4CPS-156

ANALYSIS OF THE PRESCRIPTION PATTERN AND DAYS OF HOSPITALIZATION AVOIDED BY OUTPATIENT INTRAVENOUS ANTIINFECTIVES THERAPY (OPAT) AND THE SAFETY OF THIS PRACTICE

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Background and importance

The use of **intravenous anti-infective therapy for non-hospitalized** patients is an increasingly common practice that allows prescribers to treat patients with intravenous therapy without lengthening hospital stay.

Aim and objectives

To assess the **prescription pattern** and **days of admission avoided** of OPAT. Secondarily, to analyze the **safety** of this practice.

Material and methods

Retrospective observational study including patients who received out-of-hospital intravenous anti-infective treatment in a tertiary level hospital in Madrid between August 1, 2021 to August 31, 2022. We collected:

From the electronic prescription: **indication**, **etiologic agent** and **prescribing physician** of all treatments as well as adverse reactions occurred during the therapy period.

From the electronic medical record: **Sociodemographic, clinical and pharmacological** variables.

Results

85 patients included

52.9% women
median age 75 years (62-86)

Most frequently prescribed **anti-infectives:**

Ertapenem	32,6%
Dalvabancin	15,3%
Amox/clavula.	9,2%
Ceftriaxone	7,1%
Piperaz/tazobac.	7,1%

Bacteria	64,7%
Fungi	4%
Protozoa	1%
Virus	1%

Of wich **44,62%** where **GRAM - multi-resistant**

In **68,4%** of cases there was a **complete antibiogram** at the time of prescription.

61.2% of the prescriptions were made by the **infectious diseases department**

Most frequent **indications**:

Urinary tract infection	26,5%
Skin and soft tissue infections	18,4%
Respiratory infections	14,3%

Median of **hospitalization days avoided was 7** (6-19).

Highest was 365 days for 3 patients treated for:
visceral leishmaniasis, mycobacterial infection and infection caused by medical devices

Only **1 patient (1%) presented adverse events** (renal toxicity due to amphotericin) **without hospital admission**

Conclusions

OAPAT receivers in our hospital are mostly elderly patients with bacterial infections supported by antibiograms in the moment of prescription. The out-of-hospital administration of these drugs saves a median of seven days of hospitalization, being a mostly safe practice in terms of adverse reactions.