

COMPREHENSIVE PROGRAM FOR PREVENTION AND CONTROL OF INFECTIONS RELATED TO HEALTH CARE AND APPROPRIATE USE OF ANTIMICROBIALS: ONE MORE STEP

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Objectives

Evaluate the changes of antimicrobials or route of administration by the infectious diseases team in a third level hospital according to a local program.

Methods or Study Design

Observational and retrospective study

Inclusion criteria

- Prescription of IV quinolones > 3 day
- •Prescription of carbapenems, daptomycin, linezolid, cefepime, tigecycline and echinocandins > 5 days
- Study period: January-March 2017

Days 3-5 — Doctor was informed to

- Switching the quinolone IV to oral route
- •Convenience of using carbapenems, daptomycin, linezolid, cefepime, tigecicline or echinocandins

If persistence

Days 5-7 — pharmacist informed to infectious diseases unit (IDU) about:

- Need for maintenance IV route
- Need to continue with carbapenems, daptomycin, linezolid, cefepime, tigecicline or echinocandins

Number of

Number of

Results:

Hospital Units	Number of patients with inclusion criteria	Number of changes made by a member of IDU	
Surgical units			
Cardiovascular	7	5	
Digestive	11	6	
Thoracic	2	1	
Maxillofacial	2	1	
Plastic	3	1	
Neurosurgery	25	10	

Total:

Patients with inclusion criteria: 250
Changes made by IDU: 101

number of patients with inclusion criteria	changes made by a member of IDU		
Medical Units			
2	1		
120	35		
21	14		
9	2		
17	14		
3	3		
5	0		
1	1		
4	3		
1	0		
12	3		
4	1		
1	0		
	patients with inclusion criteria Medical Units 2 120 21 9 17 3 5 1 4 1		

Conclusions

The collaboration between the unit of pharmacy and infectious diseases has allowed us to optimize the use of antimicrobials in our hospital. However, it would be necessary to increase the awareness and training of doctors about the inadequate use of antimicrobials due to the risks involved and unnecessary health costs.