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IMPACT OF THE EARLY SWITCHING FROM INTRAVENOUS TO ORAL ANTIBIOTICS IN A TERTIARY HOSPITAL

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Background and importance:

One of the strategies for the rational use of antibiotics is conversion of intravenous antibiotic treatment to oral as soon as possible, without compromising the therapeutic response of the patient. This can reduce the number of possible adverse effects associated with parenteral use and have an economic impact.

Aim and objectives:

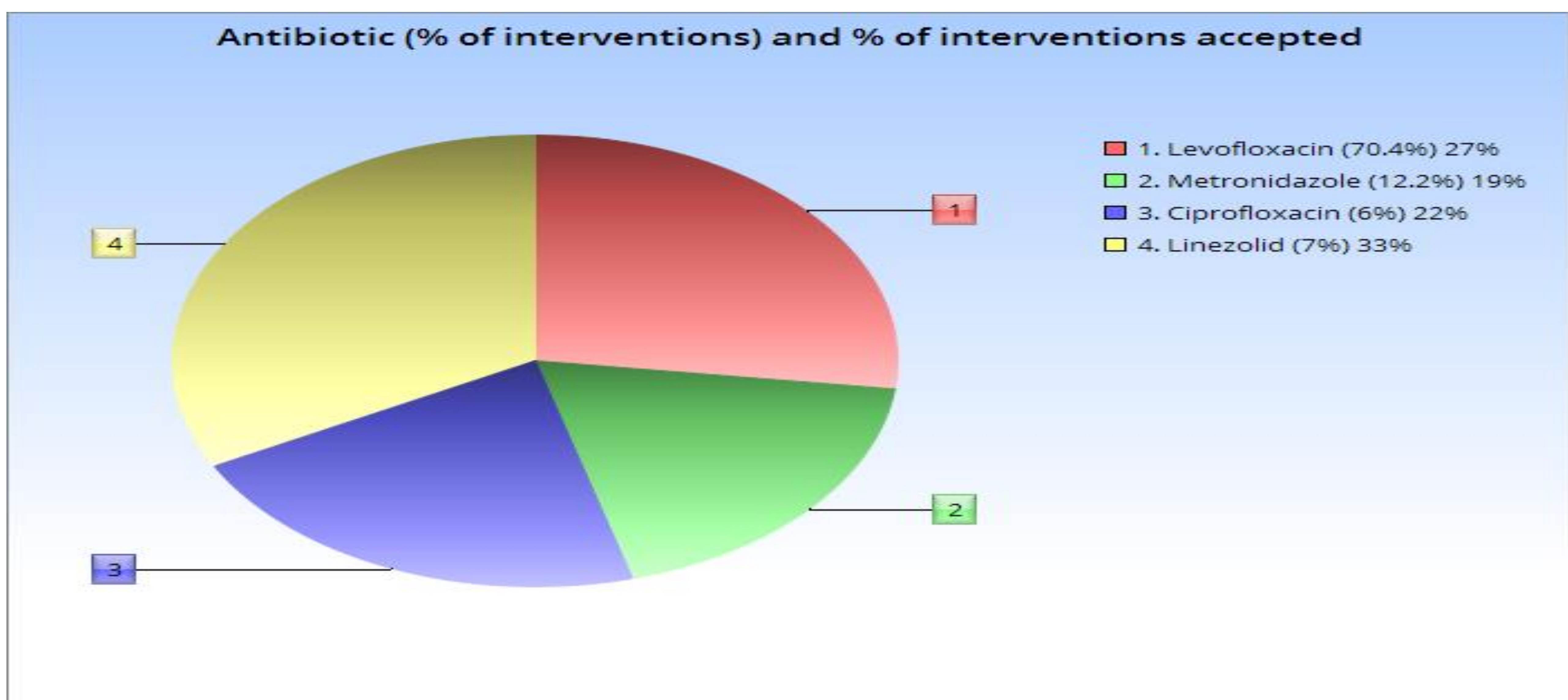
This study was conducted to promote early switching from intravenous to oral treatment in patients who were prescribed parenteral antibiotic treatment for >3 days and to analyse the degree of acceptance of the interventions performed by the pharmacists.

Material and methods:

A prospective interventional study was carried out between February and April 2019. All patients receiving intravenous antibiotic treatment for >3 days were analysed by two pharmacists. Antibiotics included levofloxacin, ciprofloxacin, linezolid and metronidazole. The oral switch was proposed in patients who tolerated oral administration, with no fever and decrease in inflammatory markers (leucocytes and C reactive protein) and whose clinical condition had improved. Those excluded were critically ill patients and infections that were not candidates for sequential therapy (CNS infections, undrained abscesses, endocarditis and endovascular prosthetic infections). The intervention consisted of a message from the pharmacist sent through the electronic prescription programme to the responsible physician with a recommendation to switch to oral administration. Data were extracted from the management software (Farmatools) and collected in an Excel spreadsheet

Results:

A total of 117 patients were selected (53.9% men, median age 69 years). Patients were hospitalised in: pneumology (48.7%), surgery (18.8%) and internal medicine (8.6%). An intervention was made in 57 (48.7%) patients. In 78.9% (45) the intervention was accepted and 21.1% (12) were denied by medical staff.



Conclusion and relevance:

Review of antibiotic prescriptions by the pharmacist service increased early sequential therapy, and the degree of acceptance by medical staff was high. This was related to a decrease in adverse effects and costs per patient.

