

PHARMACIST INTERVENTIONS in SEQUENTIAL ANTIMICROBIAL THERAPY

INSIDE AN ANTIMICROBIAL STEWARDSHIP PROGRAMS

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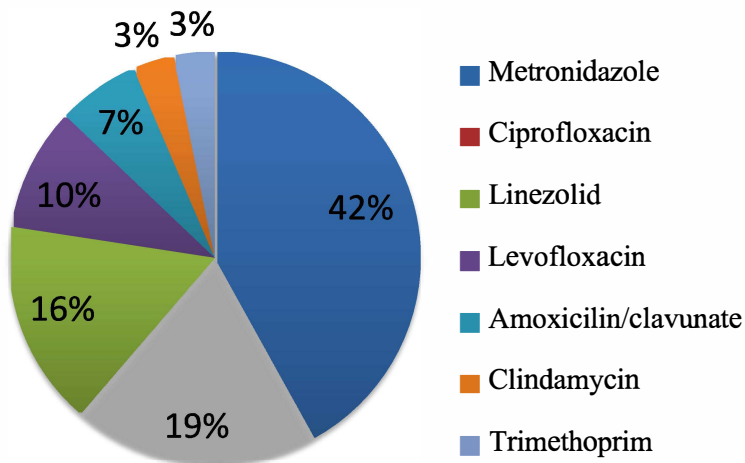
Early switching of intravenous (IV) to oral (PO) antimicrobials is not only possible but highly recommended. Once patients are clinically stable it can reduce decreased risk of infection of the iv catheter, increased comfort and mobility for the patient, decreased risk of thrombophlebitis, reduce the length of hospitalization and lower associated costs. Changes from intravenous to oral antimicrobial therapy resulted in equal clinical efficacy compared with patient administered with full parenteral course.

CONCLUSION AND RELEVANCE

- ✓ We must highlight the metronidazole iv-oral switch because, surprisingly, few prescribers knew almost 100% of it is orally absorbed.
- ✓ This study may be used as a template for the introduction of further pharmacist-led antimicrobial stewardship initiatives.
- ✓ Recommendations initiated by pharmacists do improve the timeliness of IV-PO switch.

From all the patients analyzed (292)

- Pharmacist informed that 18.15% of all patients who started on iv antibiotics were candidates for an early iv-oral switch.
- Doctors agreed on early switch on 33 of 53 cases, which constitute **62.26% of acceptance rate of the intervention**, broken down in:



AIM AND OBJETIVES

Encourage and register pharmacist's interventions in sequential antimicrobial therapy inside an antimicrobial stewardship programs.

MATERIAL AND METHODS

1

INTERVENTIONAL, PROSPECTIVE STUDY

Conducted in a 405-bed academic hospital in Spain (January-May 2021)

2

PRE-SELECT PATIENTS

Using the WASSP[®] app, we pre-selected patients eligible for IV-PO switch in treatment with good absorbed antimicrobials for 3 or more days.

3

STUDY EACH CASE

with these criteria: 18 years and above, IV-PO switch-diagnosis, IV antibiotic for more than 72 hours, body temperature <37,8°C for the past 24 hours, tolerating orally and showing clinical improvements from signs of infection

4

FINALLY, WE COMMUNICATED

Doctors which patients were appropriated for the switch, emergent note in ours electronic prescription system and we follow up those patients.

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