

Administration of antibiotics for surgical prophylaxis

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Date of approval:	25 th January 2023
This is the most current document and should be used until a revised version is in place:	25 th January 2026

Policy Overview:

It is the responsibility of the person prescribing and the person administering antibiotics to check and confirm a patient's allergy status prior to giving antibiotics.

Antibiotics should be prescribed prior to being drawn up and administered.

Antibiotics should not be drawn up ahead of time.

Allergy status should be discussed at the (WHO) Safer Surgery team brief and checked and confirmed at the 'Sign in' and 'Time out' stages.

Antibiotics should be drawn up and administered after the 'Sign in'.

If the clinical decision is that an antibiotic allergy is incorrectly recorded the antibiotic may still be given. The clinical rationale must be recorded and the allergy status changed on the patient's wristband, drug chart and on Oasis.

Antibiotics requiring administration by infusion should be given on the ward within 60 minutes of the operation.

Latest Amendments to this policy::

06/09/2017- Document extended for 3 months as per TMC paper approved on 22nd January 2015

November 2017- Document extended whilst under review – TLG

March 2018 – Document extended for 3 months as approved by TLG

June 2018 – Document extended for 3 months as per recommendation from TLG

April 2019- Documents extended whilst review is undertaken and page created

January 2023- Document approved with no changes

Introduction

Prescription and administration of antibiotics to patients who are allergic to them is a continuing problem.

It is the responsibility of the person prescribing and the person administering antibiotics to check and confirm a patient's allergy status prior to giving antibiotics.

Drawing up antibiotics ahead of time and leaving them with other drugs in the anaesthetic room increases the risk of them being given in error or being mistaken for other anaesthetic drugs.

Using the WHO Safer Surgery checklist system to check and confirm allergy status prior to drawing up and administering antibiotics is the best way to reduce errors with these drugs.

Scope of this document

This guideline covers the administration of intravenous antibiotics for surgical prophylaxis on all trust sites. It is designed to be used alongside the Trust Surgical Prophylactic Antibiotic guideline and the Safer Surgery guideline.

Definitions

Prophylactic surgical antibiotics are those that are given in accordance with the Trust antibiotic policy ⁽¹⁾ based on the procedure a patient is having. They do not include antibiotics a patient is already on, or antibiotics given following a development intra-operatively.

Responsibility and Duties

It is the responsibility of any person prescribing antibiotics to check and confirm a patient's allergy status prior to prescribing antibiotics.

It is the responsibility of any person administering antibiotics to check and confirm a patient's allergy status prior to administering antibiotics.

Antibiotics must be prescribed before being drawn up and administered.

It is the responsibility of everyone in theatre to follow the WHO Safer Surgery checklist policy.

Policy Detail

There are well established National and Trust guidelines for which surgical procedures require prophylactic intravenous antibiotics ^(1,2). Antibiotics given more than 60 minutes pre-incision or after incision are less effective at preventing surgical site infections (SSI). The Scottish Intercollegiate Guideline Network (SIGN) guideline is that intravenous antibiotic prophylaxis should certainly be given within the 60 minutes before skin incision and as close to incision as practically possible.

The need for prophylactic antibiotics must be ascertained from the Trust Antibiotic Policy and discussion with the surgeon at the 'Team brief'.

The Safer Surgery Checklist is a series of checks at different stages of a patient's surgical journey. Checking and confirming allergy status is an integral part of these checks. They are designed so that any team member can raise queries or concerns at any stage.

The stages are:

- Team brief
 - All the theatre team discussing each case before the list commences.
- Check in
 - Checking the patient in the anaesthetic room.
- Time out
 - A Stop moment with a silent theatre before surgery starts.
- Sign out
 - Confirming the operation completed, checks are all fine and antibiotics given
- Debrief
 - All the theatre team to discuss problems or issue relating to the list

The need for prophylactic antibiotics should be discussed along with a patient's allergies at the Safer Surgical Team briefing. This allows a rational choice of agent to be made between the surgeon and the anaesthetist.

Allergies must be discussed with patients at the 'Check in' stage. The antibiotic prescription must be checked.

A patient's allergy status must be checked with the patient, the patient's wristband and on the patient's drug chart prior to the commencement of anaesthesia. Allergies may also be recorded in the Clinical Portal (eZ notes).

Penicillin based antibiotics have been removed from anaesthetic room drug cupboards. This measure is to prevent penicillin based antibiotics being drawn up ahead of time.

If there is a need for antibiotics to be given by infusion (e.g Vancomycin) they should be given on the ward within 60 minutes of expected operation start time.

Patients incorrectly recorded as allergic to antibiotics:

If a patient is not allergic to an antibiotic but has either been intolerant to (e.g. nausea) or had an allergy recorded in error they may be given those antibiotics provided the clinical rationale is documented. The allergy status should be updated on the drug chart and on Oasis.

References

	Code
Antibiotic Prescribing Policy: Worcestershire Secondary Care - Adult WAHT-PHA-001	1
SIGN guidelines 104 – Antibiotic prophylaxis in surgery	2