

A stylized illustration of a hand holding a pill dispenser. The hand is rendered in a dark red color with some texture. The dispenser is orange and white, and a stream of black and white capsules is falling from it. The background is a solid light red color.

Using Antibiotics Wisely.

COMMUNICATIONS TOOLKIT

ANTIBIOTIC AWARENESS WEEK:
NOVEMBER 18-24 2019

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ABOUT USING ANTIBIOTICS WISELY

Unnecessary antibiotic use directly contributes to antimicrobial resistance—one of the most serious health threats facing our world today. Over 23 million antibiotics prescriptions are dispensed for human consumption each year, 30-50% of which are estimated to be unnecessary.

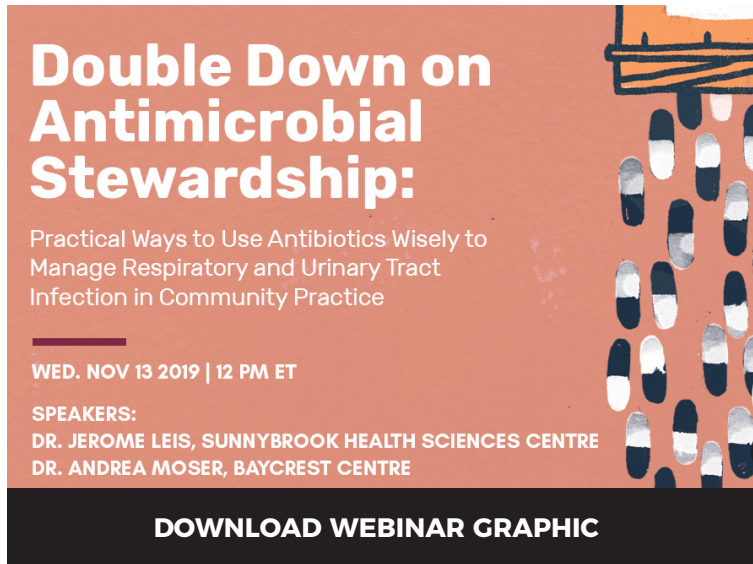
Unnecessary use of antibiotics breeds ‘superbugs.’ These are bacteria that become resistant to antibiotics. A growing list of infections such as tuberculosis, gonorrhea, and bacteria that cause pneumonia and urinary tract infections are becoming harder, and sometimes impossible to treat as antibiotics become less effective. Antibiotics also upset the body’s natural balance of good and bad bacteria and can cause a number of unwanted side-effects.

One of the ways that we can help fight antibiotic resistance is to **use antibiotics wisely**.

Using Antibiotics Wisely is a national campaign that engages clinicians, patients, and caregivers in conversations about the harms of unnecessary antibiotic use. The campaign has developed tools and resources to help reduce unnecessary antibiotic use in different practice settings.

The campaign is organized by Choosing Wisely Canada, with the support from the Public Health Agency of Canada, Health Canada as well as The College of Family Physicians of Canada, and aligns with the [Pan-Canadian Framework on Antimicrobial Resistance](#).

SIMPLE WAYS TO GET INVOLVED



01.

CHOOSING WISELY TALKS

NOVEMBER 13 AT 12 PM ET

Don't miss **Choosing Wisely Talks** presented by the Canadian Medical Association on November 13 at 12 p.m. ET. Drs. Jerome Leis and Andrea Moser will provide practical tips on how to use antibiotics judiciously in primary and long-term care settings, based on practice change recommendations developed by health care professionals from across the country.

02.

SOCIAL MEDIA

NOVEMBER 18-24

Join us on social media throughout **November 18-24** for Antibiotic Awareness Week. Antibiotic Awareness Week is a global event, aiming to increase awareness of antibiotic resistance and encourage best practices among the public, patients, and clinicians.

03.

EMAIL AND NEWSLETTERS

NOVEMBER 18-24

Use or adapt the templates found in this toolkit to help us communicate the importance of having conversations about the harms of unnecessary antibiotic use.

04.

DOWNLOAD TOOLS AND RESOURCES

Using Antibiotics Wisely has leveraged antimicrobial stewardship efforts to reduce unnecessary antibiotics for the two most inappropriately treated conditions: respiratory tract infections (RTI) in primary care and urinary tract infections (UTI) in long-term care. Download the tools and resources found in this toolkit to use in your daily practice or work.

