OBA-AMS-2026 | Version 1.0 | Issued 25/09/2026

Antimicrobial Stewardship: 'Finish the Course' Appears Nowhere in the Standard

Programme syllabus

DOCUMENT CONTROL

- Programme: Antimicrobial Stewardship: 'Finish the Course' Appears Nowhere in the Standard (OBA-AMS-2026)
- Audience: Participants, facilitators and quality staff
- Version 1.0 | Issued 25/09/2026 | Review due 25/03/2027
- Provider: OBA Nursing Academy

What this programme is about

Ask any nurse in Australia what patients need to be told about antibiotics and you will be told, first and almost always only, to FINISH THE WHOLE COURSE. Australia's national ANTIMICROBIAL STEWARDSHIP CLINICAL CARE STANDARD runs to forty-eight pages and it does not say that. It does not say it once. The word 'course' appears TWICE in the entire document: once in the glossary, defining the word 'assessment', where it means the course of an ILLNESS; and once in the list of INAPPROPRIATE USES of antimicrobials, where the failure described is 'continuing treatment for longer than necessary by not time-limiting or cancelling courses'. What the Standard actually requires a patient to be told is three things, not one: how long to take them, WHEN TO STOP, and when the treatment will be REVIEWED OR CEASED. And what it measures is whether somebody wrote a duration, a stop date or a review date down. THIS IS NOT PERMISSION TO STOP ANTIBIOTICS EARLY, and stopping one is not a nursing decision - the same list of failures includes 'patients not taking antimicrobials as prescribed'. The Standard's position is that a duration must be CHOSEN, DOCUMENTED AND REVIEWED, by somebody with the authority to choose it, against a guideline. This programme sets out all eight quality statements, all eleven indicators and the two clocks in statement 7, in the words of the source, and is careful about what it does not know: it did not read Therapeutic Guidelines, and it names no antimicrobial, no dose and no duration for any condition.

THE FINDING

THE SENTENCE EVERY NURSE SAYS ABOUT ANTIBIOTICS IS NOT IN THE NATIONAL STANDARD ABOUT ANTIBIOTICS. 'COURSE' APPEARS TWICE IN FORTY-EIGHT PAGES, AND ONE OF THOSE TWO IS IN THE LIST OF THINGS THAT ARE INAPPROPRIATE.

The count

Counted directly from the PDF of the Antimicrobial Stewardship Clinical Care Standard (ACSQHC, November 2020, 48 pages), and counted a second time from the extracted text, case-insensitively and on stems.

Phrase	Occurrences in 48 pages
complete the course	0
finish the course	0
full course	0
whole course	0
the course	0
course of antibiotics	0
'course', any use at all	2
de-escalation	0
when to stop	3
stop date	7
duration	14
stewardship	106
prescrib-	98
resistance	30

Both uses of the word, in full	
Use one - in the list of INAPPROPRIATE uses of antimicrobials	'Continuing treatment for longer than necessary by NOT TIME-LIMITING OR CANCELLING COURSES.' The only time the Standard uses the word about treatment, it is naming a failure.
Use two - in the glossary, defining a different word	Under 'assessment': 'based on the patient's subjective report of the symptoms and COURSE OF THE ILLNESS or condition'. That is the course of a disease, not a course of tablets.

Forty-eight pages on the appropriate use of antimicrobials, written by the national Commission, covering every setting from an ambulance to a residential aged care home - and the single most repeated piece of patient advice in Australian nursing is not in it. That is not an omission and it is not the Commission being reckless. It is the Standard being about a different thing: a duration that somebody CHOSE against a guideline, WROTE DOWN, and CAME BACK TO.

AND THE SENTENCE THAT TRAVELS WITH IT, EVERY TIME

AND HERE IS THE SENTENCE THAT HAS TO TRAVEL WITH THE COUNT, EVERY TIME IT IS SAID OUT LOUD. This is NOT permission to stop an antimicrobial early, and it is not a nursing decision. The same list of inappropriate uses that contains 'continuing treatment for longer than necessary' also contains 'PATIENTS OMITTING DOSES OR DELAYING ADMINISTRATION OF DOSES' and 'PATIENTS NOT TAKING ANTIMICROBIALS AS PRESCRIBED BY THEIR CLINICIAN'. Both failures are on the list. Too long is a failure; so is not taking it as prescribed. What the Standard removes is not the duration - it is the RITUAL: the idea that the length was fixed by nature rather than chosen by a prescriber against a guideline, and that nobody need look at it again.

