

ANTIMICROBIAL STEWARDSHIPS: SEMI-AUTOMATIC VALIDATION TOOL FOR ANTIMICROBIAL PRESCRIBING BASED ON REAL TIME ANTIBIOGRAM

J Diaz-Navarro, S Fenix-Caballero, D Gil-Sierra, C Palomo-Palomo, JC GarciaDeParedes-Esteban, M Camean-Castillo M, MA Blanco-Castaño, MJ Gandara-LadronDeGuevara, C Freyre-Carrillo*, JM Borrero-Rubio

HOSPITAL UNIVERSITARIO PUERTO REAL, HOSPITAL PHARMACY, *MICROBIOLOGY, Puerto Real (Cadiz), Spain. Contact: jorgedn@gmail.com

BACKGROUND

Antimicrobial stewardship.
Mayo Clin Proc. 2011;86(11):1113-23.

Antimicrobial stewardships in hospitals to help patients receive the most appropriate antimicrobial with the correct dose and duration.

CP-234

PURPOSE

To assess obtained data of the first three months after a semi-automatic validation tool for antimicrobial prescribing was implanted.

MATERIALS AND METHODS

A semi-automatic validation tool for antimicrobial prescribing based on real time antibiogram was developed.

■ Patients' antimicrobial treatments were obtained using Farmatools® application from Computerized-Physician-Order-Entry-System (CPOE). Omnimium® antimicrobial susceptibility database were checked from Microbiology laboratory. Both databases were integrated and associated in Access® using ODBC.

■ The software automatically assessed antimicrobials and antibiograms on all inpatients, checked and notified whether medical prescriptions were appropriate.

■ Automatically generated reports were validated by the pharmacist each day. The pharmacist reported to the physicians the discrepancies detected between antimicrobials prescriptions and antibiograms, using CPOE.

From 01/07/2015-15/10/2015, medical department, antimicrobials involved and pharmaceutical interventions were recorded. The latter were classified as withdrawal treatments, therapy change, incorrect antimicrobial dose or frequency.

RESULTS

■ **BENEFITS:** All inpatients with antimicrobial and antibiogram were reviewed in under an hour/day

Automatically generated report example:

PROGRAMA DE OPTIMIZACIÓN DE USO DE ANTIMICROBIANOS

PACIENTE: [REDACTED] **NUHC:** [REDACTED]
CAMA: 339-P **FECHA INGRESO:** 26/01/2016 20:42:00 **NUHSA:** [REDACTED]

| TRATAMIENTO ACTUAL | FECHA INICIO | FECHA FIN | |
|--------------------------------|--------------------------|--------------|-----------------------|
| FLUCONAZOL | NUEVO TRATAMIENTO | 01/02/2016 | Nº DIAS: 1 |
| MEROPENEM | NUEVO TRATAMIENTO | 01/02/2016 | Nº DIAS: 1 |
| TRATAMIENTOS ANTERIORES | | FECHA INICIO | FECHA FIN |
| PIPERACILINA-TAZOBACTAM | | 27/01/2016 | 01/02/2016 Nº DIAS: 5 |

