Antimicrobial resistance has become a global challenge in health care and is usually associated with poor antibiotic-prescribing patterns. We sought to determine the rate and characteristics of antibiotic prescription in order to design future targeted antimicrobial stewardship interventions.

**BACKGROUND & PURPOSE**

A point prevalence survey was carried out in the framework of the multicenter study of international prevalence Global PPS 2017 (www.globalpps.com) in November 2017. The study was conducted from the analysis of all prescriptions of active antibiotics at 8:00h AM at the hospital in a single day. A descriptive study (frequency and percentage) of the variables explored was carried out.

**RESULTS**

Of 174 patients eligible for the study, quality indicators for antimicrobial prescriptions were: compliance with institutional guidelines: 100%, 62.3% and 57.8% (p<.01); reason given for prescribing in patient case notes: 50%, 83% and 85.3% (p<.01); antibiotic duration documented in medical chart: 14.3%, 7.5% and 13.8% (p=.498) and targeted treatment: 28.6%, 34% and 32.1% (p=.922) for ICU, medical and surgical departments respectively.

There were therapeutic indications in 129 of the prescriptions, of which 22.5% were for skin and soft tissue infections followed by 15.5% complicated urinary tract infections and 9.3% pneumonia. Amoxicillin-clavulanate was the most prescribed antibiotic for treatment and prophylaxis purposes (48.1 and 29.8% respectively). According to syndrome worst guideline compliance was observed in complicated urinary tract infections 57.9% and skin and soft tissue infections (65.5%)

**CONCLUSIONS**

In our setting, adequate acquisition definition, compliance to local guidelines, obtaining of microbiological samples and certain clinical syndromes (skin and soft tissue and urinary) were the main variables identified to prioritise ASP targeted intervention.