

EVALUATING THE APPROPRIATENESS OF ANTIBIOTIC THERAPY: ROLE OF THE HOSPITAL PHARMACIST IN THE ANTIMICROBIAL STEWARDSHIP

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PURPOSE

To evaluate the prescription appropriateness of the main antibiotic molecules and the consumption of antibiotics for the years 2013 and 2014.

MATERIAL AND METHODS

- Our IRCCS is a hospital with 1200 beds with an internal computer prescriptive system from which were extracted the usage data of antibiotics. In this way it was possible to evaluate:
- Consumption data of antibiotics for the years 2013 and 2014 rationalised in therapeutic groups at the third level of ATC, expressed as DDD/year;
- Adherence to dose regimens especially for tigecycline (drug applicant loading dose) in the 2 years;
- The appropriateness of prescribing major antibiotic molecules undergo monitoring through a systematic analysis of reasoned submissions. The data were crossed with the data of microbiological isolation recorded for each patient treated and hospitalised in 2014.



CONSUMPTION DATA OF ANTIBIOTICS FOR THE YEARS 2013 AND 2014



RESULTS

Consumption of antibiotic expressed in DDD/year was significantly decreased for 2014 for the therapeutic subgroups JO1C, JO1D and JO1M. The appropriateness of administration of tigecycline improved by 11% in 2014. Therapies were set in a focused way in 86% with colistin, 85% with tigecycline, 78% with ertapenem, 64% with daptomycin and 49% with linezolid. The correspondence of the antibiotic therapy with the microbiological data was appropriate in 90% with colistin, in 83% with ertapenem, in 80% with tigecycline, in 65% with daptomycin and in 32% with linezolid.

CONCLUSION

The role of the pharmacist in the project allowed identification of the critical role of medical prescriptions and to create new pathways shared with infectivologists to preserve the last remaining antibiotic molecules

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