

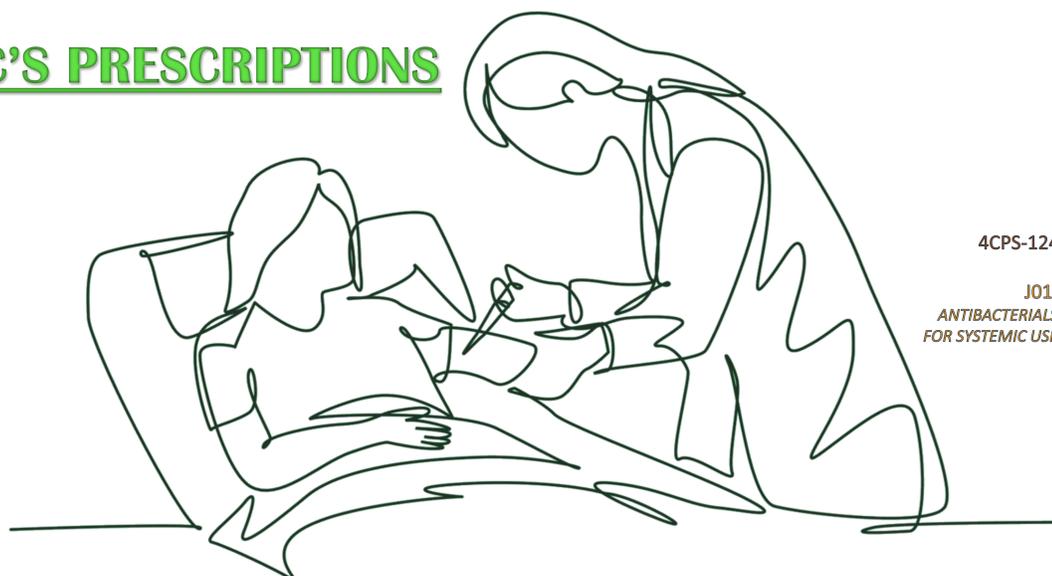


MONITORING OF HIGH-COST ANTIBIOTIC'S PRESCRIPTIONS IN ORDER TO ENSURE PRESCRIPTIVE APPROPRIATENESS, PATIENT SAFETY AND CONTAINING EXPENDITURE

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ANTIBACTERIALS
FOR SYSTEMIC USE

BACKGROUND AND IMPORTANCE

Inappropriate/unnecessary high-cost antibiotics prescription can lead to development of resistant germs, patient toxicity and increased healthcare-costs. For these antibiotics, Regulatory Authority of our country has decided that, together with request of hospital ward, an official paper form must be sent obligatorily to pharmacy, in which, for each patient, diagnosis, dosage, antibiogram (where applicable) is reported.

Hospital pharmacist has the duty of checking exhaustiveness and accuracy of the documentation received, in order to obtain appropriate/complete prescriptions, to ensure success of the clinical purpose, patient safety and containing expenditure.

AIM AND OBJECTIVES

The aim of this study is to quantify the pharmacist's interventions in requesting clarifications and/or integrations to the documentation provided by ward, in the period between 01/05/2022-30/04/2023.

Without such measures, unnecessary antibiotics would have been dispensed: this would have had negative impact on patient safety and healthcare-costs.

MATERIALS AND METHODS

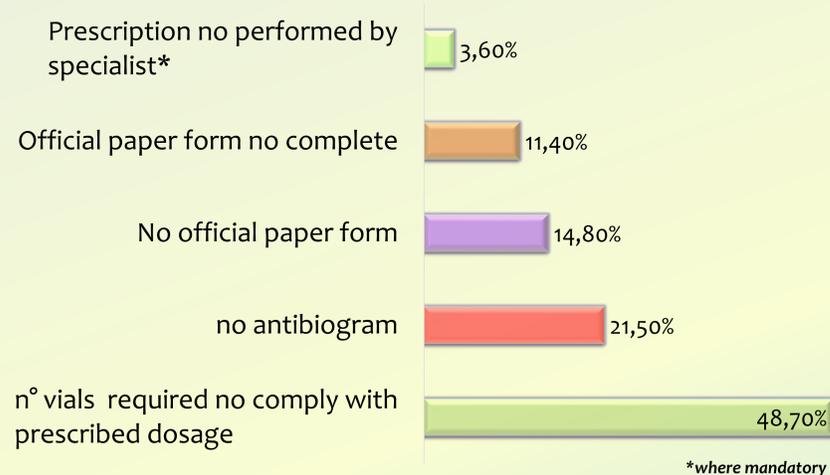
The analysis was conducted on prescriptions received in hospital pharmacy unit. The data obtained were divided by:



RESULTS

Among 258 requests received (146/258 of ceftazidime/avibactam, 61/258 of cefiderocol, 51/258 of meropenem/vaborbactam) 97/258 were appropriate and complete; 161/258 instead needed to request the ward for clarification and/or integrations. Among the latter, in 48.7% of cases the quantity of vials required didn't comply with the prescribed dosage; 21.5% didn't report attached antibiogram, where instead it was mandatory; in 14.8% of cases the official paper form was completely missing and, in 11.4% of cases, it was not complete due to lack of diagnosis and/or duration of therapy. Finally, in 3.6% of cases, the prescription wasn't performed by the infectious specialist, where necessary.

Type of clarification / integration requested



CONCLUSION AND RELEVANCE

The analysis has revealed a large number of irregular prescriptions: implementations requested by hospital pharmacist were essential to obtain valid requests, to the benefit of both patient safety and the expense for hospital. In fact, through an accurate analysis of the dosage units required and the completeness of attached information, it has been possible to reduce not only economic waste, but also the onset of toxicity and/or antibiotic-resistance deriving from inappropriate prescriptions.