NUMERO PETICION MICRO: 127048049

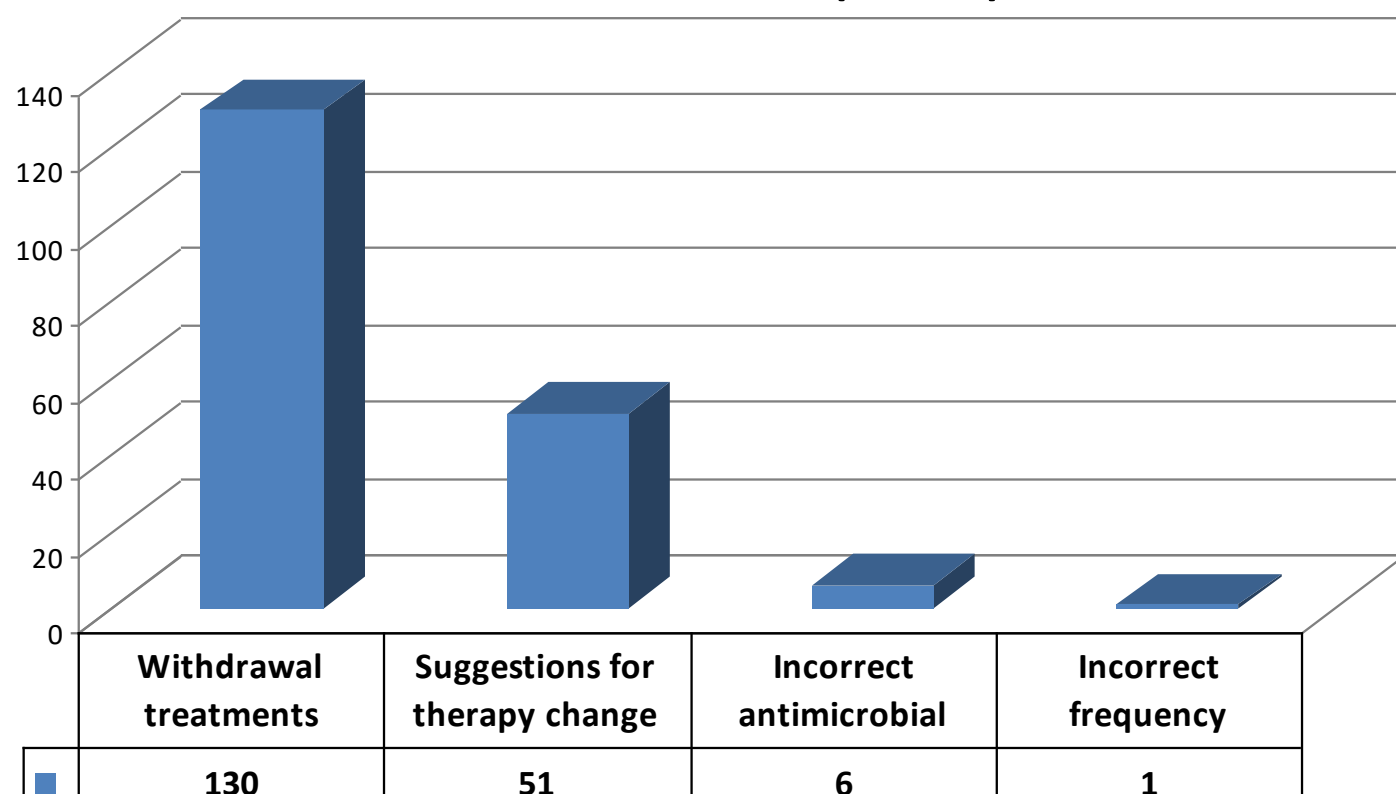
MUESTRA: EXUDADO DE HERIDA
Pseudomonas aeruginosa

