

IMPACT OF SEQUENTIAL THERAPY IMPLEMENTATION IN CLINICAL PRACTICE: A COMPARATIVE ANALYSIS BETWEEN MEDICAL AND SURGICAL SPECIALTIES

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BACKGROUND AND IMPORTANCE

- Sequential therapy (ST) = early switch from IV to oral antimicrobials. **Benefits shows:**
- Despite evidence, **implementation varies across specialties**
- Identifying differences is **key** to improving antimicrobial stewardship (AMS)



↓ IV Complications



↓ Hospital Stay



↑ Cost-effectiveness

AIM AND OBJECTIVES



To evaluate **acceptance of pharmacist-led ST recommendations**
Compare acceptance rates between medical vs surgical specialties

MATERIALS AND METHODS

STUDY DESIGN & POPULATION:



RETROSPECTIVE
(1 Year)



Hospitalized Patients
(IV ≥3 days)



ST Recommendation
in Electronic Tool

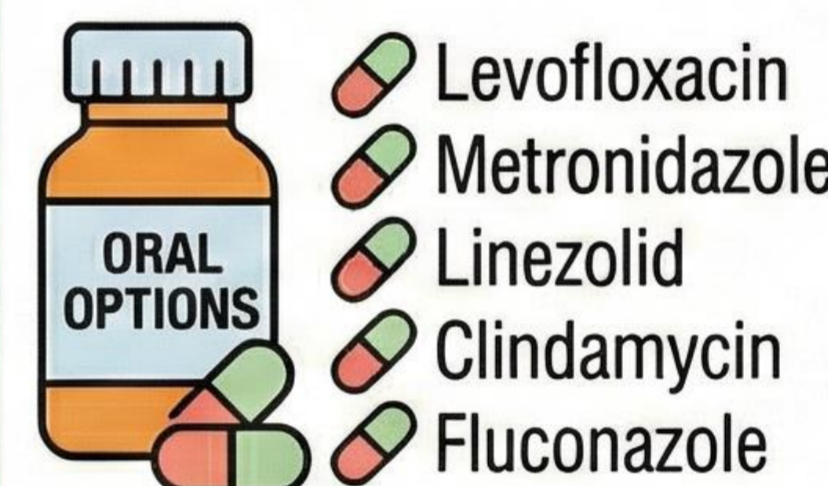


DATA COLLECTED

- Antimicrobial Type
- Specialty (Medical/Surgical)
- Acceptance/Rejection
- Follow-up Outcome (End, Discharge, Death)

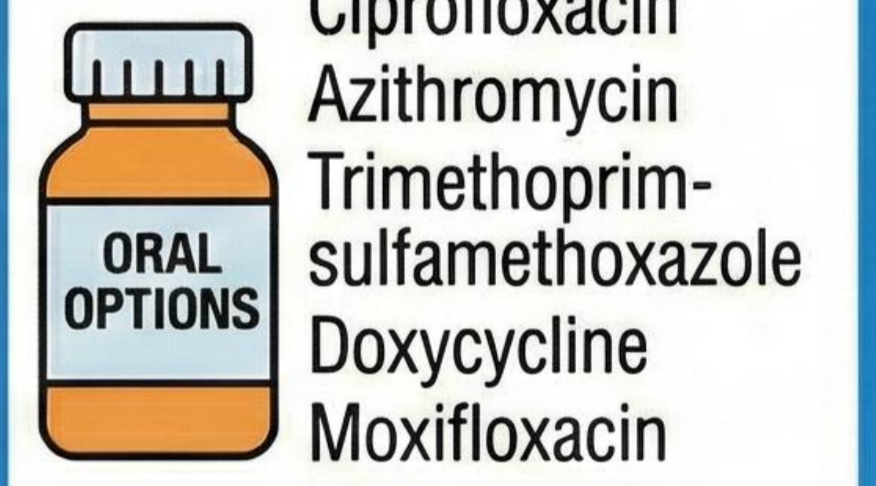


ANTIMICROBIALS (ST CANDIDATES - LIST 1)



