



KEEP AN EYE OUT FOR 'I' on Microbiology test results

Key Messages – CHANGES IN ANTIBIOTIC SENSITIVITY TESTING

What is changing? The definition of 'I' on antibiotic sensitivity reports is changing for all Microbiology labs in Scotland. Changes in Tayside start on 5th July 2022.

✓ **'I' – now means that bacteria isolated are susceptible to the antibiotic reported but an increased dose is needed for effective treatment**

✗ **'I' – no longer means intermediate susceptibility - this was a confusing term and unclear whether the antibiotic could be used effectively for treatment**

What is not changing?

'S' = bacteria are susceptible at standard dose

'R' = resistant even with increased dose - there is no point in prescribing as treatment will be ineffective and increase risk of further resistance

What do the changes mean for prescribers?

✓ **Sample numbers** – the good news is that only a small number of samples and drug/bug combinations will be affected by this change

✓ **Empirical Treatment**

- Just follow the [NHS Tayside Guide to Antimicrobial Use](#) for dosing recommendations based on indication as you normally would
- For a very small number of indications the dose has been tweaked on empirical guidance documents - by using the website you have the most up to date advice

✓ **Targeted Treatment – don't just look at the top antibiotic on the report!**

- Consider all the antimicrobials reported as 'S' or 'I' and use the most suitable one for the patient considering allergies, adverse reactions, interactions and antimicrobial spectrum – try to use the narrowest spectrum agent if possible
- If you need to use an antimicrobial reported as 'I' there will be a comment or link near the top of the Micro report – 'please refer to Antimicrobial Susceptibility Testing link on NHS Tayside Antimicrobial Website' – the link is on the top banner of the home page and gives you the increased dosing information required and is also available [here](#)

What if my patient has renal or hepatic impairment, or is a child, and I need to use an antibiotic reported as 'I'?

✓ **For ADULT patients with renal or hepatic impairment - discuss with pharmacist or refer to <https://bnf.nice.org.uk/> and www.medicines.org.uk , but taking into account the higher dose required to treat these organisms effectively**

✓ **For PAEDIATRIC dosing - a link to specialist advice (agreed across Scotland) has been included in the dosing information [document](#)**

What do the changes mean for patients and antimicrobial stewardship?



It is good for patients - increased clarity on meaning of 'I' on reports means the patient is more likely to get effective treatment for their infection



It is also good for antimicrobial stewardship - we follow the 5Rs to reduce antimicrobial resistance for all of us

- RIGHT antibiotic, for the RIGHT patient, at the RIGHT time, with the **RIGHT dose** and RIGHT route, causing the least harm to the patient and future patients