



ANALYSIS OF THE PRESCRIPTION PATTERN AND DAYS OF HOSPITALIZATION AVOIDED BY OUTPATIENT INTRAVENOUS ANTIINFECTIVES THERAPY (OPAT) AND THE SAFETY OF THIS PRACTICE

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Background and importance

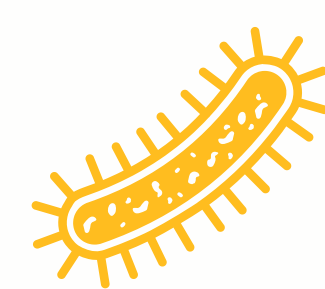
The use of **intravenous anti-infective therapy for non-hospitalized** patients is an increasingly common practice that allows prescribers to treat patients with intravenous therapy without lengthening hospital stay.

Aim and objectives

To assess the **prescription pattern** and **days of admission avoided** of OPAT. Secondly, to analyze the **safety** of this practice.

Material and methods

Retrospective observational study including patients who received out-of-hospital intravenous anti-infective treatment in a tertiary level hospital in Madrid between August 1, 2021 to August 31, 2022. We collected:



From the electronic prescription: **indication, etiologic agent** and **prescribing physician** of all treatments as well as adverse reactions occurred during the therapy period.



From the electronic medical record: **Sociodemographic, clinical and pharmacological** variables.

Results



85 patients included

52.9% women
median age 75 years (62-86)



Most frequently prescribed **anti-infectives:**

Ertapenem	→	32,6%
Dalvabancin	→	15,3%
Amox/clavula.	→	9,2%
Ceftriaxone	→	7,1%
Piperaz/tazobac.	→	7,1%



Bacteria

64,7%

Fungi

4%

Protozoa

1%

Virus

1%

Of which **44,62%** where **GRAM - multi-resistant**

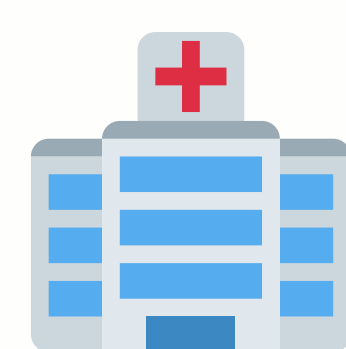
In **68,4%** of cases there was a **complete antibiogram** at the time of prescription.

61.2% of the prescriptions were made by the **infectious diseases department**



Most frequent **indications:**

Urinary tract infection	26,5%
Skin and soft tissue infections	18,4%
Respiratory infections	14,3%



Median of hospitalization days avoided was 7 (6-19).

Highest was 365 days for 3 patients treated for:
visceral leishmaniasis, mycobacterial infection and infection caused by medical devices



Only **1 patient (1%) presented adverse events** (renal toxicity due to amphotericin) **without hospital admission**

Conclusions

OAPAT receivers in our hospital are mostly elderly patients with bacterial infections supported by antibiograms in the moment of prescription. The out-of-hospital administration of these drugs saves a median of seven days of hospitalization, being a mostly safe practice in terms of adverse reactions.