Workshop 1: Friday 29th September

Discuss the following possible interventions in terms of advantages and disadvantages.
Formularies
Restricting access
Guidelines/Clinical Pathways
Automatic stop orders
Automatic therapeutic substitution
Streamlining
Intravenous to oral conversion
Provider education/Academic detailing

Prepare a short summary which will be presented to the rest of the group at the end of the session.

Considering each of the interventions above, which would you consider to be the more appropriate in the cases described below and how would you go about it?

Case 1

A 26 year old male was admitted to hospital with fever and shortness of breath. Following a chest X-ray he was diagnosed as having an atypical pneumonia and started on IV clarithromycin by a junior doctor on-call. This was however, a restricted antibiotic, with IV erythromycin being on the hospital formulary.

Suggestions include automatic therapeutic substitution and implementation of a restrictive formulary possibly with provider education

Case 2

A 60 year old woman was admitted to hospital with severe sepsis and was started on empirical broad spectrum Meropenem IV. A few days later, results of a blood culture indicated *E.coli* that was sensitive to ciprofloxacin, coamoxiclav, gentamicin and ceftriaxone and resistant to trimethoprim, nitrofurantoin and first generation cephalosporins.

Suggestions include: streamlining; discussion on risks of C difficile however – coamoxiclav and ceftriaxone

Case 3

A 75 year old male has been admitted to a surgical ward as an elective patient. He is due to have a transurethral resection of the prostate and is started on IV cefuroxime. Following the procedure, he is kept on the unit for observation. The ward pharmacist, while screening the treatment charts, notices that 48 hours later he is still on IV cefuroxime despite an uneventful recovery.

Suggestions include: automatic stop order, guideline implementation with provider education

Case 4

A 60 year old female is admitted to hospital with abdominal pain, diagnosed as an uncomplicated urinary tract infection. She is started on IV ciprofloxacin. A urine sample is sent for culture and sensitivity and the organism isolated is sensitive to ciprofloxacin. 72 hours later, the patient is still on IV ciprofloxacin. The patient had a normal white cell count, no raised body temperature and could tolerate oral medications.

Suggestions: IV to oral conversion, implementation of guidelines with provider education