ANTIBIOTIC RECOMMENDATIONS

Choosing Wisely Canada has over 20 recommendations developed by national clinician societies that encourage the judicious use of antibiotics in different practice settings. Click on the specialty below for the full list of recommendations, rationales, and supporting evidence.

SPECIALTY	RECOMMENDATIONS
EMERGENCY MEDICINE	<ul style="list-style-type: none"> • Don't prescribe antibiotics in adults with bronchitis/asthma and children with bronchiolitis. • Don't prescribe antibiotics after incision and drainage of uncomplicated skin abscesses unless extensive cellulitis exists. • Don't use antibiotics in adults and children with uncomplicated sore throats. • Don't use antibiotics in adults and children with uncomplicated acute otitis media.
FAMILY MEDICINE	<ul style="list-style-type: none"> • Don't use antibiotics for upper respiratory infections that are likely viral in origin, such as influenza-like illness, or self-limiting, such as sinus infections of less than seven days of duration.
GERIATRICS	<ul style="list-style-type: none"> • Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.
HOSPITAL DENTISTRY	<ul style="list-style-type: none"> • Don't prescribe antibiotics for irreversible pulpitis (toothache). • Don't routinely prescribe antibiotics for acute dental abscess without signs of systemic involvement. • Don't give prophylactic antibiotics prior to dental procedures to patients with total joint replacement. • Don't give prophylactic antibiotics to patients with non-valvular cardiac or other indwelling devices.
HOSPITAL MEDICINE	<ul style="list-style-type: none"> • Don't prescribe antibiotics for asymptomatic bacteriuria (ASB) in non-pregnant patients.
INFECTIOUS DISEASE	<ul style="list-style-type: none"> • Don't routinely prescribe intravenous forms of highly bioavailable antimicrobial agents for patients who can reliably take and absorb oral medications. • Don't prescribe alternate second-line antimicrobials to patients reporting non-severe reactions to penicillin when beta-lactams are the recommended first-line therapy.

SPECIALTY	RECOMMENDATIONS
NURSE PRACTITIONER	<ul style="list-style-type: none"> • Don't prescribe prophylactic antibiotics to prevent travellers' diarrhea.
NURSING	<ul style="list-style-type: none"> • Don't recommend antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.
NURSING: GERONTOLOGY	<ul style="list-style-type: none"> • Don't routinely suggest antimicrobial treatment for older persons unless they are consistent with their goals of care. • Don't routinely use intravenous antimicrobials for older persons who can take and absorb oral medications.
NURSING: INFECTION AND PREVENTION CONTROL	<ul style="list-style-type: none"> • Don't recommend antibiotics for infections that are likely viral in origin, such as an influenza-like illness.
OTOLARYNGOLOGY: HEAD & NECK SURGERY	<ul style="list-style-type: none"> • Don't prescribe antibiotics to patients with acute sinusitis who do not meet the diagnostic criteria for acute bacterial rhinosinusitis. • Don't use oral antibiotics as a first line treatment for patients with painless ear drainage associated with a tympanic membrane perforation or tympanostomy tube unless there is evidence of developing cellulitis in the external ear canal skin and pinna.
PEDIATRIC INFECTIOUS DISEASES AND MEDICAL MICROBIOLOGY	<ul style="list-style-type: none"> • Don't routinely use antibiotics other than amoxicillin in the treatment of children with presumed community-acquired pneumonia (in the outpatient setting). • Don't routinely treat uncomplicated acute hematogenous osteomyelitis with prolonged intravenous therapy.
PHYSICAL MEDICINE AND REHABILITATION	<ul style="list-style-type: none"> • Do not treat asymptomatic urinary tract infections in catheterized patients.
RESPIRATORY MEDICINE	<ul style="list-style-type: none"> • Don't treat adult cough with antibiotics even if it lasts more than 1 week, unless bacterial pneumonia is suspected (mean viral cough duration is 18 days). • Don't use antibiotics for acute asthma exacerbations without clear signs of bacterial infection.
SPINE	<ul style="list-style-type: none"> • Don't order peri-operative antibiotics beyond a 24-hour post-operative period for non-complicated instrumented cases in patients who are not at high risk for infection or wound contamination. Administration of a single pre-operative dose for spine cases without instrumentation is adequate.
UROLOGY	<ul style="list-style-type: none"> • Don't use antimicrobials to treat asymptomatic bacteriuria in the elderly.

PRIMARY CARE CAMPAIGN TOOLS

Up to 30-50% of antibiotics prescribed for RTIs in primary care are unnecessary. Using Antibiotics Wisely has developed a number of tools and resources to help clinicians ‘choose wisely’ in primary care settings.



