





## Appendix

### Appendix 1. Recommendations for the Restricted Antimicrobial Use Standard Operating Procedure (SOP-A)

	Restricted Antimicrobial Use								
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STANDARD OPERATING PROCEDURE (SOP)	Date of Issue date - month - year	ESTABLISHED BY THE HOSPITAL DIRECTOR  <u>Director's Name</u> Employee ID No.: xx.xxx.xx							
DEFINITION	Restricted antimicrobials are a group of antimicrobials whose use is limited and requires approval from the Antimicrobial Resistance Control Program Committee of RSUD Tabanan.								
OBJECTIVES	To serve as a reference for implementing steps to: <ol style="list-style-type: none"> <li>1. Ensure the quality of antimicrobial use in accordance with antimicrobial usage guidelines, hospital formulary, and clinical practice guidelines.</li> <li>2. Achieve prudent use of antimicrobials.</li> <li>3. Inhibit the emergence of resistant normal flora.</li> <li>4. Minimize treatment costs and healthcare services.</li> </ol>								
POLICIES	<ol style="list-style-type: none"> <li>1. PERMENKES No. 8 Tahun 2015 Tentang Program Pengendalian Resistensi Antimikroba (Minister of Health Regulation No. 8 of 2015 concerning the Antimicrobial Resistance Control Program).</li> <li>2. PERMENKES NO. 28 Tahun 2021 Tentang Pedoman Penggunaan Antimikroba (Minister of Health Regulation No. 28 of 2021 concerning Antimicrobial Use Guidelines).</li> <li>3. SK Direktur NO.422/SK/RSUD/2022 Tentang Penggunaan Antimikroba Pada Rumah Sakit Umum Daerah Kabupaten Tabanan (Director's Decree No. 422/SK/RSUD/2022 concerning Antimicrobial Use in RSUD Tabanan).</li> </ol>								
PROCEDURE	<ol style="list-style-type: none"> <li>1. Restricted antimicrobials may only be prescribed by the Responsible Physician (DPJP), unless there is an instruction or delegation to the on-duty doctor/Manager on Duty. The restricted antimicrobials include:               <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a. Ceftazidime</td> <td style="width: 33%;">c. Vancomycin</td> <td style="width: 33%;">e. Cefepime</td> </tr> <tr> <td>b. Carbapenem group</td> <td>d. Cefpirome</td> <td></td> </tr> </table> </li> <li>2. In intensive care areas (ICU, HCU 1, HCU 2, Isolation ICU, NICU, Hemodialysis, and Immune Compromised Room (ICR)), the administration of restricted antimicrobials is as follows:               <ol style="list-style-type: none"> <li>a. Collect a sample for Complete Blood Count (CBC) testing (if not previously conducted).</li> </ol> </li> </ol>			a. Ceftazidime	c. Vancomycin	e. Cefepime	b. Carbapenem group	d. Cefpirome	
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**Appendix 1.** Recommendations for the Restricted Antimicrobial Use Standard Operating Procedure (SOP-A)  
(Continued)

	<b>Restricted Antimicrobial Use</b>		
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STANDARD OPERATING PROCEDURE (SOP)	Date of Issue date - month - year	ESTABLISHED BY THE HOSPITAL DIRECTOR  <u>Director's Name</u> Employee ID No.: xx.xxx.xx	
PROCEDURE	b. Collect a sample for culture testing before the Responsible Physician (DPJP) prescribes antimicrobials without waiting for culture results. c. Pharmacists may dispense antimicrobials according to the prescription service procedure without needing to obtain approval from the Chair of the Antimicrobial Resistance Control Program Committee (PPRA) and the Board of Directors. 3. Apart from intensive care areas (ICU, HCU 1, HCU 2, Isolation ICU, NICU, Hemodialysis, and Immune Compromised Isolation Room (ICR)), the administration of restricted antimicrobials is as follows: a. Collect a sample for Complete Blood Count (CBC) testing (if not previously conducted). b. Collect a blood sample for culture testing. c. The Responsible Physician (DPJP) may prescribe restricted antimicrobials after culture results are available. d. In particular situations, such as febrile neutropenia, the DPJP may prescribe restricted antimicrobials before culture testing, while the pharmacist contacts the PPRA Chair and the Hospital Director. e. To obtain approval for restricted antimicrobials prior to dispensing, the pharmacist must submit the restricted antibiotic use application form and, if available, the culture results to the PPRA Chair and Hospital Director. f. Prescriptions for restricted antimicrobials must be accompanied by the restricted antibiotic use application form.		
RELATED INSTALLATIONS	1. All Medical Staff Groups (KSM)                      5. Outpatient Care 2. Intensive Care Unit                                      6. Pharmacy Department 3. Inpatient Care    7. Laboratory 4. Emergency Department (ED)		

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(Continued)

**RESTRICTED ANTIBIOTIC USE APPLICATION FORM**

The undersigned,

Name : .....

Provides the following patient information

Patient Name : .....

Medical Record No. : .....

Gender : .....

Age : .....

Diagnosis : .....

Ward (Patient Room) : .....

Insurance : .....

Certifies that the patient genuinely requires:

Medication (Drug Name) : .....

Duration : .....

Dosage : .....

Reason for Restricted Antimicrobial Administration : .....

History of Antimicrobial Use : .....

Microbial Culture Results : .....

**Acknowledged by,**

Chair of the PPRA Committee

Deputy Director of  
Services/Deputy Director of  
Support

Attending Physician

(Name)

(Name)

(Name)