



RESULTS OF ANTIBIOTIC PROPHYLAXIS IN ACUTE BRONCHOASPIRATION PNEUMONITIS

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Background and importance

The use of antibiotics in acute bronchial aspiration is common, although there is little evidence that it provides benefits, and it exposes patients to increased microbiological resistance and the appearance of side effects from the use of antibiotics.

Aim and objectives

Compare mortality, change of ventilation modality, ICU admission and hospital stay of patients with aspiration who receive prophylactic antibiotic therapy, with patients who do not receive antibiotics.

Material and methods

Retrospective descriptive observational study of patients with acute bronchial aspiration (January 2022-March/2023). Demographic and clinical data were collected from the patient's medical history; and medication-related information from the electronic prescription software available in the hospital.

Results

267 patients (50.6% women). Average 81.62 years. Services: Emergencies (75.7%), Internal (12.4%). Charlson index 6.10 (SD 2.73). Risk of bronchial aspiration in 71 patients (26.6%). 231 (86.5%) antibiotic, 36 (13.5%) without antibiotic. Amoxicillin-clavulanic acid was most commonly used (59.2%). Antibiotic treatment duration 6.64 days (SD 4.40). 7 complications secondary to antibiotics. Antibiotic indicated in 28 patients (10.5%). 30 patients (11.2%) changed ventilatory modality, 21 patients (7.9%) were admitted to the ICU. 97 patients (36.3%) died (days until death 5.75 days), of which 75 (77.1%) received antibiotics.

Conclusion

Prophylactic antibiotics during acute aspiration do not reduce mortality or the need for ICU admission, but rather increase the need to change ventilation modality. The hospital stay in prophylactic antibiotic therapy is longer compared to patients who do not receive antibiotics.



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