THE COLD STANDARD

A new toolkit on using antibiotics wisely for the management of RTIs. This toolkit includes relevant resources related to the primary care antibiotics campaign and simple ways to incorporate antimicrobial stewardship into your work or practice.

Are you using antibiotics wisely?

30-50% OF ANTIBIOTICS PRESCRIBED FOR ACUTE RESPIRATORY INFECTIONS IN PRIMARY CARE ARE UNNECESSARY. FAMILY PHYSICIANS LIKE YOU ARE KEY PARTNERS IN THE BATTLE AGAINST ANTIMICROBIAL RESISTANCE - AN EMERGING PUBLIC HEALTH THREAT.

KEY PRACTICE STATEMENTS

Below are key practice changes to help you optimize your antibiotic prescribing.

Using a viral prescription and/or a delayed prescription can be a better alternative to immediate use of antibiotics.

To learn more about the campaign or access evidence-informed resources, please visit: www.choosewiselycanada.org/antibiotics

UNCOMPLICATED OTITIS MEDIA

Most cases are viral.

You should consider antibiotics in vaccinated children > 6 months and adults **ONLY** in the following circumstances:

- The tympanic membrane is suspected to be perforated and there is a purulent discharge

Download Here

PRACTICE CHANGE RECOMMENDATIONS

This handout includes practice change recommendations to help optimize your antibiotic prescribing for RTIs in primary care settings.

Rx DELAYED PRESCRIPTION

About Your Delayed Prescription

WAIT. Don't fill your prescription just yet. Your health care provider believes your illness may resolve on its own. Follow the steps below to get better.

First, continue to monitor your symptoms over the next few days and try the following remedies to help you feel better:

- Get lots of rest.
- Drink plenty of water.

Download Here

DELAYED PRESCRIPTION

Delayed prescriptions can be used for select patients (i.e. otitis media, uncomplicated sinusitis) and instruct patients to wait to see if their symptoms improve before filling their antibiotic prescription.

The Delayed Prescription is also available in:

English, French, Simplified Chinese, Spanish, Arabic, Punjabi and Tagalog.

Rx Patient Name: _____ Date: _____

The symptoms you presented with today suggest a VIRAL infection.

- Upper Respiratory Tract Infection (Common Cold): Lasts 7-14 days
- Flu: Lasts 7-14 days
- Acute Pharyngitis ("Sore Throat"): Lasts 3-7 days, up to ≤10 days
- Acute Bronchitis/"Chest Cold" (Cough): Lasts 7-21 days
- Acute Sinusitis ("Sinus Infection"): Lasts 7-14 days

You have not been prescribed antibiotics because antibiotics are not effective in treating viral infections. Antibiotics can cause side effects (e.g. diarrhea, yeast infections) and may cause serious harms such as severe diarrhea, allergic reactions, kidney or liver injury.

When you have a viral infection, it is very important to get plenty of rest and give your body time to fight off the virus.

If you follow these instructions, you should feel better soon.

Download Here

VIRAL PRESCRIPTION (WITH RX FILES)


The viral prescription pad provides other ways to help relieve symptoms to avoid unnecessary antibiotic prescriptions.

LONG-TERM CARE CAMPAIGN TOOLS

Many older adults receive antibiotics for UTIs even though they do not have UTI symptoms. This can cause unwanted side effects and lead to other serious complications. To help reduce unnecessary antibiotic use for asymptomatic bacteriuria, the campaign has developed new practice change recommendations and resources for interprofessional teams working in long-term care settings.

NEW TOOLS FOR THE 2019 USING ANTIBIOTICS WISELY CAMPAIGN

Are you using antibiotics wisely?



Up to **50%** of older adults in long-term care (LTC) have bacteria in their urine but do not have a urinary tract infection (UTI). Unnecessary antibiotic use in older adults with asymptomatic bacteriuria can be harmful and lead to serious complications.

Health professionals working in LTC are key partners in the battle against antimicrobial resistance—an emerging public health threat. The below practice change statements will help you optimize your antibiotic prescribing.

The following key practice changes have been identified and are intended to reduce unnecessary antibiotic use for asymptomatic bacteriuria in LTC. They are not a substitute for timely individual clinical assessment and management and do not apply to the acutely unwell resident with suspected sepsis.

