmatic and well laid-out Antibiotic Policy and its proper implementation will ensure stream lining of the usage of antibiotics and reduce its inappropriate, rampant use. It will also increase their effectiveness in the treatment of infectious diseases by hiking up the success rate of the treatment outcome. The antibiotic policy will further augment patient care by promoting the best practice in antibiotic therapy with better usage of resources and production of cost-effective drugs.

It further eliminates the use of unnecessary or ineffective antibiotics, restricts the use of expensive and powerful ones and also retards the emergence and spread of multiple antibiotic resistance bacteria.

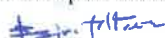
A strategic antibiotic policy and antimicrobial stewardship is made mandatory for all hospitals and health care centers by the Ministry of Health and Family Welfare, Government

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of India. The Antibiotic policy of Meenakshi Academy of Higher Education and research (MAHER) is created in lines with the recommendations provided by the various National and International statutory bodies. This policy details the purpose, scope, objectives, and guidelines to provide assistance and operational guidelines for a rational antibiotic usage at MAHER.

## 1. Purpose

The purpose of this Antibiotic Policy is to provide guidance for design and development of a framework for a rational use of antibiotics and minimize the prevalence of antimicrobial resistance.

This procedure shall provide the scope, overall framework, rules and regulations within which the antibiotic policy activities shall be performed by the management of this institution.

## 2. Scope

This is a MAHER University wide antibiotic policy and implementable across all disciplines of MAHER and its constituent colleges.

## 3. Objectives

- Creating awareness among health workers about the proper usage of antibiotics and the adverse reactions due to over usage.
- Creating a system to detect and report the antimicrobial resistance trends in the hospitals and clinicians attached to the relevant constituent colleges of MAHER.
- Creating a database for reporting and updating the resistant microorganisms in individual patients and giving a prompt treatment to them.
- Ensuring strict infection control procedures.
- Providing adequate resources to detect, report and control antibiotic resistant infections.

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- Encouraging good and hygienic practice in all the constituent medical colleges and hospitals of MAHER to reduce the spread of resistant microorganisms.
- Educating the junior and budding medical professions about the rational use of antibiotics and importance of antibiotic policy.

## 4. Custodian of Policy

Antibiotic Policy is implemented by the Hospital Infection Control Committee (HICC) of MAHER headed by the Head of the institution with Medical Superintendent as the hospital infection control officer, a Professor from the department of Microbiology as the chief infection control officer and the heads of all clinical departments as members.

## 5. Antibiotic Policy and Procedure/Guidelines

1. The antibiotic policy of MAHER has developed and implemented guidelines in all its constituent colleges by adapting it institutionally at a local level.
2. A proper record of the number of antibiotic resistant cases is entered every day in a database in all the clinics hospitals and relevant constituent colleges of MAHER.
3. Proper blood culture and investigations is conducted before administering antibiotics.
4. The prescription of antibiotics is diligently monitored.
5. Antibiotics are categorized into free use, monitored use and restricted use.
6. Antibiotics are chosen according to the infection status, history and drug allergy of the patients.
7. Antibiotic prophylaxis is kept at a minimum and for certain indications only. Surgical prophylaxis is limited to 48 hours.
8. The microbial pattern of the commonly encountered infections in patients visiting the OPD is monitored closely by the department of Microbiology along with the susceptibility pattern in patients so that the required antibiotics can be readily made available to the patients.
9. Higher dose of antibiotics is postponed until absolutely warranted to minimize antibiotic resistance.
10. Use of antibiotics more than 7 days is to be monitored by the head of the unit.

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A handwritten signature in green ink, appearing to be "Dr. RS Neelakandan", written over the approved by text.

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11. Administration of antibiotics is shifted from parental route to oral route whenever possible.
12. In-patients who are administered a prolonged dosage of multiple antibiotics for over 15 days with complicated infections are monitored by subcommittee of Hospital Infection Control Committee (HICC)
13. Auditing of antibiotic usage and regular review is conducted to keep a check on the use of antibiotics and prevent misuse.
14. Proper sterilization and disinfection protocols are maintained in the operation theatres, wards and ICUs to reduce nosocomial infections.
15. A handbook containing standard treatment guidelines and protocols are provided to each doctors and nurses to make the treatment more uniform and ensure prescription of drugs within recommended limits.
16. Any deviation from the recommended policy should be explained and duly documented.
17. Ward with highest resistance to a particular drug in any constituent college of MAHER is analyzed and reviewed from all angles (infection control practices, drug, dose, route of administration, purchase and storage of drug, batch number, lot member, and its manufacturer) by the HICC, who will then suggest a change of the antibiotics
18. Antibiotic revisionis done twice a year and the changes are intimated to all clinicians.

To suffice, resistance to antibiotics is a global issue of paramount importance and poses a major threat to public health. Hence MAHER is doing its best to ensure minimization of antibiotic resistance and enhance patient care by close surveillance of its consumption and eradication of its irrational usage.

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