

Analysis of interventions implemented in an Antimicrobial Stewardship Program in a Surgical Critical Care Unit

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BACKGROUND

Antimicrobial stewardship programs (ASP) are essential to improve clinical outcomes and reduce antimicrobial resistance and the involvement of the clinical pharmacist plays a key role.

OBJECTIVE

To describe and analyze the interventions carried out within the ASP in the surgical intensive care unit (SICU) and post-anesthesia recovery unit (PACU) of a tertiary hospital during 2023-2024.

METHODS



A multidisciplinary ASP team was established in the SICU and PACU



All ongoing antimicrobial treatments were reviewed weekly



Candidates for intervention or optimization were discussed with the prescribing physician

2023



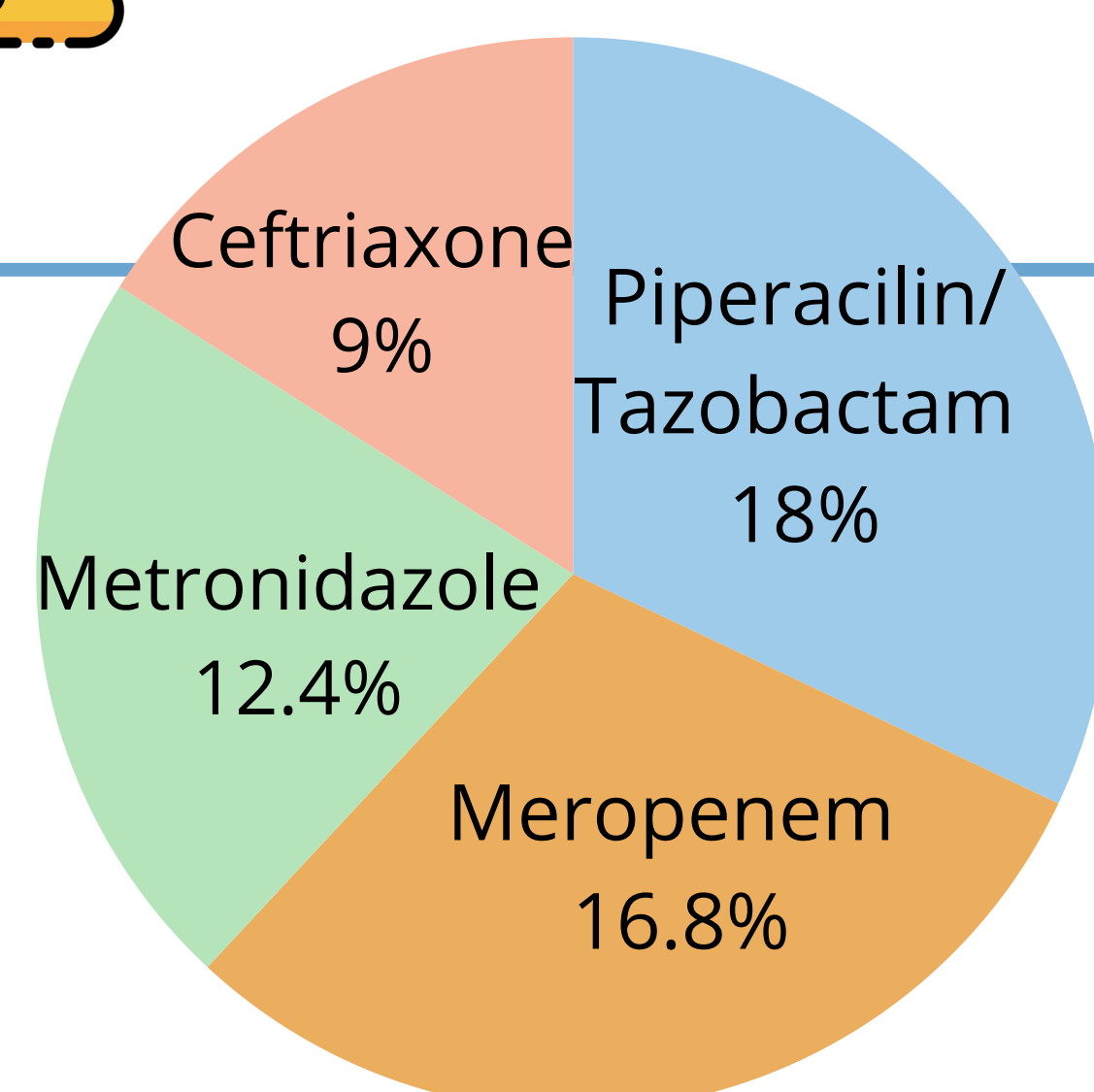
38 meetings



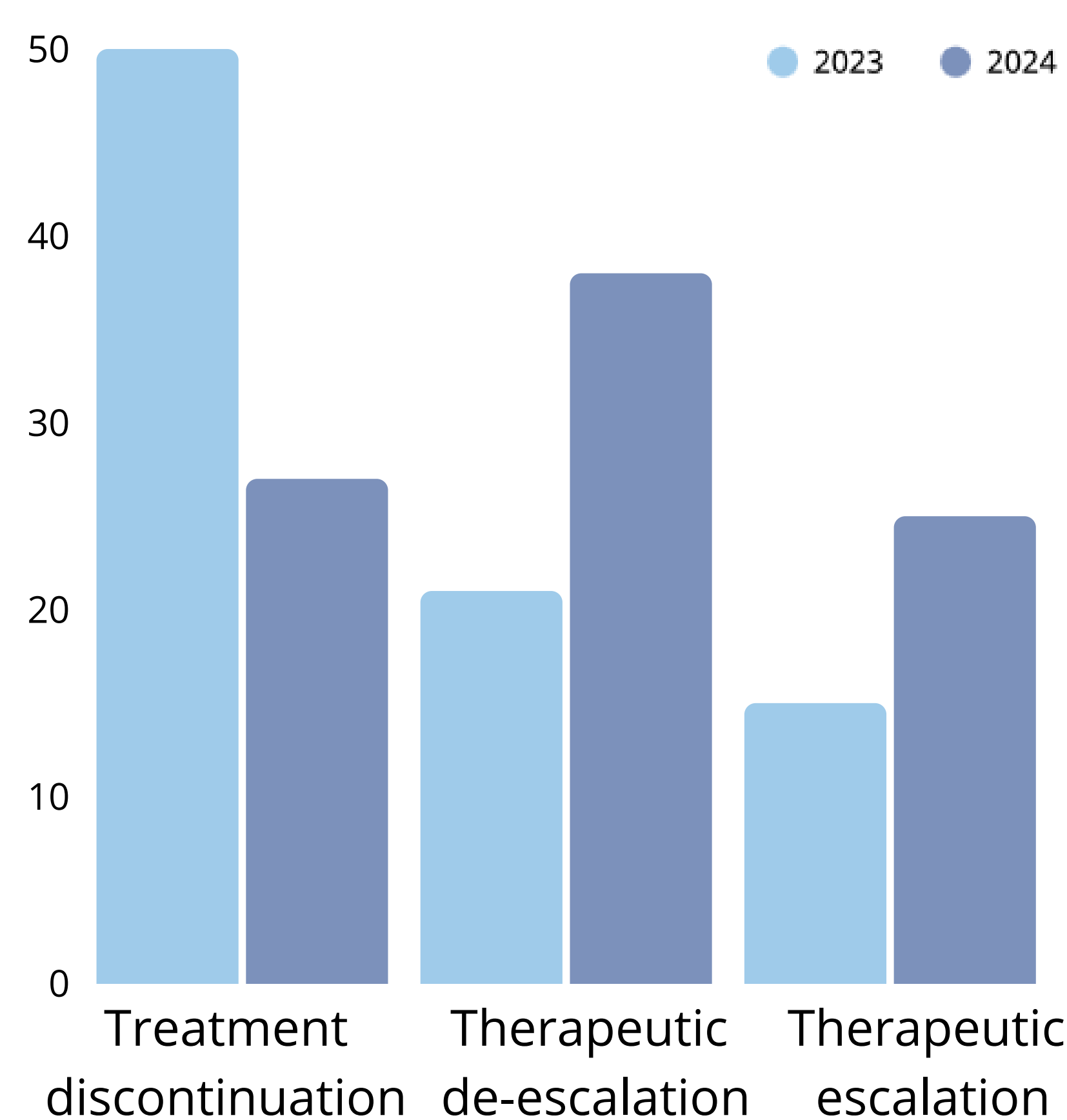
177 treatments reviewed



101 interventions



RESULTS



2024



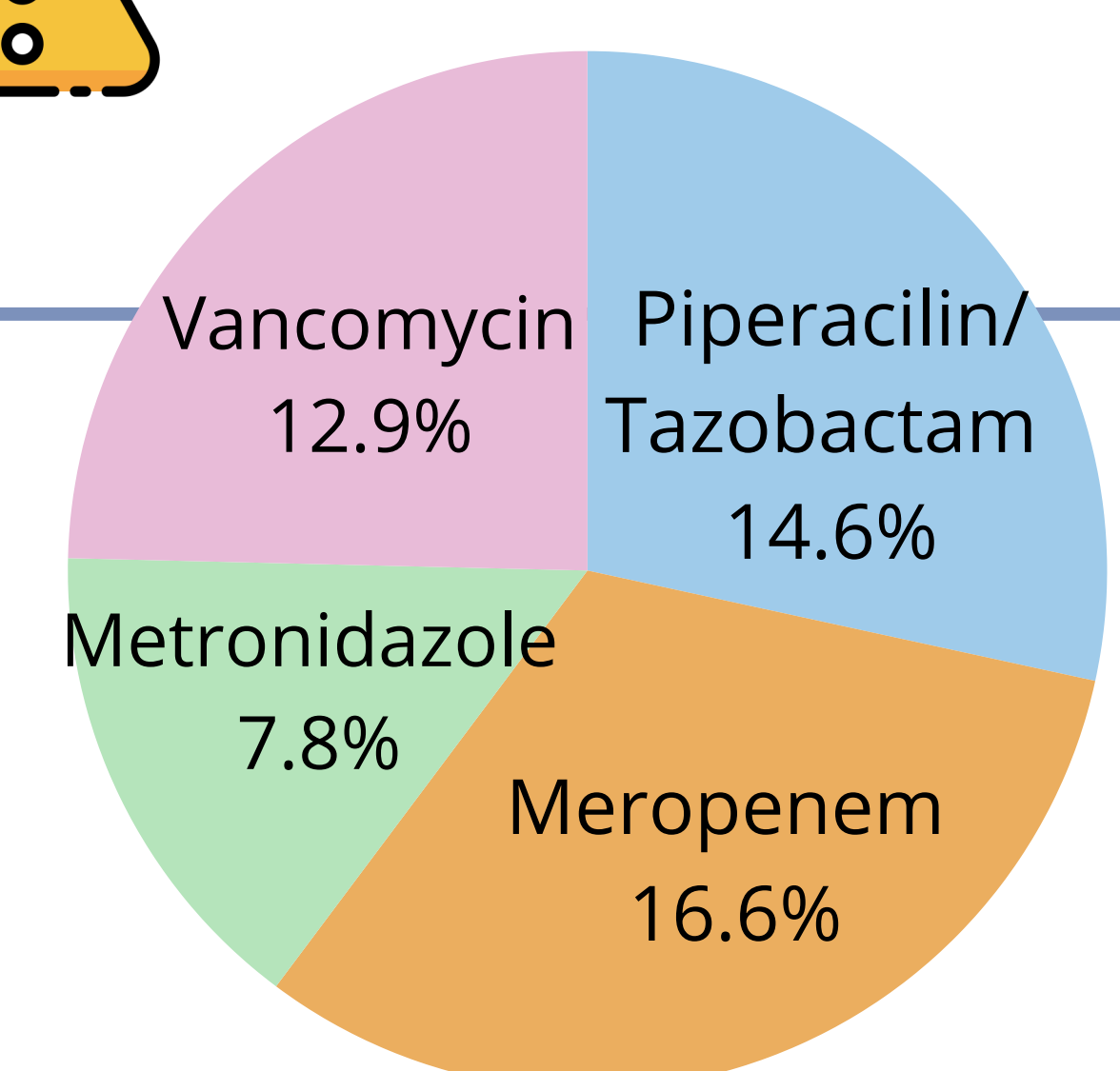
44 meetings



185 treatments reviewed



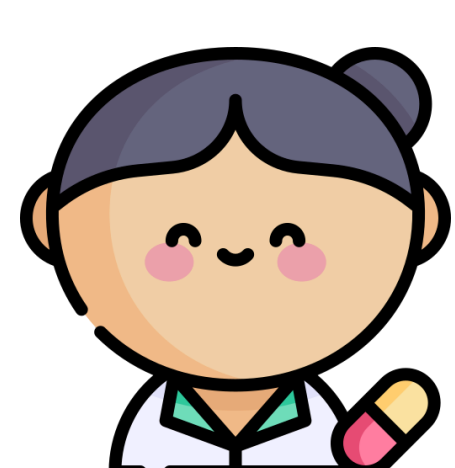
115 interventions



CONCLUSIONS

Most frequent intervention: treatment discontinuation (higher initial prescription of narrow-spectrum antibiotics)

Most frequent intervention: therapeutic de-escalation (higher initial prescription of broad-spectrum antibiotics → prioritization in the new empirical infection treatment protocol)



Crucial role of the clinical pharmacist in the ASP team both in detecting opportunities for intervention and in ensuring the appropriate use of antimicrobials.

