

Children's Mercy Kansas City

**SHARE @ Children's Mercy**

---

Posters

---

5-2021

## **Using Standardized Scripting to Improve Antibiotic Stewardship in a National Pediatric Urgent Care Collaborative**

Amanda Nedved

Melody Fung

Cindy Liu

Rana Hamdy

Amanda Montalbano

Follow this and additional works at: <https://scholarlyexchange.childrensmercy.org/posters>



Part of the [Emergency Medicine Commons](#), and the [Pediatrics Commons](#)

---

# Using Standardized Scripting to Improve Antibiotic Stewardship in a National Pediatric Urgent Care Collaborative

Amanda Nedved MD<sup>a</sup>, Melody Fung MPH<sup>b</sup>, Cindy Liu MD MPH<sup>b</sup>, Rana Hamdy MD MPH MSCE<sup>bc</sup>, Amanda Montalbano MD MPH<sup>a</sup>

<sup>a</sup>Children's Mercy Kansas City; <sup>b</sup>George Washington University; <sup>c</sup>Children's National Hospital

## Background

- Urgent care with high rates of antibiotic use for upper respiratory illnesses
- Family expectations a driver for prescribing inappropriate antibiotics
- Standardized scripting reduces unnecessary antibiotics while increasing family satisfaction

**Objective:** To reduce inappropriate prescribing for upper respiratory infections (acute otitis media [AOM], otitis media with effusion [OME], and pharyngitis) in pediatric urgent care by 20% within 7 months

## Methods

### Data

- Free-standing pediatric urgent care centers
- Submitted via REDCap May-November 2020

### Intervention

- Adapted previously published antibiotic stewardship scripting for viral upper respiratory infections for the 3 target diagnoses
- Parent advisors reviewed and revised standardized scripting
- Each diagnosis implemented standardized scripting via
  - digital cartoon videos
  - written framework
  - templated discharge instructions

### Analysis

- Appropriate antibiotic prescribing based on consensus guidelines
- reported back to participating sites via run charts during monthly webinars

1,170 clinical encounters  
104 participants  
10 institutions



OME



AOM



Pharyngitis



- Overall inappropriate antibiotics decreased from 26.4% to 16.6% (Figure 1)
- Inappropriate antibiotic use decreased in
  - AOM (38.6% to 26.5%)
  - Pharyngitis (14.5% to 8.8%)
- OME increased from 30.8% to 46.7%. This was driven by an increase in the use of delayed prescribing; however, immediate antibiotic use decreased (Figure 2)

## Results

Figure 1: Rate of Inappropriate Antibiotic Prescriptions

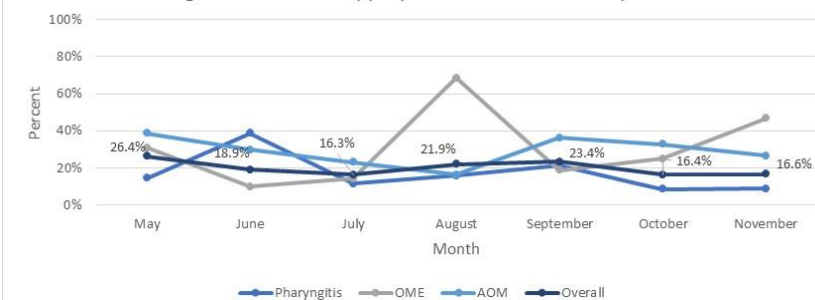
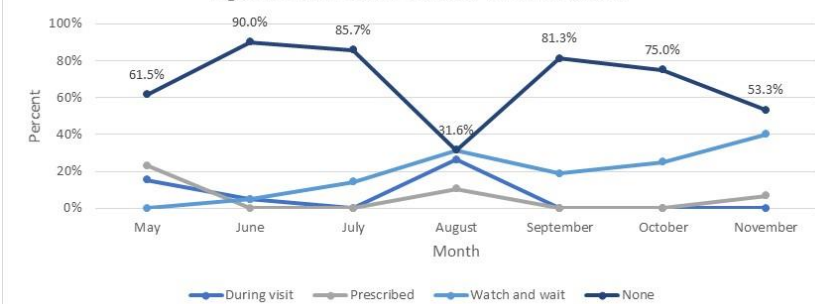


Figure 2: OME Cases Treated with Antibiotics



## Conclusions

- Standardized scripting was a successful intervention to meet our goal of decreasing inappropriate antibiotic use by 20%
- The increase in inappropriate antibiotics for OME was driven by an increase in delayed antibiotic prescriptions
- The concurrent COVID-19 pandemic may have influenced participants use of this prescribing practice
- Future interventions will target the inappropriate use of delayed prescribing in OME

LOVE WILL.

Milken Institute School of Public Health  
THE GEORGE WASHINGTON UNIVERSITY

ANTIBIOTIC RESISTANCE ACTION CENTER

