The General Surgery Service (GSC), given its complexity, heterogeneity and need to treat varied and complex infections, is a service potentially benefiting from these interventions. The aim of antimicrobial stewardship programmes (AMS) is to improve clinical outcomes, minimise associated adverse events and avoid the potential emergence of resistance.

Our objective is to analyse the recommendations issued by the pharmacist and evaluate the degree of acceptance by surgeons.

**BACKGROUND AND IMPORTANCE**

**AIM AND OBJECTIVES**

Prospective study February – April 2021. Patients with antimicrobial treatment for \( \geq 4 \) days were included.

Variables included
- Gender
- Age
- Previous Intensive Care Unit (ICU) stay and initiation of treatment
- Isolated microorganism
- Empirical versus targeted treatment
- Drug
- Recommendation category and their acceptance
- Mean of days from discontinuation of treatment to discharge
- Need to restart antimicrobial therapy at 7 days

**RESULTS**

- 58 patients; Mean age (SD) was 69 (15.8) years
- 58.7 % men
- 36% were admitted from the ICU where antimicrobial treatment was started in 66.8%

Waterfall diagram:
- Treatment: 68% Empirical, 32% Targeted
- Isolated microorganism: 8.90% Escherichia coli, 13.40% Enterobacter cloacae, 14.00% Enterococcus faecium
- Most drug prescribed: 13.30% Piperacillin / tazobactam, 16.00% Amoxicilin / clavulanic acid, 34.70% Meropenem
- Recommendations: 9.30% Duration of treatment, 6.70% EST, 84.00% Dosage optimization
- Recommendations accepted: 75 recommendations were made, 66.6 % accepted

- Mean of 5 days from discontinuation of treatment to discharge
- Need to restart antimicrobial therapy at 7 days (4%)

**CONCLUSION AND RELEVANCE**

The duration of antimicrobial therapy was one of the main reasons for an inappropriate use in the GSC. A third of patients came from the ICU. All of these make the participation of the pharmacist as a cornerstone of ASP. Recommendations were well accepted. However, periodic communication between pharmacists and physicians could be a strategy to optimize treatment improving efficiency and security.

Historical research
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