PROGRAM INTERVENTIONS TO OPTIMIZE THE DURATION OF ANTIBIOTIC TREATMENT

GRP-151

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BACKGROUND

Reduce unnecessary prolonged antibiotic treatment, is one of the key initiatives to ensure the appropriate use of antibiotics.

OBJECTIVES

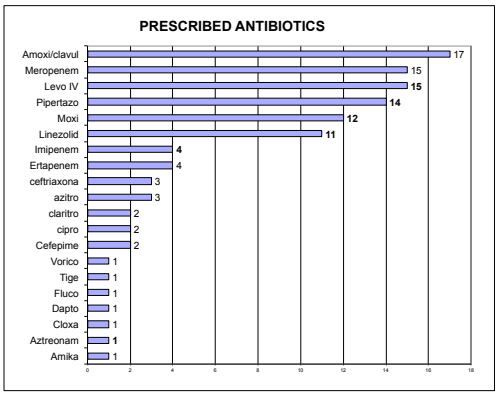
Analyze the preliminary results of a pharmaceutical interventions program directed at minimizing the duration of antibiotic treatment, promoted within the antibiotics stewardship program of a terciary hospital.

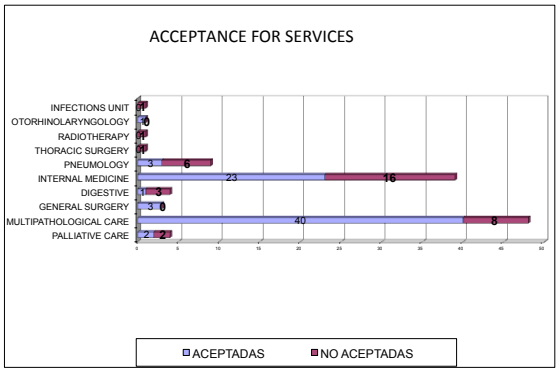
MATERIALS AND METHODS

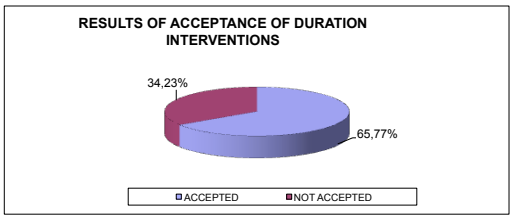
A protocol was agreed on by the members of the antibiotics stewardship group, to capture, from the Pharmacy Department, of antimicrobial treatments lasting more than 10 days, made through the electronic prescribing program. Pharmaceutical interventions were performed to get the suspension or change in these treatments antibiotics. Oncohematologic patients were excluded, as well as the treatments established for urinary tract infection, endocarditis, diabetic foot, empyema, isolation of *Pseudomonas aeruginosa*, or when it was impossible to confirm the type of infection. We analyzed the results of interventions from January 27 to July 17, 2012. The following variables were analyzed: antibiotics involved prescribers services, number of interventions, acceptance and treatment indication for use at discharge.

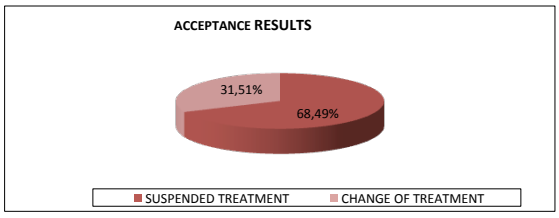
RESULTS

The most commonly used antibiotics were: amoxicillin / clavulanic acid (15.3%), meropenem (13.5%) and levofloxacin (13.5%). The services most involved were: Multipathological Care (43.2%), Internal Medicine (35.1%) and Pneumology (8.1%). The 74.8% of antibiotic treatments for respiratory infection began. 18.9% of patients maintain antibiotics at discharge. The range of overall duration of antibiotic treatment in respiratory infection ranged from 10 to 20 days. The total interventions made were 111. The overall acceptance of the interventions was: 65.8%. Between interventions accepted, the 8.5% treatment caused a suspension of antibiotic treatment and 31.5% a change in antibiotic use.









CONCLUSIONS

The result of acceptance of interventions may be considered positive to raise the program maintenance. To improve the acceptance of interventions should be made more involvement of Internal Medicine and Pneumology. The optimal duration of antibiotic therapy should assess the overall exposure level considering outpatient instituted.