



TOOLKIT 11 · ANTIMICROBIAL STEWARDSHIP · TOOL 5 OF 5

Antimicrobial Stewardship Programme — Starter Kit for a Small Hospital

The WHO core elements in a form a 50-bed hospital can actually run: one committee, one pharmacist-hour a day, four interventions, three numbers

Governance

- An antimicrobial stewardship committee — or a standing item on the drug and therapeutics committee — chaired by a senior clinician, with the pharmacist, the IPC lead and microbiology or the laboratory. Meets quarterly. Reports to the medical board.
- A written stewardship policy adopted by the board (one page is enough) naming the lead and the four interventions below.

Minimum team

Role	Time	Does
Stewardship lead (physician)	2 h / week	Chairs; signs restricted-antibiotic authorisations; presents results
Stewardship pharmacist	1 h / day	Reviews all Watch and Reserve prescriptions; prompts the 48–72 h time-out; runs the audit
Laboratory / microbiology	Quarterly	Produces the local resistance summary (antibiogram)
IPC lead	Quarterly	Links resistance to infection control

Four starter interventions

1. **AWaRe formulary.** Adopt the Access list as first choice for the eight common infections (Tool 1). Print it on the drug chart.
2. **Antibiotic time-out.** Every antibiotic reviewed at 48–72 hours (Tool 2). The pharmacist prompts; the doctor decides and documents.
3. **Restricted list.** Reserve antibiotics — and carbapenems, vancomycin, fluoroquinolones if resistance is high — need the lead's authorisation within 24 hours of the first dose.
4. **Surgical prophylaxis rule.** Cefazolin, single dose, within 60 minutes before incision; no post-operative doses beyond 24 hours. Audited on the surgical checklist (Toolkit 1).

Three numbers, every quarter

Metric	How	Year-1 target
Access share of antibiotic use	Pharmacy issues by AWaRe group, or the point-prevalence audit (Tool 3)	≥ 60 %
48–72 h review documented	Point-prevalence audit	≥ 80 %
Antibiotic use per 100 patient-days (defined daily doses)	Pharmacy issues ÷ patient-days × 100	Falling

First-year calendar

Q1: committee, policy, AWaRe chart, baseline audit. Q2: time-out stickers on every chart; restricted list live. Q3: first feedback to prescribers by ward; patient leaflet (Tool 4) in clinics. Q4: second audit; annual report to the board; antibiogram published.

Adapted from WHO, "Antimicrobial stewardship programmes in health-care facilities in low- and middle-income countries: a practical toolkit" (2019).

