**ANA CDC ASP White Paper Questions for Nurses**

After reading “Redefining the Antibiotic Stewardship Team: Recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the Role of Registered Nurses in Hospital Antibiotic Stewardship Practices” answer the following 5 questions. Questions 1-3 are knowledge based questions where the answers are found in the reading. Questions 4 and 5 are opinion based questions that will be used to help tailor education activities. The survey should take no longer than 5 minutes to complete.

1. According to the CDC, how many Americans are estimated to develop serious infections caused by bacteria resistant to one or more antibiotics?
	1. 100,000 – 400,000
	2. 500,000 – 1,000,000
	3. 1,000,000 – 2,000,000
	4. **More than 2,000,000**
2. What is included in the National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB)?
	1. By 2020 stop all antibiotic use in live-stock in the United States
	2. **By 2020 implement Antimicrobial Stewardship Programs in all acute care hospitals**
	3. By 2020 reduce by at least 50% overall methicillin-susceptible Staphylococcus aureus (MSSA) blood stream infections as compared to 2011
	4. By 2020 reduce the incidence of overall *Clostridium difficile* infection by 15% compared to estimates from 2011
3. What are the roles that bedside nurses can and should play in working to improve antibiotic use?
	1. Help inform decision to start antibiotics promptly at the time likely bacterial infections, including sepsis, are identified
	2. Prompt, and participate in, discussions about antimicrobial usage including antibiotic de-escalation
	3. Take a more detailed allergy history, especially around penicillin allergies
	4. **All of the above**
4. Using the descriptions of the unrecognized nursing roles on pages 6-8 of the CDC/ANA White Paper, which stewardship activity or task would you like to be more involved with? (Check all that apply)
	1. Appropriate triage and isolation
	2. Accurate antibiotic allergy history
	3. Early and appropriate cultures
	4. Timely antibiotic initiation
	5. Progress reporting
	6. Antibiotic adjustment based on microbiology reports
	7. Antibiotic dosing, culture and sensitivity reporting, and de-escalation
	8. Adverse events
	9. Antibiotic orders
	10. Antibiotic resistance
	11. Superinfection/resistant infection
	12. Transition IV-to-PO antibiotic, outpatient antibiotic therapy
	13. Length of stay
	14. Patient education, medication reconciliation
	15. Transition management, re-admission to hospital
5. What topics would you be interested in learning more about? (Check all that apply)
	1. How specimens for microbiology testing should be obtained
	2. How to interpret microbiology test results, especially susceptibility reports
	3. How to interpret the hospital antibiogram
	4. Basics of distinguishing asymptomatic bacteriuria from urinary tract infection and colonization from active infection
	5. Considerations for IV-to-PO conversion: what antibiotics and patients are good candidates
	6. General information on antimicrobial spectra for various classes of antibiotics
	7. Antibiotic interaction and incompatibilities
	8. Common adverse reactions to antibiotics, with a special emphasis on recognizing and responding to suspected C. difficile infections
	9. Information on therapeutic drug monitoring
	10. How to assess a patient for a potential allergy to penicillin