Solicitado: 27/01/2016
NUEVO ANTIBIOGRAMA

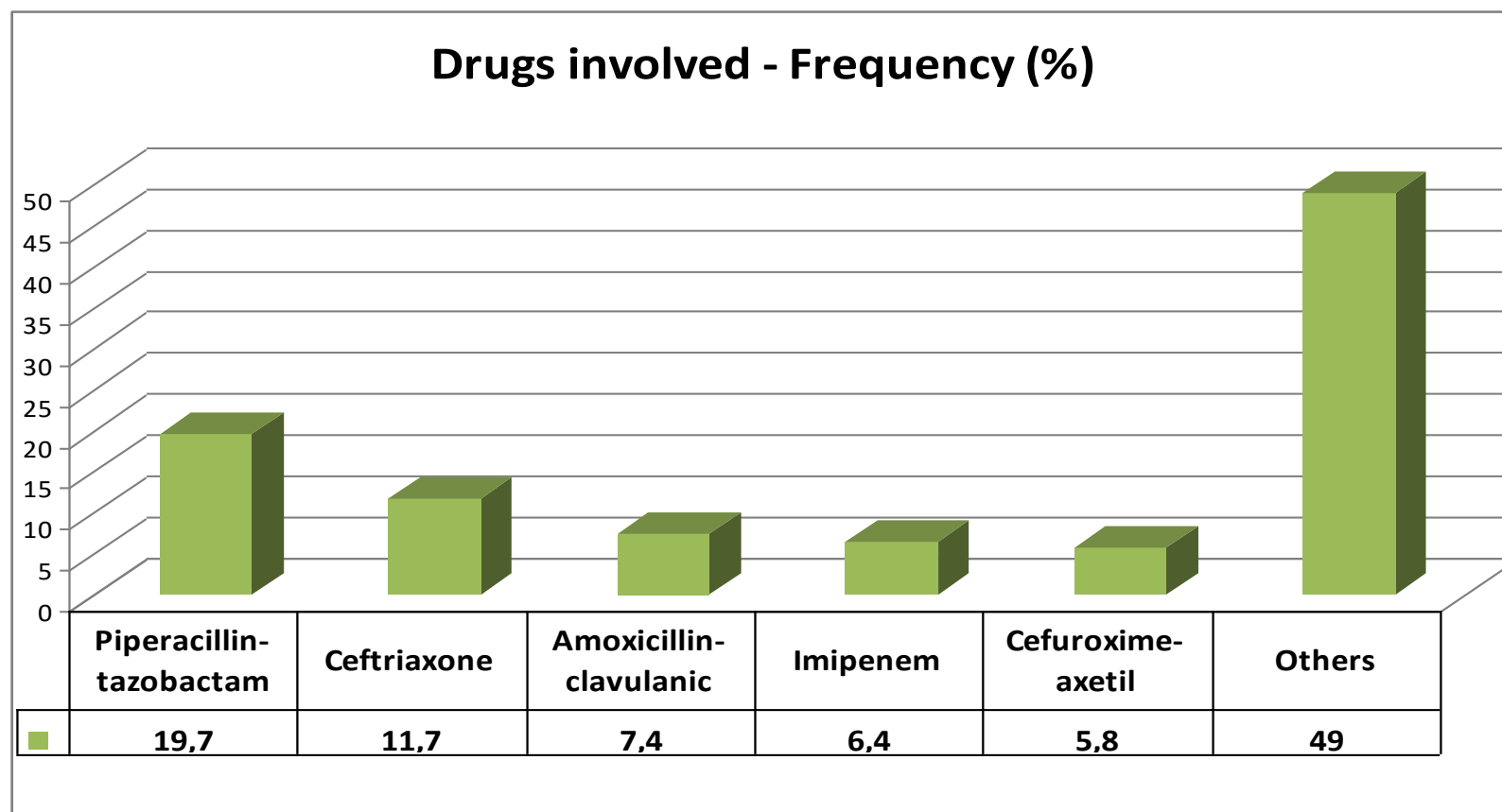
| | |
|---------------------------|------------|
| Amikacina | INTERMEDIO |
| Amoxicilina/A.clavulánico | RESISTENTE |
| Ampicilina | RESISTENTE |
| Cefalotina | RESISTENTE |
| Cefepime | RESISTENTE |
| Cefotaxima | RESISTENTE |
| Cefoxitina | RESISTENTE |
| Ceftazidima | RESISTENTE |
| Cefuroxima | RESISTENTE |
| Ciprofloxacina | RESISTENTE |
| Cotrimoxazol | RESISTENTE |
| Ertapenem | RESISTENTE |
| Gentamicina | RESISTENTE |
| Imipenem | SENSIBLE |
| Levofloxacina | RESISTENTE |
| Meropenem | INTERMEDIO |
| Piperacilina/Tazobactam | SENSIBLE |
| Tobramicina | RESISTENTE |

REVISAR TTO ANTIBIOTICO

Interventions (n=189)



Drugs involved - Frequency (%)



CONCLUSIONS

The semi-automatic validation tool allows time optimization: the antimicrobial stewardship team was able to check all inpatients antimicrobial prescriptions each day, based on antibiograms. Almost three-quarters of pharmacist interventions were withdrawal treatments proposals, followed by suggestions for therapy change.