



1 Does the resident have symptoms that suggest an infection?

Moment 1 occurs when a resident is assessed for a change in status and there is a concern for infection. Sometimes long-term care staff recognize that something is not quite right with the resident but aren't clear on what is wrong. The person doing the assessment should pause and consider if the changes they are noticing really suggest an infection rather than another cause.

2 What type of infection is it? Have we collected appropriate cultures before starting antibiotics? What empiric therapy should be initiated?

Moment 2 occurs immediately after the decision is made to prescribe antibiotics.

First, what type of infection does the resident have? The resident should have appropriate cultures ordered and obtained before starting antibiotics.

Second, what empiric antibiotics should be started? The prescriber should choose an antibiotic that covers the most likely pathogens.

3 What duration of antibiotic therapy is needed for the resident's diagnosis?

Moment 3 occurs at the time the prescriber writes the order for antibiotics. Make sure **the type of infection being treated**, such as urinary tract infection or bacterial pneumonia, and **an antibiotic stop date written as a calendar date**, like March 15, 2020, are included in every order.

4 It's been 2–3 days since we started antibiotics. Re-evaluate the resident and review results of diagnostic tests. Can we stop antibiotics? Can we narrow therapy? Can we change to oral antibiotics?

Moment 4 occurs every day the resident receives antibiotics. **Nurses and prescribers** should ask if the resident still needs antibiotics. If so, can an antibiotic with a narrower spectrum or with fewer side effects be used instead? If the resident is getting an intravenous antibiotic, can they get an oral antibiotic instead?