

Evaluating adherence to prescribing guidelines for co-amoxiclav oral TTA post Emergency Department admission



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Abstract Number: 4CPS-231

Background

- The appropriate use of antibiotics in emergency departments (EDs) is critical to combat antimicrobial resistance and ensure optimal patient outcomes.
- Co-amoxiclav, a commonly prescribed broad-spectrum antibiotic, is frequently included in TTA (To Take Away) prepacks to facilitate early treatment of infections after ED discharge. However, its use must align with established clinical guidelines to prevent unnecessary exposure and resistance development.
- In our Trust, the prescribing of co-amoxiclav has increased threefold over the past decade, reflecting a significant rise in its use (Define (C) and Antimicrobial Usage Reports, NHS Digital, 2023-2024)^[1]. This surge underscores the importance of evaluating adherence to local and national guidelines in the ED setting. Studying compliance with these guidelines will help identify gaps in practice, optimise antibiotic stewardship, and improve patient safety.

Aim

- To identify compliance with trust guideline on oral co-amoxiclav TTA prescribing for patients who discharged from the emergency departments

Methodology

- This audit retrospectively evaluated the TTA antimicrobial prescription in the emergency departments at William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) in March 2025.
- Audit focused on adult patients admitted and discharged from EDs with a prescription for oral co-amoxiclav as part of their antibiotic therapy.
- Patient lists were generated from BD Pyxis Cabinet System, which reports the usage of all TTA antimicrobial in EDs.
- The clinical indication and rationale for selecting co-amoxiclav were reviewed. Prescribing decisions at discharge were evaluated against current antimicrobial guidelines to assess compliance.
- Data was collected with a pragmatic approach and analysed through Microsoft Excel.

Result

- A total of **100** patients were analysed from the December 31, 2024 to January 9, 2025 (50 in WHH and 50 in QEQM).
- Guideline's compliance was found in 34% of the prescriptions, although over 20% of the indications showed a lack of guidelines for these presentations.
- 45% of the prescriptions did not follow microbiology guidelines.
- Most of the co-amoxiclav prescriptions were intended to treat community-acquired pneumonia (CAP) (39%), followed by intra-abdominal infection (9%) and lower urinary tract infection for men (8%).
- There were up to 15 different indications found where prescribers selected co-amoxiclav as treatment.
- CAP is an indication with clear microbiology guidelines in the Trust. However, only 23% of the prescriptions for CAP followed the guidelines.
- Table 1 shows the top 5 indications seen presenting at ED. Figure 1 shows guidelines compliance for patients presenting with CAP in the ED.

Table 1. Top 5 indications for co-amoxiclav prescription in EDs

Top 5 Indications (* = no guidelines available for that indication)	WHH (N)	QEQM (N)
Community-acquired pneumonia (CAP)	20	19
Intra-abdominal infection	3	6
Lower Urinary Tract Infection (male)	5	3
Facial injury prophylaxis *	6	1
Cholecystitis/ cholangitis	1	5

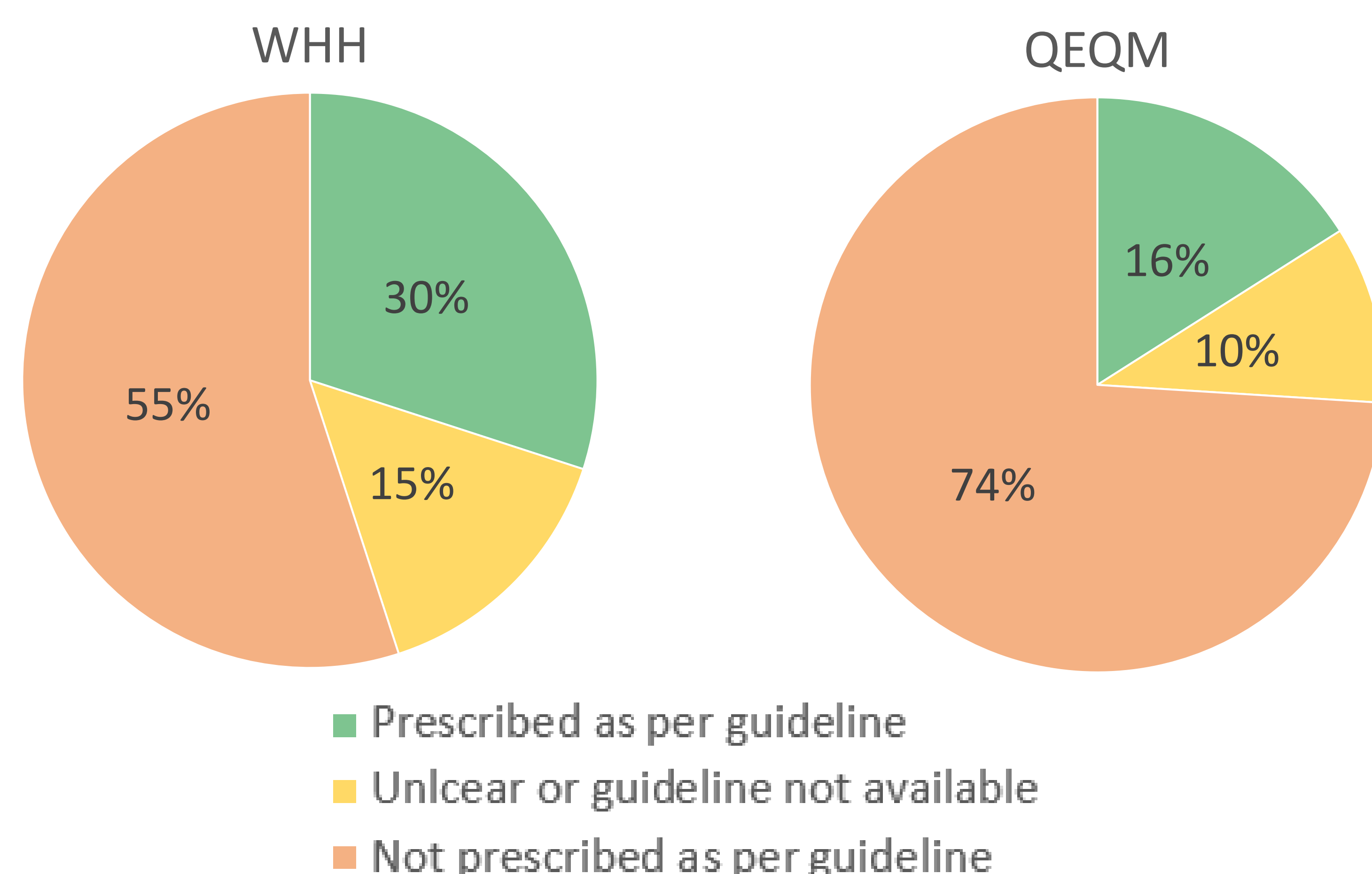


Figure 1. Compliance rate in co-amoxiclav prescription for CAP

Conclusion

- ★ **Pharmacy presence** in ED could help guidelines compliance, investigation for compliance barriers is required to help with antimicrobial stewardship principles.
- ★ **A collaborative approach** is required to understand the lack of guidelines compliance.

Reference:

1. UK Health Security Agency (UKHSA). English surveillance programme for antimicrobial utilisation and resistance Report 2024 to 2025. 2025. <https://assets.publishing.service.gov.uk/media/6936ac34b612700b2cb73607/ESPAUR-report-2024-to-2025.pdf> [Accessed 25th January 2026].