PHARMACIST INTERVENTION FOR THE IMPROVEMENT IN THE USE OF ANTIBIOTICS IN SURGERY SERVICE

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# BACKGROUND

According to **antibiotics' (AB) comsumption** in surgery service in our centre in 2016, it was observed that an **improvement in the use of AB** in the surgery service was necessary, since the data are beyond the comsumption of AB in the region where our hospital is situated.



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### PURPOSE

To analyse the **effectiveness of a programme** of pharmacist intervention in the **reduction of the global use of antibiotics** in inpatient care in the surgery service, with special focus on **amoxicillin-clavulanic** (A/C) and **piperacillin-tazobactam** (P/T). consumption

## **MATERIALS AND METHODS**

**TERVENTIONS** 

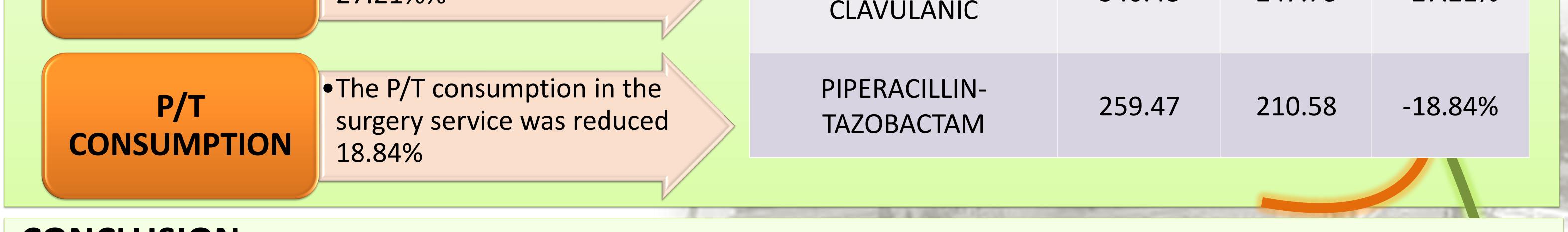
Protocols of surgery treatment were revised in an interdisciplinary meeting, and it was observed that all of them included P/T as an antibiotic prophylaxis. The pharmacist proposed to replace P/T by A/C in protocol as a treatment of choice, and restrict the post-surgical treatment to three doses by default, setting it out in the electronic prescription program.

In addition, the pharmacist revised daily all the antibiotics prescribed with a duration larger or equal to 7

days, and carried out consultations with the surgeons so that they could value several options: **antibiotic de**scaling, to finish treatment and to extract cultures.

The **global consumption of DDD/1000patient-days** and the **A/C and P/T consumption** was drawn from the first semester of 2017, and it was compared to the corresponding data in the first semester of 2016.

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R	RESULTS GLOBAL CONSUMPTION	•The global consumption of antibiotics in the surgery service was reduced 10.15%	CONSUMPTION OF ANTIBIOTICS	DDD/1000 patient- days 2016	DDD/1000 patient- days 2017	Reduction
	<b>OF ANTIBIOTICS</b>		GLOBAL	970.75	847.37	-10.15%
	A/C CONSUMPTION	<ul> <li>The A/C consumption in the surgery service was reduced</li> <li>27.21%%</li> </ul>		340.48	247.78	-27.21%



#### CONCLUSION

The incorporation of a **programme of interdisciplinary intervention** to optimise the adaptation and duration of antibiotic treatment in the general surgery floor has achieved **a reduction in the consumption of antibiotics**, specially A/C and P/T, with the presence of the pharmacist

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