PROCESS OF CARE	PRACTICE CHANGE RECOMMENDATIONS
1. NEW ADMISSION/ PERIODIC HEALTH EXAMINATIONS/NEW REFERRALS IN LTC	Don't perform screening urinalysis/urine dipstick and/or urine culture and sensitivity for residents on admission, during periodic health examinations, or prior to new specialist referrals.
2. USE OF URINE DIPSTICK OR URINALYSIS	Don't perform urine dipstick/urinalysis to diagnose a UTI.
3. ASSESSMENT OF RESIDENT WITH CHANGE IN HEALTH STATUS (E.G. CHANGE IN URINE ODOUR OR COLOUR, CHANGE IN BEHAVIOUR, FEVER, ETC.)	Don't assume a UTI is the cause of any change in health status, including behaviours, until alternate explanations are excluded, such as volume depletion, constipation, skin breakdown, medication side effects, and other sources of infection. Don't send a urine culture unless the change noted is accompanied by <u>minimum criteria</u> for a UTI (specific for residents with and without catheters). Do perform a clinical assessment to identify alternate causes for change in health status including examination of the perineal skin. Do complete a comprehensive delirium workup, if clinically indicated, which may include a urine culture (See Practice Change Recommendation #5). Do encourage increased fluid intake if urine is concentrated or malodorous. Do document and reassess.
4. SUBSTITUTE DECISION MAKER/FAMILY REQUEST TO SUBMIT A URINE CULTURE OR TREAT A UTI	Don't collect a urine culture upon request without first seeking to understand and address resident/substitute decision maker/family concerns. Provide a differential diagnosis and a rationale for the investigations that will help identify the etiology of the symptoms.

Minimum criteria are found in the box on the next page. →

[Download Here](#)



Reflect before you collect.

Up to 50% of older adults in long-term care have bacteria in their urine but do not have a UTI. Don't rush to urine testing without considering other causes.

[Download Here](#)

PRACTICE CHANGE RECOMMENDATIONS

This handout includes practice change recommendations to help optimize your antibiotic prescribing for asymptomatic bacteriuria in long-term care settings.

POSTER FOR CLINICAL AREAS

A new poster developed for clinical areas in long-term care. The poster encourages clinicians to reflect before collecting urine for suspected UTIs in older adults.

EMAIL TEMPLATE

Use or adapt this email template to share the Using Antibiotics Wisely campaign and help raise awareness about the harms of unnecessary antibiotic use.

Dear _____ Membership,

Unnecessary antibiotic use is a direct contributor to antimicrobial resistance—one of the most serious health threats facing our world today. Over 23 million antibiotics prescriptions are dispensed for human consumption each year, 30-50% of which are estimated to be unnecessary.

[Insert organizational name] is a proud supporter of the Using Antibiotics Wisely campaign. This national campaign focuses on encouraging conversations about the harms of unnecessary antibiotic use.

The goal of the campaign is to raise awareness by providing clinicians with evidence-informed tools and patient materials to support conversations about unnecessary antibiotic prescribing in different practice settings.

You can help spread the word about using antibiotics wisely. Download Choosing Wisely Canada’s tools and resources here:

www.choosingwiselycanada.org/antibiotics

[For the medical professional societies with Choosing Wisely recommendations related to antibiotics, consider adding the following:]

In particular, we would like to draw your attention to the antibiotic recommendation(s) developed by our organization:

[(Insert recommendation in bold text)]


We encourage you to visit the website to access tools and resources that can help you engage in conversations about unnecessary antibiotic use.

Thank you,

[NAME]




SOCIAL MEDIA POSTS: TOOLS & RESOURCES

Choosing Wisely Canada and partners have developed several tools and resources that encourage conversations about unnecessary antibiotic use. Use or adapt these posts with the hashtag #AntibioticsWisely or tag Choosing Wisely Canada.

