OPTIMIZATION OF ANTIBIOTIC TREATMENT IN GENERAL SURGERY

Hospital Universitario de Getafe, Madrid, Spain

Email: mariaeugenia.martinezn@salud.madrid.org

20th Congress of European Association of Hospital Pharmacists. 25th-27th March 2015, Hamburg, Germany

Conflict of interest: Nothing to disclose

BACKGROUND

Epidemiological studies have shown an association between antibiotic consumption and the emergence of resistance.

Institutional antibiotic use policies are essential in reducing the selective pressure for resistance improving the quality of outcomes and the patient security.

METHODS

Pre-Post intervention study

- October-November 2013: ("PRE" period)
- January-February 2014: ("POST" period)
- Inclusion criteria: surgical patients in active antibiotic treatment
- Exclusion criteria: perioperative antibiotic prophylactic

DATA RECORDED

<table>
<thead>
<tr>
<th>Age, sex</th>
<th>Adequacy of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comorbidities, type IAI (complicated, no-complicated)</td>
<td>Consumption: Defined Daily Dose (DDD)/100 bed-days</td>
</tr>
<tr>
<td>Risk factors of Enterobacteria producing extend-spectrum beta-lactamase</td>
<td></td>
</tr>
</tbody>
</table>

Inappropriate treatment:

- Excessive length, incorrect dosage and/or route of administration, broad-spectrum antibiotic when de-escalation is possible

RESULTS

Use of broad-spectrum antibiotics is reduced and de-escalating has been promoted.

- Taking samples prior to initiation of antibiotic therapy is encouraged.
- An increased of duration (26%) was probably due to more serious infections.
- The multidisciplinary approach is one of the main tools of optimization antimicrobial use programs.

CONCLUSIONS

Conflict of interest: Nothing to disclose