MANAGEMENT OF THE HOSPITALISED PATIENT WITH FLU

BACKGROUND
Clinical practice guidelines recommend Oseltamivir in hospitalized patients with influenza, however its use in clinical practice is limited.

AIM AND OBJECTIVES
To know the criteria for the use of Oseltamivir in hospitalized patients and to analyze the prescription of concomitant antibiotics

MATERIALS AND METHODS
Observational, descriptive, retrospective study of patients treated with Oseltamivir
Source of information: Electronic medical history.

RESULTS
Oseltamivir was prescribed in 160 patients

- Average entry duration: 8 days.
- Pathological history
- Oseltamivir dosing regimen: 75 mg/12h; 150mg/12h (6.25%)
- Duration of treatment: 5 days (52%) <5 days (29%) >5 days (19%)
- Antibiotics received

Amoxicilin/clavulanic acid 35
Ceftriaxone 67
Levofloxacina 73

PCR was performed in 111 patients
103 FLU A +

- High blood pressure 27.7%
- Dyslipidaemia 19.3%
- Cardiovascular disease 18.5%
- Lung disease 14.7%
- Diabetes 10.1%
- Immunosuppression 6.3%
- Chronic kidney disease 7.8%

CONCLUSIONS
PCR is not performed in all patients suspected of flu virus infection. The population>65 years of age is the most affected by the virus, with HTA and tobacco being the main risk factors. Oseltamivir is used at the correct doses, but a treatment duration greater than or less than 5 days is not warranted. CKD adjustment is not always taken into be present. Overuse of antibiotics is confirmed in patients where an antiviral would possibly be sufficient to treat influenza.

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