USE OF ANTIMICROBIAL AGENTS IN THE EMERGENCY DEPARTMENT IN A THIRD-LEVEL HOSPITAL

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METHOD

Cross-sectional study of all antimicrobial prescriptions of patients waiting in ED for

admission in hospital from February to March

It was analyzed if the patient after admission

maintained the same empirical antimicrobial

treatment and if it was correct according to the

microbial sensibility data from the sample studied. Data were collected from electronic

PURPOSE

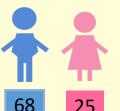
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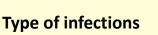
health records and prescription systems.

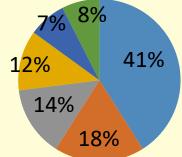
BACKGROUND

Infectious diseases are one of the most frequent reasons for consultation in the Emergency Department (ED), as well as one of the main causes of mortality and admission in the hospital, so it is important to optimize their use.

93 patients mean age 70 years







ars	To describe and to analyze the prescription of antimicrobials prescribed empirically in the ED of a third level hospital and to analyze if microbiological samples are collected in order to stablish a targeted treatment. RESULTS
 Respiratory Urinary Others Intrabdominal Pneumonia COPD 	After admission -34% of patients maintained empirical antimicrobial treatment. - 51% treatments were changed to another agent. - 15% were discharged from the hospital. Microbiological samples were collected before treatment in 48% patients. According to the laboratory results, the empirical antimicrobial was correct in 63% patients.

CONCLUSIONS

More than **35%** of the empirically prescribed treatments were inadequate according to the laboratory sample results. In order to prescribe suitable antimicrobial treatments, it is important to take microbiological samples in advance to establish a targeted treatment, that could be optimized by a multidisciplinary group (program for optimizing the use of antimicrobials -PROA-) in ED.

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