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ANTIBIOTICS IN THE EMERGENCY DEPARTMENT: IS IT POSSIBLE TO IMPROVE THE PRESCRIPTIONS FOR INFECTIOUS RESPIRATORY DISEASES IN AMBULATORY PATIENTS?

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BACKGROUND AND IMPORTANCE

2,837 deaths in Spain in 2015 due to resistant bacteria

Will they exceed cancer or heart related deaths in 2050?

Health authorities have reacted to the problem, and the Health Care Service of Madrid (SERMAS acronym) published in 2019 the “Antibiotics use guide for ambulatory treatment in adults”

Outlined as reference document for all health professionals (hospital and ambulatory care)

AIM AND OBJECTIVES

To evaluate de adequacy to the “SERMAS” guide of the antibiotic prescriptions to ambulatory patients in the Emergency Department (ED) in one of the biggest hospitals of Madrid

MATERIAL AND METHODS

Characteristics of the sample

- 100 patients
- In a random period of January 2019
- Diagnosed of a respiratory disease
- Selected in the Emergency Department

1st: INDICATION
• Is the prescribed antibiotic necessary for this infection?

2nd: ELECTION
• Is the antibiotic coverage correct?

3th: SELECTION
• Is the selected antibiotic the best option within the possibilities?

4th: POSOLOGY
• Are dose and treatment duration correct?

Decision tree used to evaluate de adequacy of the prescriptions to the SERMAS guide

RESULTS

- 100 patients (50 women + 50 men)
- 53% (53/100) treated with an antibiotic
- 74% (39/53) of treatments were properly indicated
- 95% (37/39) of treatments elected covered the likely bacteria
- 28% (10/37) of selected treatments were the recommended by the SERMAS guide

Quinolones and high spectrum antibiotics were the more overused treatments
Only 15% (8/53) treatments had the recomended dose and duration

CONCLUSIONS

1. Antibiotic prescriptions in the ED for ambulatory patients are poorly adjusted to the SERMAS guide
2. Duration and dose are the main problems of adequacy

ANTIBIOTIC PRESCRIPTIONS IN ED SHOULD IMPROVE TO REDUCE THE INCREASING RESISTANCES

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