TWEET/POST	
	Unnecessary antibiotic use is a direct contributor to antimicrobial resistance. This #AntibioticAwarenessWeek help spread the word about Using #AntibioticsWisely! Visit the website for tips, tools & more: www.choosingwiselycanada.org/antibiotics
	.@ChooseWiselyCA and partners have developed tools & resources to reduce unnecessary antibiotic use in different practice settings. Check out the different campaigns & how you can use #AntibioticsWisely: www.choosingwiselycanada.org/antibiotics
	Up to 30-50% of antibiotics prescribed for respiratory tract infections (RTIs) in primary care are unnecessary. @ChooseWiselyCA in collaboration w/ @FamPhysCan has released a new toolkit 'The Cold Standard' to help you optimize your #antibiotic prescribing for RTI! www.choosingwiselycanada.org/antibiotics-primary-care
	A delayed prescription informs the patient to wait a certain amount of time before filling a script to see if their symptoms improve. Check out this resource & other tools related to the Using Antibiotics Wisely #primarycare campaign: www.choosingwiselycanada.org/antibiotics-primary-care #AntibioticsWisely
	A viral prescription pad provides ways patients can relieve their cold & flu symptoms without #antibiotics & instructions on how to do so. See this resource & more at www.choosingwiselycanada.org/antibiotics-primary-care #AntibioticsWisely
	Using Antibiotics Wisely has developed practice change recommendations with @FamPhysCan & partners across the country to help support clinical decisions related to #antibiotic prescribing in #primarycare for RTIs. See the recommendations here: www.choosingwiselycanada.org/antibiotics-primary-care
	Over 90% of #antibiotics are prescribed in the community setting. Using Antibiotics Wisely has focused its efforts on developing new tools for primary & long-term care (LTC)! See the new LTC tools now available! www.choosingwiselycanada.org/antibiotics-LTC
	Using #AntibioticsWisely has developed new practice change recommendations for asymptomatic bacteriuria in LTC with @FamPhysCan, @CanadaNurses & LTMDAC. See how you can optimize your #antibiotic prescribing for asymptomatic bacteriuria: www.choosingwiselycanada.org/antibiotics-LTC
	Reflect before you collect. @ChooseWiselyCA, @FamPhysCan, @CanadaNurses & LTMDAC have developed a new poster for clinical areas in long-term care. Help spread the word about reducing unnecessary #antibiotic use for asymptomatic bacteriuria in LTC! www.choosingwiselycanada.org/antibiotics-LTC

SOCIAL MEDIA POSTS: RAISE AWARENESS

Help us spread the word about Using Antibiotics Wisely! Use or adapt these social media posts to help raise awareness about the harms of unnecessary antibiotic use. Use the hashtag #AntibioticsWisely or tag Choosing Wisely Canada with your posts.

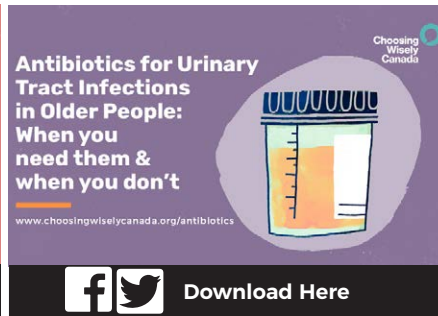
TWEET/POST	
	Unnecessary antibiotic use directly contributes to antimicrobial resistance—one of the most serious health threats facing our world today. One of the ways that we can help fight antibiotic resistance is to use antibiotics wisely. Talk with your health care provider about the harms of unnecessary antibiotic use. www.choosingwiselycanada.org/antibiotics
	Need to start a conversation about #antibiotics? Ask your health care provider these 3 questions! #AntibioticsWisely <ul style="list-style-type: none"> • Do I really need antibiotics? • What are the risks? • Are there simpler, safer options? www.choosingwiselycanada.org/antibiotics
	Sorry, no amount of #antibiotics will get rid of your cold and flu. Check out the @ChooseWiselyCA patient pamphlet - Cold, flu & other respiratory illnesses: Don't rush to antibiotics: www.choosingwiselycanada.org/colds-flu-respiratory-illnesses-dont-rush-antibiotics
	Sinus infections almost always stem from a viral infection, not a bacterial one—and #antibiotics don't work against viruses. Check out the @ChooseWiselyCA patient pamphlet on treating sinus infections - don't rush to antibiotics: www.choosingwiselycanada.org/treating-sinusitis
	Up to 50% of older adults in long-term care have bacteria in their urine but do not have a UTI. It's important to consider other causes before rushing to #antibiotics. Talk with your health care provider and use #AntibioticsWisely. www.choosingwiselycanada.org/antibiotics-LTC
	Many older adults receive #antibiotics to treat UTIs even though they do not have UTI symptoms. See the @ChooseWiselyCA patient pamphlet for more info on antibiotics for UTIs in older people: When you need them & when you don't: www.choosingwiselycanada.org/antibiotics-urinary-tract-infections #AntibioticsWisely

SOCIAL MEDIA GRAPHICS

Use these graphics on social media and tag @ChooseWiselyCA on Twitter or ChoosingWiselyCanada on Facebook with the hashtag #AntibioticsWisely.



Use the following graphics with our Choosing Wisely Canada patient pamphlets. Links are provided below.