What the patient is owed instead

So what does a nurse say at a discharge, if not 'finish the course'? The Standard answers that directly, in quality statement 5. The patient is to be told HOW TO USE THEM, HOW LONG TO TAKE THEM, WHEN TO STOP, the potential side effects, and WHEN THE TREATMENT WILL BE REVIEWED OR CEASED - along with the signs or symptoms that mean seek urgent care. That is a longer sentence than 'finish the course', and it is the one the Standard asks for. The thing you are handing over is not a ritual; it is a plan with an end date in it, and the patient should know what the end date is and what would change it.

- WHEN TO START the medicine
- HOW MANY TIMES A DAY to take, use or apply it
- Whether to take tablets or capsules WITH FOOD OR ON AN EMPTY STOMACH
- How the medicine will AFFECT OTHER MEDICINES you use
- What the POTENTIAL SIDE EFFECTS are
- SIGNS OR SYMPTOMS OF WHEN TO SEEK URGENT CARE, depending on the type or risk of infection
- WHEN TO STOP the medicine

Seven things the Standard says a patient needs to know, written in the patient register, and 'FINISH THE COURSE' IS NOT ONE OF THEM. The nearest thing to it is the clinician-facing phrase 'the importance of using antimicrobials as prescribed, HOW LONG to take them' - which arrives in the same sentence as 'AND WHEN THE TREATMENT WILL BE REVIEWED OR CEASED'. The two halves belong together and the second half is the one that gets dropped.

The eight quality statements

Eight quality statements. They are short, and the Commission wrote each one in three registers - FOR PATIENTS, FOR CLINICIANS, and FOR HEALTH SERVICE ORGANISATIONS. Reading the three registers side by side tells you who is supposed to do what, which is the thing most summaries of this Standard leave out.

	Statement	What it requires
1	Life-threatening conditions	A patient with a life-threatening condition due to a suspected infection receives an appropriate antimicrobial IMMEDIATELY, WITHOUT WAITING FOR THE RESULTS OF INVESTIGATIONS.
2	Use of guidelines	When a patient is prescribed an antimicrobial, this is done in accordance with the current THERAPEUTIC GUIDELINES or evidence-based, LOCALLY ENDORSED guidelines AND THE ANTIMICROBIAL FORMULARY.
3	Adverse reactions to antimicrobials	When an adverse reaction (including an allergy) is reported by a patient or recorded in their healthcare record, the ACTIVE INGREDIENT(S), DATE, NATURE

		AND SEVERITY of the reaction are ASSESSED AND DOCUMENTED.
4	Microbiological testing	A patient with a suspected infection has appropriate samples taken for microbiology testing AS CLINICALLY INDICATED, PREFERABLY BEFORE starting antimicrobial therapy.
5	Patient information and shared decision making	A patient is provided with information about their condition and treatment options IN A WAY THEY CAN UNDERSTAND. If antimicrobials are prescribed, information on how to use them, WHEN TO STOP, potential side effects AND A REVIEW PLAN is discussed with the patient.
6	Documentation	When a patient is prescribed an antimicrobial, the INDICATION, ACTIVE INGREDIENT, DOSE, FREQUENCY AND ROUTE of administration, and THE INTENDED DURATION OR REVIEW PLAN are documented in the patient's healthcare record.
7	Review of therapy	A patient prescribed an antimicrobial has REGULAR CLINICAL REVIEW of their therapy, with the frequency dependent on PATIENT ACUITY AND RISK FACTORS. Investigation results are REVIEWED PROMPTLY when they are reported.
8	Surgical and procedural prophylaxis	A patient having surgery or a procedure is prescribed antimicrobial prophylaxis in accordance with guidelines - including the NEED for prophylaxis, choice, dose, route, TIMING of administration, and DURATION.

Notice statement 5. It is the only one of the eight that is entirely about a conversation, and it is the one a nurse most often has. Notice also that statement 8 includes 'THE NEED FOR PROPHYLAXIS' as the first thing the guideline decides - the question of whether to give any at all is inside the statement, not before it.

