

Assess for evidence of infection

1. **History**
2. **Signs and symptoms**
3. **Physical examination** with vital signs documented where possible, e.g., temperature, systolic blood pressure, heart rate, respiratory rate, level of consciousness or new confusion, oxygen saturation

NB if you suspect a life-threatening infection or sepsis (fever, fast heart rate, rapid breathing, confusion and body pain), start antibiotics in line with local / national guidelines and fluids ASAP
(Collect baseline samples before starting antibiotics where feasible / no delays)

If available, then request the following in line with (differential) diagnosis but do not delay treatment:

1. **Laboratory tests** - biomarkers, haematology, immunology, organ function, urinalysis. E.g. Complete or Full Blood Count, C-reactive protein, Procalcitonin, serum creatinine
2. **Microbiology tests** – See Specimen Optimal Sampling Checklists and Best Practice Recommendations for blood, urine, stool and wound specimens
3. **Medical imaging**

Consider source control (drainage / debridement / surgery) as an adjunct to antibiotics and initiate early if applicable and feasible.
Ensure Infection Prevention and Control measures are followed.

Indication, Prescription and Documentation

- If **sepsis** suspected, start antibiotics in line with local / national guidelines ASAP
- If laboratory testing services are not available and clinical presentation indicates a viral etiology, consider practicing watchful waiting and delay starting treatment with antibiotics.
- If bacterial infection suspected, initiate antibiotics in line with local / national guidelines which consider the most likely pathogens for different infections - see [Prescribing Companion App](#)
 - o Consider **allergies** and **contra-indications**
 - o Consider **spectrum of activity** – treat first with clinically appropriate antibiotics from the WHO's Access list and resort to treatment with Watch and Reserve antibiotics only in cases with documented resistance or drug unavailability. See [WHO AWaRE list](#).
 - o Use of fixed-dose combination therapies should only be used when they are clinically appropriate and necessary.
 - o Consider **route of administration** - dependant on source and severity of infection, bioavailability of antibiotics and if patient can absorb oral administration.
- Document the working diagnosis / indication and intended review date.

Ongoing assessment

- Repeat and document observations where possible at regular intervals e.g., temperature, systolic blood pressure, heart rate, respiratory rate, level of consciousness or new confusion and oxygen saturation.
- Repeat or undertake laboratory tests - biomarkers, haematology, immunology, organ function, e.g. Complete or Full Blood Count, C-reactive protein, Procalcitonin, serum creatinine

References: 1. WHO. [Antimicrobial Stewardship Programmes in Health-care Facilities in Low-and-Middle Income Countries. A WHO practical Toolkit](#). 2019
2. UKHSA. [Start smart then focus: antimicrobial stewardship toolkit for inpatient care settings](#). 2023