ANTIBIOTIC ADMINISTRATION GUIDELINES

Centers for Medicare and Medicaid Services (CMS) has provided participating anesthesiologists, via the Physician Quality Reporting Initiative (PQRI), the opportunity to receive a 1.5% bonus on claims submitted to the agency. To be included in this program anesthesia providers must participate in and report the timely administration of antibiotic prophylaxis to surgical patients. The program has only been in place since the second half of 2007; thus PPM notes a lack of concrete guidelines relating to antibiotic administration by anesthesia providers. However, anesthesia providers should be cognizant of the possibility of increased exposure and a number of pitfalls surrounding this issue. It should be anticipated that following post-surgical infections, the anesthesia provider's involvement in antibiotic administration will be called into question. As post-surgical infections are some of the most common litigated malpractice claims, this potential exposure may be significant.

With regard to the anesthesia provider's involvement in the administration of antibiotics, PPM has seen several variations, including the following:

- Anesthesia provider administering antibiotics per the surgical orders.
- Anesthesia provider directly supervising nursing staff during antibiotic administration.
- Anesthesia provider signing off on antibiotic administration by nursing staff without direct supervision.

As several variations exist, anesthesia providers should work with their facility to implement a protocol that specifically defines the responsibilities and methods of administering antibiotics. No matter what model is utilized, the anesthesia provider will be responsible for the appropriate and timely administration of antibiotics. The physical location of the note in the chart will need to be clear and consistent. Typically it is the anesthesia provider's preference to record their actions in the anesthesia record. An additional charting issue that must be addressed is the proper time to be charted—the start of administration or the completion of administration?

As anesthesia providers tackle the issue of antibiotic administration, they must also familiarize themselves with the drugs that will be utilized. While anesthesia providers will likely be following a surgical order, the CRNA, AA or anesthesiologist cannot disconnect their own medical education and judgment. Allergies and other contraindications must be considered. Part of this familiarization will include the method and timing of antibiotic administration. Generally speaking, antibiotics are to be administered within one hour prior to incision. However, with antibiotics such as Vancomycin the timeline is extended to two hours prior to incision. The utilization of a tourniquet for a surgical procedure is an additional consideration. Once the anesthesia provider has assumed the responsibility of pre-operative antibiotic administration they should also consider continuing antibiotic administration, at least until the patient is released from the care of anesthesia. Moreover, there are some procedures (long surgeries, procedures with large estimated blood loss, cesarean sections, etc.) which may require administration of intra-operative antibiotics.

With regard to timing and administration of antibiotics as a whole, probably the most difficult issue the anesthesia provider will face is the scenario where the antibiotics are administered outside of the appropriate timeline, or antibiotics are not given at all. The very difficult decision to postpone or cancel a procedure must be considered when this scenario presents itself.

In cases that specifically involve infection following the administration of antibiotics, the primary issue has been failure to chart administration. This failure to chart has been construed by plaintiffs as evidence that the antibiotic was never actually administered. An additional issue, although not necessarily isolated to antibiotics, is mistakenly administering the incorrect drug.