

We're committed TO USING ANTIBIOTICS RESPONSIBLY



The below PROTECT ME principles help us use antibiotics responsibly. The information below should be used in conjunction with the full PROTECT ME poster which can be found at www.bsavalibrary.com/PROTECTME

PROTECT ME

Prescribe only when necessary

- Consider non-bacterial disease (e.g. viral infection, nutritional imbalance, metabolic disorders)
- Remember that some bacterial diseases will self-resolve without antibacterials
- Offer a non-prescription form (indicating to pet owner that antibiotic is inappropriate)

Reduce prophylaxis

- Perioperative antibacterials are NOT a substitute for surgical asepsis
- Prophylactic antibacterials are only appropriate in some immunocompromised patients

Offer other options

- Consider therapeutic alternatives (lavage and debridement of infected material, cough suppressants, fluid therapy, nutritional modification)
- Using topical preparations reduces selection pressure on resident intestinal flora (the microbiome)
- Use effective hygiene techniques and antiseptics to prevent infections

Treat effectively

- Consider which bacteria are likely to be involved
- Consider drug penetration of the target site
- Use the shortest effective course and avoid underdosing
- Ensure compliance with appropriate formulation and provide clear instructions

Employ narrow spectrum

- Unnecessarily broad-spectrum antibacterials could promote antibacterial resistance
- The use of narrow-spectrum antibacterials limits effects on commensal bacteria
- Use culture results to support de-escalation (switching to a narrower spectrum antibacterial)

Culture appropriately

- Collect a sample for culture before starting antibacterial therapy wherever possible
- Culture is essential when prolonged (>1 week) treatment courses are anticipated, when resistance is likely (e.g. hospital acquired infections) and in life-threatening infections
- If first-line treatment fails, do not use another antibacterial without supportive culture and sensitivity results (avoid cycling antibacterials)

Tailor your practice policy

- Download and use the full PROTECT ME poster to create a customised policy for your practice. Complete the tick boxes on the poster to highlight your practice's first-line approach to each condition and minimise inappropriate use.

Monitor

- Track and record culture profiles so we can update our practice policy accordingly
- Monitor for preventable infections (e.g. postoperative) and alter practices if needed
- Audit your own antibacterial use, particularly of critically important antibacterials (fluoroquinolones/cefovecin), e.g. using mySavsnet AMR

Educate others

- Explain to Pet Owners why antibacterials should only be used when absolutely necessary to reduce the threat from multi-resistant strains of bacteria and improve the health of pets and people

Adapted with permission from the BSAVA/SAMSoc PROTECT ME poster © BSAVA/SAMSoc.

ALTER YOUR ATTITUDE TO

ANTIBIOTICS

DAVIES VETERINARY SPECIALISTS



DO NOT USE

Antibacterials with restricted use in human medicine (e.g. imipenem, linezolid, teicoplanin, vancomycin) should **NOT** be used in animals.



Highest priority critically important antibacterials

Fluoroquinolones (enrofloxacin, marbofloxacin, pradofloxacin, ciprofloxacin), and 3rd- and 4th-generation cephalosporins (cefovecin) should **ONLY** be used when first-line antibacterials are inappropriate or ineffective. If urgent treatment is required, then samples for culture and sensitivity testing should be submitted before starting these agents, and then therapy adapted.



First-line antibacterials

Limit the use of first-line antibacterials to times of genuine clinical need and avoid all unnecessary use.

Use in conjunction with the full BSAVA/SAMSoc PROTECT ME poster and guidelines at www.bsavalibrary.com/PROTECTME

DAVIES

The Veterinary Specialists



LINNAEUS