- Levofloxacin
- Metronidazole
- Linezolid
- Clindamycin
- Fluconazole

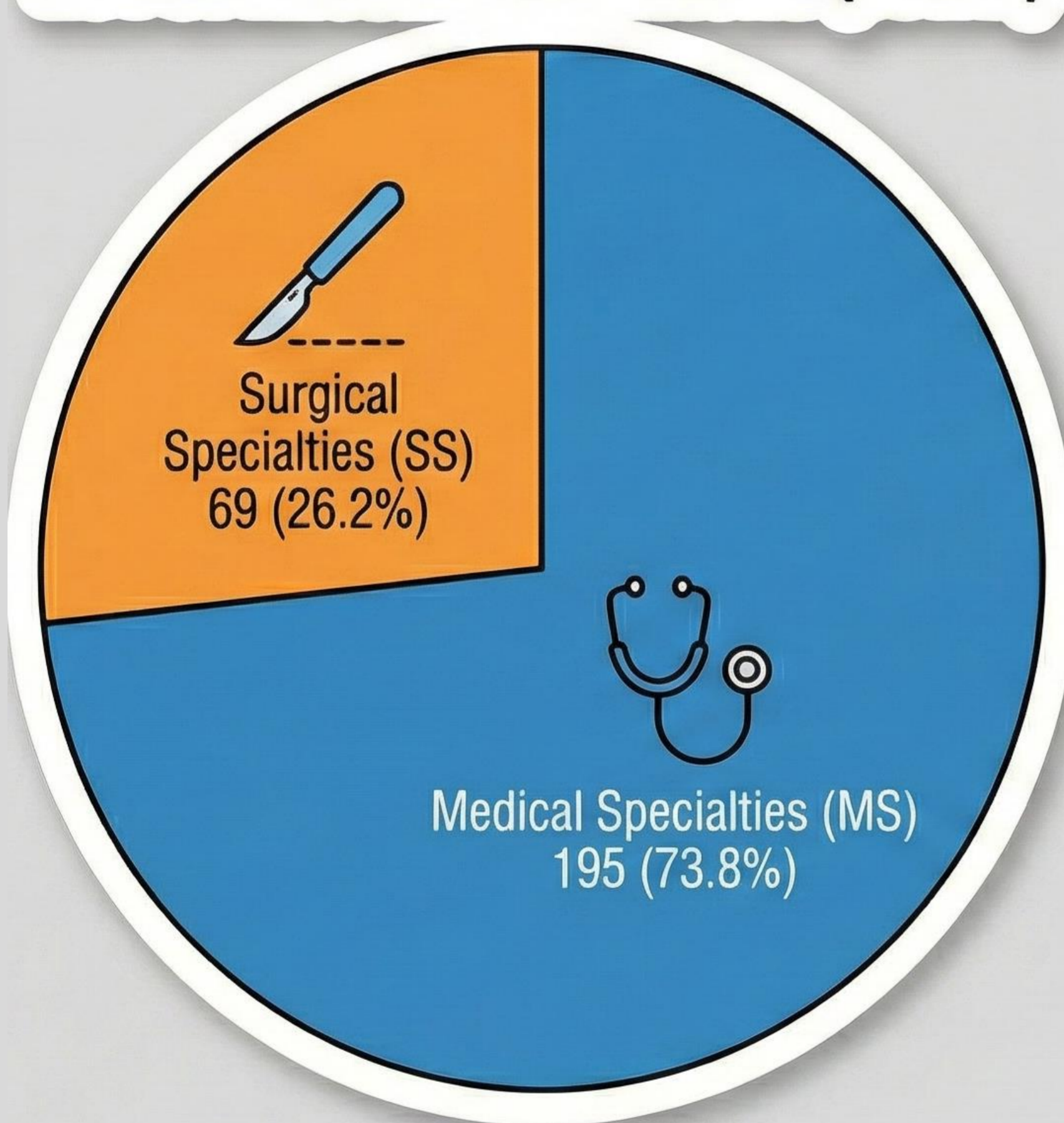
ANTIMICROBIALS (ST CANDIDATES - LIST 2)



