



CATHETER RELATED INFECTION TREATMENT PROTOCOL COMPLIANCE IN THE INTENSIVE CARE UNIT

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- The Hospital Infection and Antibiotic Policy Committee guidelines recommend antibiotics to cover coagulase-negative staphylococcus and Gram-negative bacilli with vancomycin + aminoglycoside or aztreonam if Catheter-Related Bacteraemia (CRB) is suspected. Fungal coverage has to be evaluated.
 - To assess compliance with the antibiotic treatment protocol in the CRB in the Intensive Care Unit (ICU).
 - Observational prospective 6-month study in a 32-bed ICU in a tertiary hospital in patients hospitalized ≥ 48 hours carrying a Central Venous Catheter (CVC).
 - Demographic and antibiotic treatment were recorded and compared with the empirical treatment recommended.

Study period: from September 8th 2011 to March 8th 2012

Patients included: 571; 390 (68.3%) males, mean age 61.0±15.6 years

Number of CVC: 844, equivalent to 5578 CVC days

Number of CVC removed for fever: 114

Number of BRC confirmed: 11 (10 patients). Incidence BRC: 1.97 BRC/1000 CVC days.

	PATIENT	MICROBIOLOGY	EMPIRIC ANTIBIOTIC TREATMENT	BRC Guidelines
	1	Morganella morganii	levofloxacin + piperacillin/tazobactam	8
ĺ	2	Methicillin-sensitive Staphylococcus aureus	meropenem	8
	3	Methicillin-sensitive Staphylococcus aureus	levofloxacin + teicoplanin	
ĺ	4	Staphylococcus epidermidis	linezolid	8
	5	Staphylococcus epidermidis	piperacillin/tazobactam + teicoplanin	\bigcirc
	6	Staphylococcus epidermidis	linezolid + meropenem + caspofungin	\bigcirc
	7	Escherichia coli	piperacillin/tazobactam	(S)
	8	Pseudomonas aeruginosa	piperacillin/tazobactam	8
	9	Carbapenemase-positive Klebsiella pneumoniae	piperacillin/tazobactam + voriconazole	8
	9	Carbapenemase-positive Klebsiella pneumoniae	piperacillin/tazobactam + voriconazole	⊗
	10	Candida glabrata	fluconazole + levofloxacin	€

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- Protocol compliance is low in the ICU for empirical treatment of CRB.
 - A large number of CVCs were removed for fever with no clear correlation with CRB.
 - 7 of 10 patients would not receive appropriate empirical treatment if CRB was suspected.