

Appropriate Use Criteria for Fluoroquinolones and Clindamycin For Nursing Homes

These Appropriate Use Criteria are guidelines that are intended to provide initial guidance for common outpatient infections and may not be entirely complete. Please utilize clinical judgement in the use of these and adapt them to meet your facility's needs as possible

Consider adopting these as your facility's guidelines for the proper use of clindamycin and fluoroquinolones. Share these with all providers within the facility (see IT resources tips for suggestions of how to share these).

	Appropriate Use	Inappropriate Use
Clindamycin^{1,2}	Treatment of skin infections in residents with a true allergic reaction† to penicillin	Upper respiratory tract infections Allergy to clindamycin Residents with a history of gastrointestinal disease, particularly colitis (unless no other option)
Fluoroquinolones^{3,4,5} (levofloxacin, moxifloxacin, ciprofloxacin)* Always check resident's creatinine clearance to ensure proper dosing!	Pyelonephritis A urine culture for a screening-tool-confirmed urinary tract infection showing resistance to all first-line therapies Documented true allergic reactions† to first-line therapies for urinary tract infection or for community-acquired pneumonia	Asymptomatic bacteriuria Allergy to fluoroquinolones In conjunction with warfarin and tizanidine Acute sinusitis, confirmed uncomplicated urinary tract infections, and acute bronchitis (unless there are no other options) Residents with a history of QT-prolongation or Torsades de Pointes arrhythmia Myasthenia gravis Residents with central nervous system disorders such as convulsions and toxic psychoses Use of ciprofloxacin for the treatment of pneumonia

Appropriate Use	Inappropriate Use
	<p>(continued from page 12)</p> <p>Use of moxifloxacin for the treatment of urinary tract infection</p> <p>Residents with pre-existing aortic aneurysm and/or dissection (unless there is no other option)</p> <p>Residents with risk factors for aortic aneurysm (unless there is no other option)</p> <p>Residents with a history of tendon disease/disorder related to previous fluoroquinolone treatment</p>

- * Fluoroquinolones are associated with an increased risk of psychiatric adverse reactions, including toxic psychoses, hallucinations or paranoia, depression or suicidal thoughts, anxiety, agitation, restlessness or nervousness, confusion, delirium. Cases of attempted suicide have been reported. These reactions may occur following the first dose. **Seek out alternative options to a fluoroquinolone whenever possible.**
- † Fluoroquinolones have been associated with hypoglycemia and hyperglycemia. Severe cases of hypoglycemia resulting in coma or death have been reported.
- ‡ Some resident-reported penicillin allergies do not represent true allergies. Please verify the resident's allergy history. Beta-lactams have been demonstrated to provide superior clinical outcomes in some studies, so these drugs are preferred whenever possible^{6,7}

References

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3. Cipro [package insert]. Wayne, NJ. Bayer HealthCare Pharmaceuticals; 2011
4. Center for Drug Evaluation and Research. FDA advises restricting use of fluoroquinolones for certain infections. US Food and Drug Administration [Internet]. 2016 May 12 [cited 2022 Nov 7]; Available from: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-advises-restricting-fluoroquinolone-antibiotic-use-certain>.
5. Nicolle LE, Gupta K, Bradley SF, Colgan R, DeMuri GP, Drekonja D, et al. Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases* [Internet]. 2019 May 15 [cited 2022 Nov 7];68(10). Available from: <https://academic.oup.com/cid/article/68/10/e83/5407612>
6. Blumenthal KG, Ryan EE, Li Y, Lee H, Kuhlen JL, Shenoy ES. The Impact of a Reported Penicillin Allergy on Surgical Site Infection Risk. *Clinical Infectious Diseases* [Internet]. 2018 Feb 1 [cited 2022 Oct 27];66(3):329–36. Available from: <https://academic.oup.com/cid/article/66/3/329/4372047?searchresult=1>.
7. Huang K-HG, Cluzet V, Hamilton K, Fadugba O. The Impact of Reported Beta-Lactam Allergy in Hospitalized Patients With Hematologic Malignancies Requiring Antibiotics. *Clinical Infectious Diseases* [Internet]. 2018 Jul 1 [cited 2022 Oct 27];67(1):27–33. Available from: <https://academic.oup.com/cid/article/67/1/27/4810659?searchresult=1>.



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