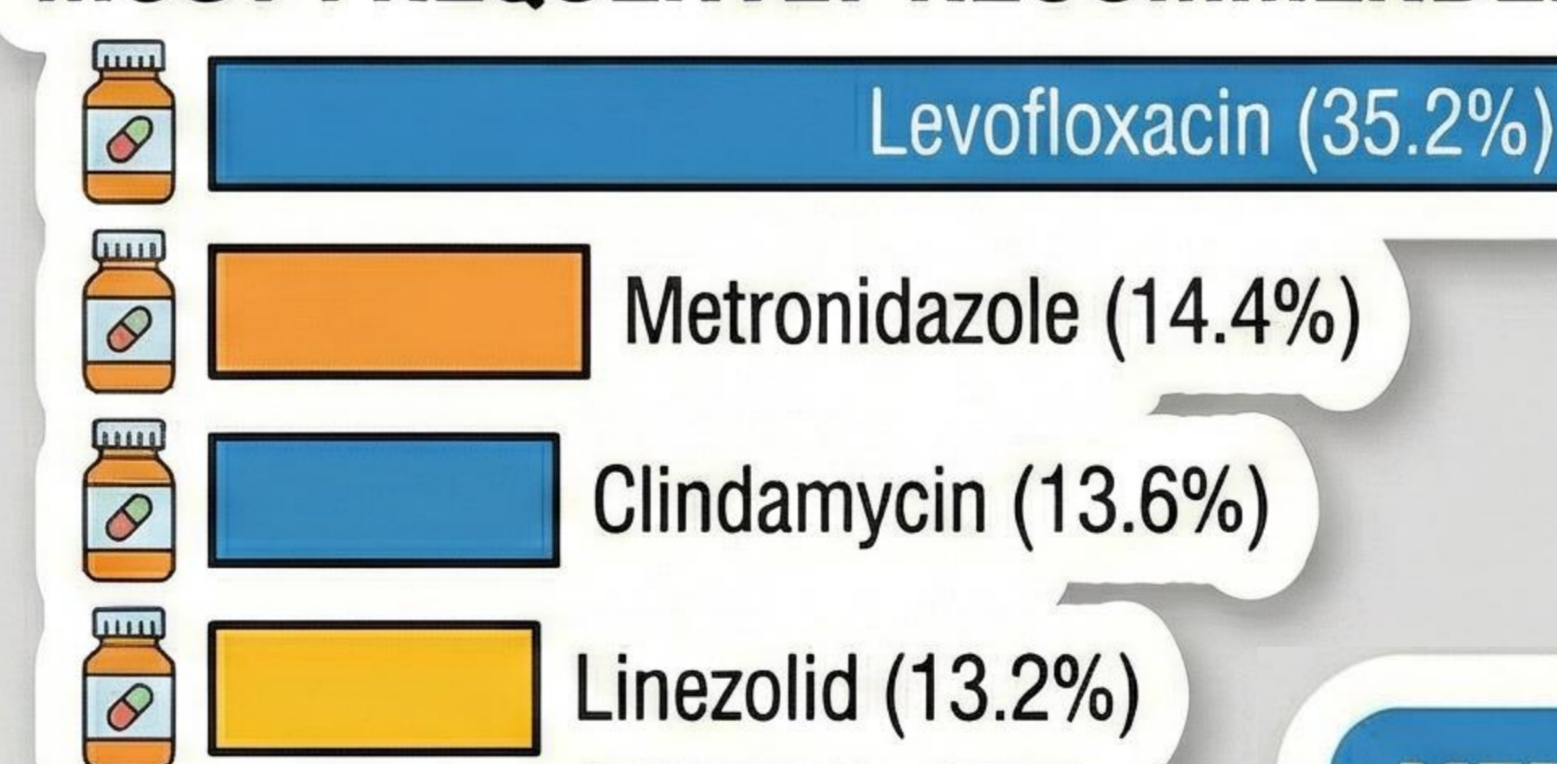
- Ciprofloxacin
- Azithromycin
- Trimethoprim-sulfamethoxazole
- Doxycycline
- Moxifloxacin
- Voriconazole

RESULTS

264 ST RECOMMENDATIONS (TOTAL)



MOST FREQUENTLY RECOMMENDED



MEDICAL SPECIALTIES (MS) OUTCOMES

124 Follow-up Cases → **79% ACCEPTED**

- 100% Acceptance:**
- Ciprofloxacin, Azithromycin
 - Doxycycline, Moxifloxacin
 - Voriconazole

SURGICAL SPECIALTIES (SS) OUTCOMES

40 Follow-up Cases → **55% ACCEPTED**

- 100% Acceptance:**
- Doxycycline
 - Fluconazole
 - Voriconazole

CONCLUSION AND RELEVANCE

Pharmacist-led ST interventions: facilitate early IV-to-oral switch, improve antimicrobial use and reduce IV-related complications

Higher acceptance in medical specialties (79% vs 55%)

Lower uptake in surgical areas highlights:

- Need for **targeted education**
- Need to improve **awareness of ST benefits**