LINK:
www.choosingwiselycanada.org/colds-flu-respiratory-illnesses-dont-rush-antibiotics

LINK:
www.choosingwiselycanada.org/antibiotics-urinary-tract-infections

LINK:
www.choosingwiselycanada.org/treating-sinusitis

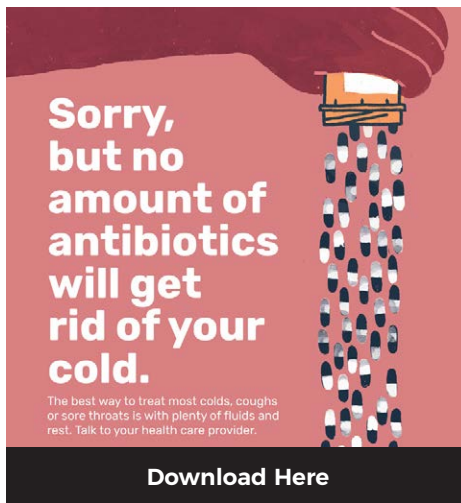
This pamphlet is also available in:
[French](#), [Arabic](#), [Punjabi](#), [Simplified Chinese](#), [Spanish](#), [Tagalog](#)

SOCIAL MEDIA GIF



POSTERS FOR WAITING ROOMS

Below are print-ready posters that can help start the conversation about unnecessary antibiotic use.



**Sorry,
but no
amount of
antibiotics
will get
rid of your
cold.**

The best way to treat most colds, coughs or sore throats is with plenty of fluids and rest. Talk to your health care provider.

[Download Here](#)



**ANTIBIOTICS:
THREE QUESTIONS TO ASK
YOUR HEALTH CARE PROVIDER**

- 1) Do I really need antibiotics?**
Antibiotics fight bacterial infections, like strep throat, whooping cough and bladder infections. But they don't fight viruses – like common colds, flu, or most sore throats and sinus infections. Ask if you have a bacterial infection.
- 2) What are the risks?**
Antibiotics can cause unwanted side effects such as diarrhea and vomiting. They can also lead to “antibiotic resistance” – if you use antibiotics when you don't need them, they may not work when you do need them in the future.
- 3) Are there simpler, safer options?**

[Download Here](#)

‘Sorry’ posters are available in:

English, French, Simplified Chinese, Spanish, Arabic, Punjabi and Tagalog.

‘Three Questions’ posters are available in:

English, French, Simplified Chinese, Spanish, Arabic, Punjabi and Tagalog.

SHARE YOUR POSTER WITH US!

If you have a Using Antibiotics Wisely poster posted in your clinic or office, share it with us on social media and use the hashtag #AntibioticsWisely.

REGIONAL CAMPAIGNS

Reducing unnecessary antibiotic use is a priority for many of our Choosing Wisely Canada provincial and territorial affiliates. Check out their websites below for local resources or follow on social media throughout Antibiotic Awareness Week (November 18–24 2019).



www.cumming.ucalgary.ca/cme/resources/choosing-wisely
[@ChooseWiselyAB](https://twitter.com/ChooseWiselyAB)



www.choosingwiselymanitoba.ca
[@ChooseWiselyMB](https://twitter.com/ChooseWiselyMB)



www.choosingwiselynb.ca
[@nb_docs](https://twitter.com/nb_docs)
[/NBDocs](https://facebook.com/NBDocs)



www.qualityofcarenl.ca
[@QualityofCareNL](https://twitter.com/QualityofCareNL)
[/QualityofCareNL](https://facebook.com/QualityofCareNL)



www.doctorsns.com/advocate/choosing-wisely-ns
[@ChooseWiselyNS](https://twitter.com/ChooseWiselyNS)



Choosing Wisely Nunavut has translated antibiotic posters into Inuktitut and Inuinnaqtun. To receive a copy, email info@choosingwiselycanada.org



www.nthssa.ca/en/services/choosing-wisely-nwt



www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/Choosing-Wisely-Canada



Coming soon!



www.choisiravecsoin.org/antibiotiques
[@ChoisirAvecSoin](https://twitter.com/ChoisirAvecSoin)



www.hqc.sk.ca/what-we-do/ensuring-patients-get-appropriate-care
[@ChooseWiselySK](https://twitter.com/ChooseWiselySK)



www.yukondoctors.ca/choosing-wisely



www.choosingwiselycanada.org/antibiotics

 @ChooseWiselyCA  ChoosingWiselyCanada

#AntibioticsWisely

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