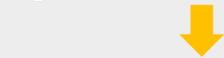


QUALITY OF THE EMPIRIC ANTIBIOTIC TREATMENT IN COMMUNITY-ACQUIRED PNEUMONIA

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BACKGROUND:

Increasing threat of antibiotic resistance



fit the antibiotic therapy



OBJECTIVE:

Analyze the empirical antibiotic prescription (EAP) profile of the patients with community-acquired pneumonia (CAP) who required hospital admission depending on the clinical unit.

Infectious disease



Microorganism

MATERIAL AND METHODS:



Restrospective observational study:

- Clinical unit: Internal Medicine (IM) or Pneumology (NEM)
- Comorbidities: chronic obstructive pulmonary disease, bronchiectasis, diabetes, nephropathy
- Hospitalization in the previous 30 days
- C reactive protein and procalcitonine
- FINE score
- Empirical antibiotic prescription (EAP)

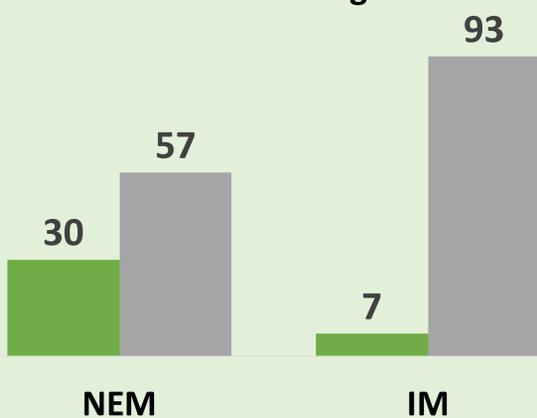
RESULTS:

45 patients were included

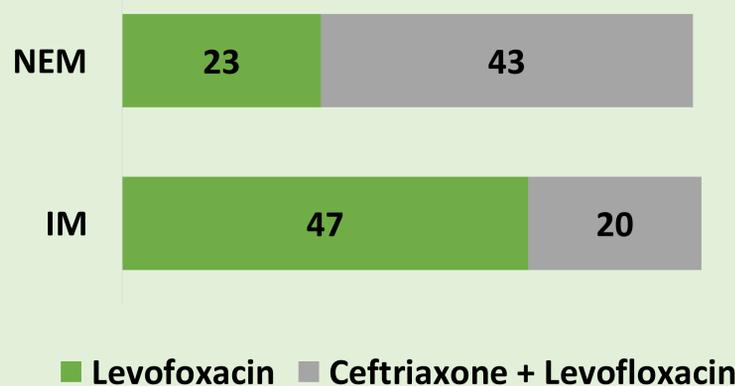
Clinical unit	NEM	IM
N (%)	30 (67%)	15 (33%)
Age	73 (65-80)	86 (78-91)

FINE score (% patients)

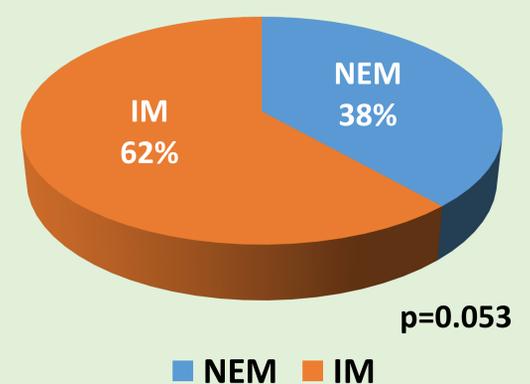
■ Medium Risk ■ High Risk



EAT prescribed (% patients)



Agreement with clinical guidelines (%patients):



CONCLUSIONS:

- Empirical antibiotic treatment in community-acquired pneumonia depends on the medical unit.
- Although internal medicine patients showed greater severity illness, dual therapy based on ceftriaxone and levofloxacin was prescribed in fewer rates than in the pneumology unit.
- Thus, it's necessary to carry out educational activities to optimize empirical antibiotic therapy in community-acquired pneumonia.



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