

## ICU Nurses: The Missing Link in Antimicrobial Stewardship in Critical Care

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Working in an intensive care unit (ICU) is unlike anywhere else in a hospital. Patients are fragile, conditions change in minutes, and every decision can tip the balance between recovery and decline [1]. Among the many challenges they face, the careful use of antibiotics has become one of the most urgent. Antimicrobial resistance is a widely discussed topic, and deservedly so; however, the discourse frequently overlooks a group that has the potential to make a significant impact: ICU nurses [2].

Nurses in the ICU are there all day, every day. They see the first signs of a fever breaking, hear the change in a patient's breathing, and notice when a drip is running slower than it should.

These details might seem small, but they matter when it comes to deciding how long antibiotics should be continued or whether they can be switched to a narrower type. Sometimes, it is a nurse who spots that the patient is improving enough to step down, which could mean stopping a powerful drug that no longer needs to be used [2-3].

Yet, in many hospitals, antimicrobial stewardship programs are built almost entirely around physicians and pharmacists. Nurses might be told about changes after they are made, but they are not always part of the discussion that leads to those decisions. That is a wasted opportunity, as they witness the day-to-day realities rather than solely relying on laboratory reports or charts [2-4]. If nurses were more deliberately included in stewardship work, the benefits could be huge. Nurses

could help flag when an antibiotic is overdue, when a culture result shows the infection is treatable with something less aggressive, or when a patient's condition suggests it might be time to stop altogether.

They could also help make sure infection control measures are followed closely, which is another vital part of slowing resistance.

This is not about nurses taking over the role of prescribing. It is about teamwork. Just as a pilot relies on the co-pilot and crew to fly safely, healthcare needs every member of the team engaged in the safe use of antibiotics. For that to happen, nurses need training on the principles of antimicrobial stewardship, encouragement to speak up in ward rounds, and recognition that their observations are valuable data, not just "nursing notes." [3-5].

The fight against antimicrobial resistance is already difficult. In the ICU, it is even harder, because the patients are so vulnerable and the infections are often so severe.

We cannot afford to overlook any tool that might help us. ICU nurses are one of those tools: experienced, observant, and deeply invested in patient outcomes. It is time we made them a central part of the solution.

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