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Sommario/riassunto	It is estimated that in 2009, more than 3 million kilograms of antimicrobials were administered to human patients in the United States. While the life-saving benefits of antimicrobials are indisputable, the consequences of use and misuse must also be considered. Major concerns related to the use of antimicrobials are increasing resistance, higher incidence of Clostridium difficile (C. difficile) infection (CDI) and increased healthcare costs (including costs related to adverse events associated with antimicrobial use). While much of the discussion focuses on overuse, there is also evidence of adverse outcomes associated with inadequate antimicrobial therapy. Antimicrobial stewardship programs (ASPs) are a focused effort by a health care system, a hospital, or a portion of a hospital (e.g., an intensive care unit) to optimize the use of antimicrobial agents. The goals of an ASP are to improve patient outcomes, reduce adverse consequences, reduce or prevent an increase in antimicrobial resistance, and deliver cost-effective therapy. The emphasis is on appropriate selection, dosing, route, and duration of antimicrobial therapy. The purpose of this review is to synthesize the evidence about the effectiveness of antimicrobial stewardship programs implemented in hospital settings. We focus on

ASPs including one or more of the following components: prospective audit and feedback, formulary restriction, pre-authorization of prescriptions, guidelines for prescribing and/or modifying therapy, computerized decision support, or laboratory testing. The topic was nominated by Matthew Goetz, MD, Chief, Infectious Diseases, VA Greater Los Angeles Healthcare System, on behalf of the VA Antimicrobial Stewardship Task Force, and is intended to provide a summary of the evidence on inpatient antimicrobial stewardship programs to guide clinical practice and policy within the Veterans Healthcare System.