The eleven indicators

Eleven indicators across eight quality statements - and THREE STATEMENTS HAVE NO INDICATOR AT ALL: 1, 4 and 5. The Commission says of all of them: 'They are intended to support LOCAL quality improvement activities. NO BENCHMARKS ARE SET FOR THESE INDICATORS.'

	What it measures
2a	The proportion of antimicrobial prescriptions that are IN ACCORDANCE WITH the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines
2b	The proportion of prescriptions for RESTRICTED antimicrobials in accordance with the locally endorsed approval policy
3a	The proportion of patients with an adverse reaction with COMPREHENSIVE DOCUMENTATION of the reaction in their healthcare record
6a	The proportion of prescriptions for which THE INDICATION for prescribing is documented
6b	The proportion of prescriptions for which THE DURATION, STOP DATE OR REVIEW DATE is documented
7a	The proportion of prescriptions for which a review AND UPDATED TREATMENT DECISION is documented WITHIN 48 HOURS from the first prescription
8a	Perioperative prophylaxis PRESCRIBED in accordance with guidelines
8b	The perioperative prophylactic DOSE prescribed in accordance with guidelines
8c	Prophylaxis ADMINISTERED WITHIN THE RECOMMENDED TIME perioperatively
8d	Patients prescribed PROLONGED antimicrobials following a surgery or procedure that is DISCORDANT with guidelines

Four of the ten measure DOCUMENTATION - not whether the right drug was given, but whether somebody wrote down why, for how long, what the reaction was, and what was decided at the review. That is the part of this Standard nurses can move more than anybody else in the building. And indicator 6b is the direct measurement of the finding: not whether the patient finished anything, but whether a DURATION, STOP DATE OR REVIEW DATE was written down at all.

NO BENCHMARKS ARE SET

'NO BENCHMARKS ARE SET FOR THESE INDICATORS' is worth saying out loud, because it is the sentence that stops a good measure being turned into a bad target. There is no national percentage to hit. The indicators exist so a service can see its own number and watch it move.

Structure

	Module	Time	Keywords
Module 00	Orientation: The Word 'Course' Appears Twice, and Never as Advice	22 min	finish the course, two uses, inappropriate uses
Module 01	What Stewardship Is: the Definition, the Goal, and the Harms It Names	22 min	stewardship, reduce harm, not needed
Module 02	The Eight Quality Statements, and Who Each One Is Addressed To	22 min	quality statements, three registers, indicators
Module 03	Statements 1 and 4 Together: Give It Now, and Take the Sample Anyway	22 min	empiric, do not delay, preferably before
Module 04	Statement 2: Therapeutic Guidelines, Local Endorsement and the Formulary	22 min	Therapeutic Guidelines, locally endorsed, clear rationale
Module 05	Statement 3: The Allergy Box, Six Essential Elements, and Writing Down 'Unknown'	22 min	six elements, unknown, explicitly documented
Module 06	Statement 5: What the Patient Must Be Told - How Long, When to Stop, When Reviewed	22 min	when to stop, review plan, shared decision making
Module 07	Statement 6: The Six Things That Go in the Record, Every Time	22 min	indication, active ingredient, duration
Module 08	Statement 7: The Forty-Eight Hour Clock, the Twenty-Four Hour Clock, and Two Switches	22 min	48 hours, 24 hours, updated treatment decision
Module 09	Statement 8: Prophylaxis, and the Only Thing Measured by Its Length	22 min	prophylaxis, need for prophylaxis, post-procedural
Module 10	What Is Not Yours: Prescribing, Duration, and the Line the Standard Draws	22 min	not yours, prescriber, scope

How the hours are made up

Component	Minutes
Eleven modules - video, guide, knowledge check and workbook	242
Programme reading	94
Assessment - case studies and the summative paper	86
MEASURED TOTAL	419 min = 6.98 h
AWARDED	7.0 CPD hours

The awarded figure is the measured total rounded to the NEAREST half hour, including downwards. It is measured, not chosen, and it is never rounded up to reach a number.

