

AHRQ Safety Program for Improving Antibiotic Use

PREVENT
HAIs
Healthcare-Associated Infections

Completion Guide for the Four Moments of Antibiotic Decision Making Form

Use this completion guide to help you complete the Four Moments of Antibiotic Decision Making Form. Complete this form for residents who are suspected of having an infection and/or are receiving an oral (PO) or intravenous (IV) antibiotic. Review cases in real time or once or twice each week with a goal of reviewing 5–10 cases a month.

Question 1. Based on your assessment at the time you are reviewing the case:

- If the resident currently has signs or symptoms of an infection, mark “yes.”
- If the resident does not have signs or symptoms of an infection, mark “no.”

Question 2. Based on the initial assessment of the resident and the time you are reviewing the case:

- Mark all signs or symptoms present or documented in the resident’s chart. For example, if the resident has painful urination and fever, mark both “painful urination” and “fever.”
- Fever is defined as a single temperature $> 37.9^{\circ}\text{C}$ (100°F), a single temperature 1.5°C (2.4°F) above the resident’s baseline temperature, or two or more temperatures $> 37^{\circ}\text{C}$ (99°F) over a period of several hours. If a temperature is not recorded, but the word “fever” is documented, mark “fever.”
- Increased oxygen requirement includes: (1) decreased oxygen saturation (using pulse oximetry) or (2) new or increased use of supplemental oxygen. If oxygen saturation is not recorded or use of new or increased supplemental oxygen is not documented, but “increased oxygen requirement” is documented, mark “increased oxygen requirement.”
- Increased respiratory rate is defined as a respiratory rate > 20 breaths per minute. If a respiratory rate is not documented, but “increase in respiratory rate” or “tachypnea” is documented, mark “increased respiratory rate.”
- Acute change in mental status is the sudden onset of confusion or disorientation, or a general change in mental status.

Question 3. Based on the initial assessment of the resident and the presenting signs and/or symptoms:

- If supportive measures (e.g., oral hydration, more frequent vital signs, increased monitoring) were attempted prior to initiation of antibiotics, mark “yes.”
- If supportive measures were not attempted prior to initiation of antibiotics, mark “no.”

Question 4. Answer Question 4 if Question 3 is marked “yes.”

- Mark all supportive measures attempted prior to initiation of antibiotic use. For example, if pain medications and oral hydration were both attempted, mark both “pain medications” and “oral hydration.”



Question 5. Based on your assessment at the time you are reviewing the case:

- If the resident is receiving antibiotics, mark “yes.”
- If the resident is not receiving antibiotics, mark “no.”

Question 6. Based on the information available at the time you are reviewing the case:

- Mark the primary role of the antibiotic prescriber. Choose only one role.

Question 7. Based on your assessment at the time you are reviewing the case:

- Record active antibiotic(s) orders.
- Record the indication associated with each antibiotic prescribed for the resident.
- If an indication is not documented, write “Indication not documented.”

Question 8. Based on your assessment at the time you are reviewing the case:

- If the resident was suspected to have an infection for which cultures were appropriately collected (or attempted to be collected) before antibiotic use, mark “yes.”
- If the resident was suspected to have an infection for which cultures were not collected (or attempted to be collected) before antibiotic use, mark “no.”
- If the resident was suspected to have an infection for which cultures were not indicated, mark “N/A.”

Question 9. Based on your assessment at the time you are reviewing the case:

- If the duration of antibiotic therapy or a stop date has been documented, mark “yes.”
- If there is no comment about duration of therapy and no clear stop date, mark “no.”

Question 10. Answer Question 10 if Question 9 is marked “yes”:

- If the planned duration is consistent with recommendations outlined in nursing-home specific guidelines or treatment recommendations developed by your nursing home, mark “yes.”
- If the planned duration is not consistent with recommendations outlined in nursing-home specific guidelines or treatment recommendations developed by your nursing home, mark “no.”
- If there are no nursing home–specific guidelines or treatment recommendations at your nursing home for duration of therapy for the suspected infection, mark “N/A.”

Questions 11–14 should be answered if the resident has been on antibiotics > 24 hours.

Question 11. Answer if the resident has been on antibiotics > 24 hours:

- If the resident has a suspected infection or confirmed infection that requires antibiotics (i.e., a bacterial infection), regardless of whether the regimen itself is appropriate, “yes” should be marked.
- If the resident was found to have no need for continued antibiotics (e.g., recommended course of antibiotics is complete, found to have influenza), “no” should be marked.

Question 12. Answer Question 12 if you answered “no” for Question 11:

- If the antibiotics will be stopped today, mark “yes.”
- If the antibiotics will be continued, mark “no.”

Question 13. Answer Question 13 if you answered “yes” for Question 11:

- If the antibiotics are still needed, but therapy can be narrowed, mark “yes.”
- If the antibiotics are still needed, but therapy cannot be narrowed, mark “no.”

Question 14. Answer Question 14 if you answered “yes” for Question 11:

- If the antibiotics are still needed, but they can be switched from IV to PO, mark “yes.”
- If the antibiotics are still needed, but they cannot be switched from IV to PO, mark “no.”

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