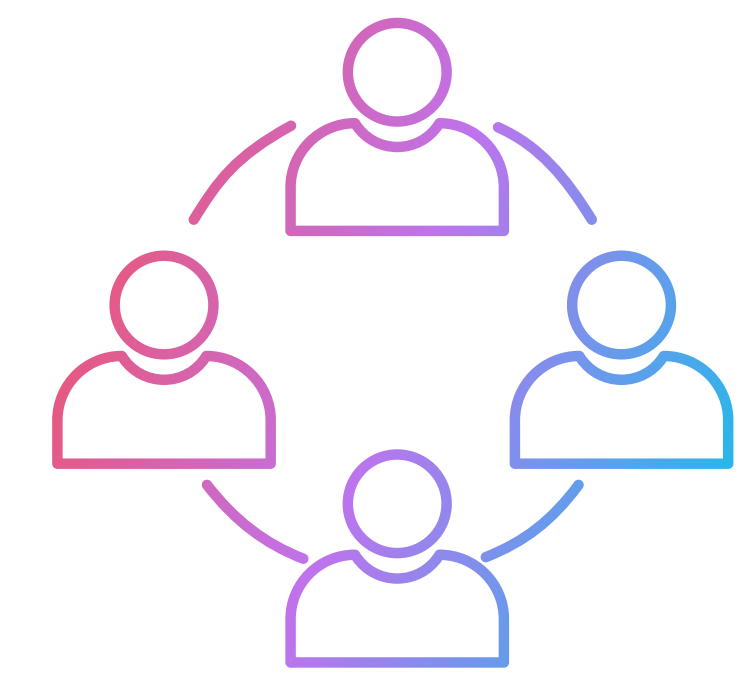


ANTIMICROBIAL STEWARDSHIP PROGRAMME INTERVENTIONS IN INTENSIVE CARE UNIT



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JOI-ANTIBACTERIALS FOR SYSTEMIC USE

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BACKGROUND & IMPORTANCE

Intensive care units (ICU) $\left\{ \begin{array}{l} \uparrow \text{COMPLEXITY} \\ \uparrow \% \text{ ANTIBIOTIC TREATMENT} \end{array} \right.$

The antimicrobial stewardship programs are essential to achieve appropriate use of antibiotics: \uparrow patient's prognosis, \downarrow adverse effects, \downarrow antimicrobial resistance and to ensure cost-effective treatments.

AIM & OBJECTIVE

To describe the interventions carried out by a multidisciplinary program (MP) in terms of antimicrobial stewardship and its acceptance in ICU.

MATERIAL & METHODS

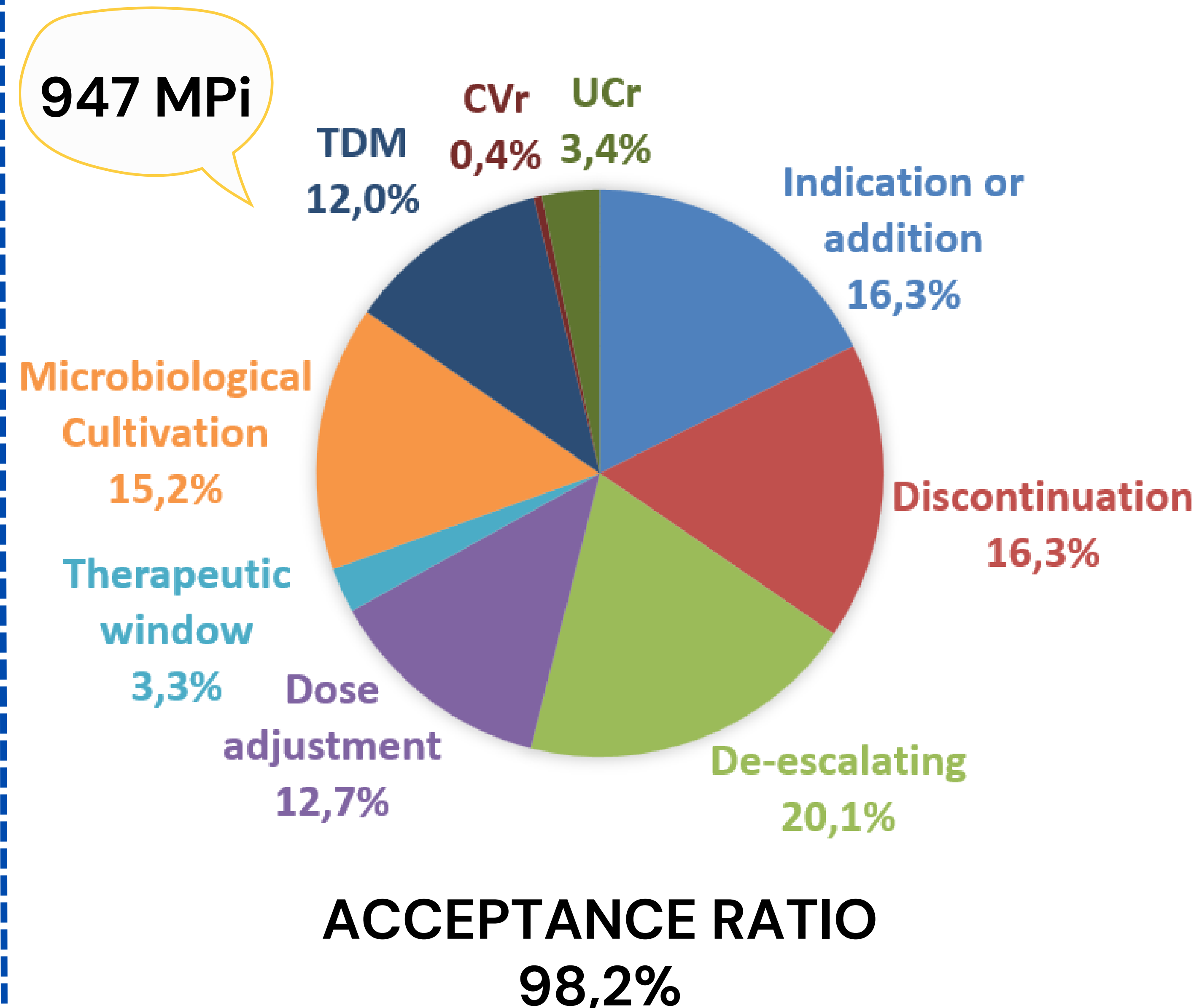
- Retrospective study. Jan 23 – Sep 23
- 21 ICU beds
- Daily meetings of MP: Intensivists, pharmacists and microbiologists

Variables: Number of ICU admission, % of patients with antimicrobial treatment, number and type of MP interventions (MPi) and acceptance rate.

- MPI
1. Indication or addition of another antibiotic
 2. Discontinuation
 3. Therapeutic window
 4. De-escalating
 5. Therapeutic drug monitoring (TDM)
 6. Dosage adjustment
 7. Microbiological cultivation
 8. Central venous replacement (CVr)
 9. Urinary catheters replacement (UCr)

RESULTS

4770 clinical episodes
47.2% of cases ≥ 1 antimicrobial drug



CONCLUSIONS

- **Daily** clinical practice in ICU being **essential** to ensure the appropriate use of antimicrobial therapy.
- The **integration of a clinical pharmacist** in this MP increases the optimisation of the antimicrobial treatment in terms of efficacy, medication safety through dose adjustment and TDM, and cost effectiveness.