Assessment

Summative	60 items, 80 per cent to pass, 2 attempts
Mandatory-correct	20 items must be answered correctly regardless of total score
Case studies	5 unfolding cases, 25 decision points, feedback on every option
Interactives	17, all formative

What the programme refuses to say

	Why
ANY INSTRUCTION, ENCOURAGEMENT OR IMPLICATION THAT A PATIENT MAY STOP AN ANTIMICROBIAL EARLY, OR THAT DURATION DOES NOT MATTER	THE PRIMARY ONE. The count is a fact about a document, not an instruction about a patient. 'Patients not taking antimicrobials as prescribed' is on the Standard's own list of inappropriate uses, alongside 'continuing treatment for longer than necessary'.
A NAMED ANTIMICROBIAL PRESENTED AS THE RIGHT CHOICE FOR ANY CONDITION	Therapeutic Guidelines: Antibiotic was NOT READ for this build. The only drug names that appear are the ones the Standard itself lists as commonly overprescribed or as examples of broad and narrow spectrum, and they are quoted as its examples, never as advice.
A DOSE, FREQUENCY, ROUTE OR DURATION FOR ANY CONDITION	None appears anywhere in the Standard either. Those belong to Therapeutic Guidelines or a locally endorsed guideline, and to a prescriber.
A NURSE DESCRIBED AS ABLE TO START, WITHHOLD, CHANGE OR CEASE AN ANTIMICROBIAL	The Standard defines PRESCRIBER separately: 'a clinician authorised to prescribe within the scope of their practice'. Scope is set by the employer and the law, not by this programme.
A DELAY TO THE FIRST DOSE IN A LIFE-THREATENING INFECTION, FOR ANY REASON	Quality statement 1: 'do not delay administration of antimicrobials and do not wait for results of investigations'.
AN INSTRUCTION TO DELETE, DOWNGRADE OR DISREGARD A DOCUMENTED ALLERGY	Quality statement 3 asks for assessment and documentation, including an assessment of likelihood. It states no criterion for removing a label and neither does this programme.
A DIAGNOSTIC CRITERION, OR A STATEMENT THAT A POSITIVE RESULT MEANS AN INFECTION	Colonisation is 'the sustained presence of replicating infectious microorganisms... without producing an immune response or disease'.
THE WORD DE-ESCALATION USED FOR NARROWING THE SPECTRUM	The Standard uses it ZERO times and says 'switched to a more narrow-spectrum agent'. The other word means something different elsewhere in health care.
NSQHS ANTIMICROBIAL STEWARDSHIP CITED AS ACTIONS 3.15 AND 3.16 WITHOUT THE CORRECTION	Those numbers now belong to workforce immunisation and workforce infections. AMS is 3.18 and 3.19.
A BENCHMARK, TARGET OR PASS RATE ATTACHED TO ANY INDICATOR	'No benchmarks are set for these indicators.'
A CLAIM ABOUT WHAT ANY LOCAL GUIDELINE, FORMULARY OR APPROVAL POLICY CONTAINS	They differ by organisation by design, and none was read.
A VERDICT ON WHETHER ANY SERVICE, CLINICIAN OR PRESCRIPTION COMPLIES WITH ANYTHING	This is professional development, not a compliance sign-off and not clinical advice.
A NAMED INDIVIDUAL, REAL SERVICE, REAL PATIENT OR REAL PRESCRIPTION	Every scenario in this programme is constructed, and nobody is named.

Sources

Source	What it settles
Antimicrobial Stewardship Clinical Care Standard (ACSQHC, November 2020)	The eight quality statements, the eleven indicators, the definitions, and what each statement asks of patients, clinicians and organisations. READ IN FULL for this build.
Therapeutic Guidelines: Antibiotic	WHICH antimicrobial, WHAT dose, WHAT route, HOW LONG - for an actual condition. The source the Standard defers to on every one of those. SUBSCRIPTION CONTENT, NOT READ FOR THIS BUILD, and therefore this programme names none of them.
Your own locally endorsed guideline, formulary and approval policy	What is restricted where you work, who approves it and how. These differ by organisation by design. NOT READ, AND NOT KNOWABLE FROM HERE.
NSQHS Preventing and Controlling Infections Standard	The accreditation obligation on the organisation. AMS is now ACTIONS 3.18 AND 3.19 - not 3.15 and 3.16, which is what the Clinical Care Standard cites and what has since moved.
Your employer's policies and your own scope	Who may take a specimen, who may withhold a dose, who may report to the TGA, what the escalation path is. Binding on you, and not present in any document above.

