

ACUTE RESPIRATORY INFECTIONS: AN ANALYSIS OF HOSPITAL ANTIBIOTHERAPY PRESCRIPTION QUALITY FOR THE PAEDIATRIC POPULATION

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BACKGROUND AND OBJECTIVES

In the pediatric population, a potentially high use of antibiotics has been verified. The inappropriate use of these drugs leads to a progressive increase in resistance rates, which is a major public health problem worldwide. The objective of the study was to analyse the rationale for antibiotic prescriptions in acute respiratory infections in the Pediatric Hospital Area.

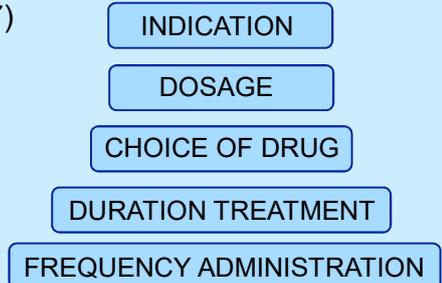
MATERIALS AND METHODS

- A one-year retrospective observational study (November 2016-October 2017)
- Episodes of hospital admission for acute respiratory infection in pediatrics



Expert Committee

Analyse the rationale for antimicrobial therapy, according to five criteria



RESULTS

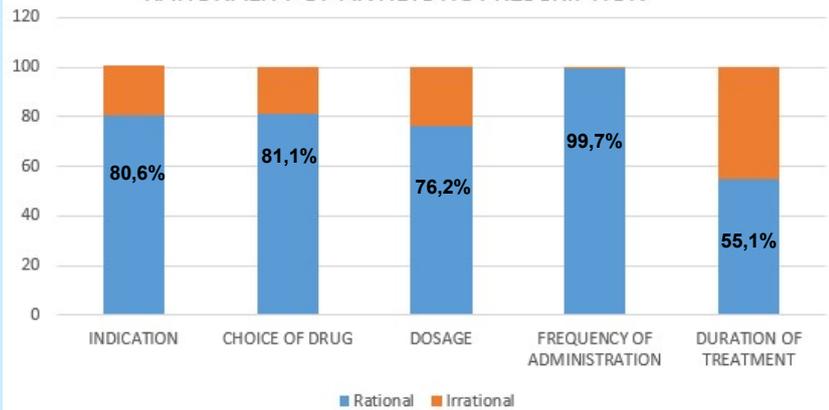
PATIENTS

- ✓ 319 children
178 male
- ✓ Median age
2,3 years
(1 month-14 years)
- ✓ 72% bronchitis
28% community-acquired pneumonia

ANTIBIOTICS

- ✓ 408 antibiotic prescriptions were evaluated
- ✓ Prescribed:
92% pneumonia
41% bronchitis

RATIONALITY OF ANTIBIOTIC PRESCRIPTION



RATIONALITY

- ✓ 44.3% of the patients had a completely rational antibiotic prescription.
- ✓ The worst criteria was duration of treatment in patients with community-acquired pneumonia, being irrational in 62.5% (75.8% for excess of days).

CONCLUSIONS

- ✓ The study data show a wide margin of improvement in the hospital prescription of antibiotics in pediatrics.
- ✓ The duration of treatment was the criterion with the least degree of adequacy, being incorrect in almost half of the prescriptions.
- ✓ There is a clear need for urgent action, such as implementing optimization programs for the use of antimicrobials in pediatric services, to put a stop to the indiscriminate use of these drugs and improve clinical outcomes of patients with infections, minimize adverse effects associated with the use of antimicrobials as well as microbial resistance, and guarantee the use of cost-effective treatments.

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