#VERIFY-CURRENCY - WHAT WAS READ, AND WHEN

- WHAT WAS READ, AND WHEN. The ANTIMICROBIAL STEWARDSHIP CLINICAL CARE STANDARD (ACSQHC, November 2020, ISBN 978-1-925948-87-5, 48 pages) was read IN FULL on 25/09/2026, and the word counts quoted in this programme were taken TWICE - once from the extracted text and once directly from the PDF, case-insensitively and on stems - because a count of ZERO is the kind of claim that has to be right. The Commission's own page still titles it 'Antimicrobial Stewardship Clinical Care Standard (2020)', so this is the current edition. ONE THING IN IT IS ALREADY OUT OF DATE, and the programme says so where it arises: the Standard cites antimicrobial stewardship as NSQHS Actions 3.15 and 3.16, and in the current Preventing and Controlling Infections Standard those numbers belong to workforce immunisation and workforce infections. The stewardship actions are now 3.18 and 3.19. Verified against the Commission's published action text on 25/09/2026.
- The word counts quoted throughout were taken TWICE - once from the extracted text and once directly from the PDF, case-insensitively and on word stems - because a count of ZERO is the kind of claim that has to be right.
- THERAPEUTIC GUIDELINES WAS NOT READ. It is subscription content, and it, not this programme, is the source the Standard points to on which antimicrobial, what dose, what route and for how long. Nothing here names a drug, a dose or a duration for any condition.
- AND ONE CROSS-REFERENCE IN THE STANDARD IS ALREADY OUT OF DATE. It cites antimicrobial stewardship as NSQHS Actions 3.15 and 3.16; in the current Preventing and Controlling Infections Standard those numbers are workforce immunisation and workforce

infections, and the stewardship actions are 3.18 and 3.19. Verified 25/09/2026.

SCOPE, CURRENCY AND THE LIMIT OF THIS PROGRAMME

- This programme is professional development. It states what the ACSQHC ANTIMICROBIAL STEWARDSHIP CLINICAL CARE STANDARD (November 2020) says, quotes it where the words matter, and cites the source every time. IT IS NOT CLINICAL ADVICE AND IT IS NOT A PRESCRIBING GUIDE. It names NO antimicrobial as the right one for any condition, and states no dose, no frequency, no route and no duration, because THERAPEUTIC GUIDELINES: ANTIBIOTIC WAS NOT READ FOR THIS BUILD - it is subscription content and it, not this programme, is the source the Standard points to. Nothing here authorises anybody to start, withhold, change or cease an antimicrobial. Whether a particular nurse may do any of those things is set by their employer, by the authority under which the medicine is ordered, and by the law where they work. Decisions about an individual patient are for that patient and their treating practitioners.
- WHAT WAS READ, AND WHEN. The ANTIMICROBIAL STEWARDSHIP CLINICAL CARE STANDARD (ACSQHC, November 2020, ISBN 978-1-925948-87-5, 48 pages) was read IN FULL on 25/09/2026, and the word counts quoted in this programme were taken TWICE - once from the extracted text and once directly from the PDF, case-insensitively and on stems - because a count of ZERO is the kind of claim that has to be right. The Commission's own page still titles it 'Antimicrobial Stewardship Clinical Care Standard (2020)', so this is the current edition. ONE THING IN IT IS ALREADY OUT OF DATE, and the programme says so where it arises: the Standard cites antimicrobial stewardship as NSQHS Actions 3.15 and 3.16, and in the current Preventing and Controlling Infections Standard those numbers belong to workforce immunisation and workforce infections. The stewardship actions are now 3.18 and 3.19. Verified against the Commission's published action text on 25/09/2026.

SUPPORT AND WHERE TO RAISE SOMETHING

- Aged Care Quality and Safety Commission - 1800 951 822. Concerns and complaints about aged care.
- Older Persons Advocacy Network - 1800 700 600. Free, independent aged care advocacy.
- Therapeutic Goods Administration - 1800 044 114. Reporting adverse events, including adverse reactions to medicines.
- You may stop this programme at any point and come back. Nothing is timed and there is no penalty.