

Initiative for Sequential Antibiotic Therapy: Enhancing Antimicrobial **Stewardship in Hospitalized Patients**

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What was done?

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- The initiative promoted the adoption of sequential antibiotic therapy among hospitalized patients undergoing intravenous treatment for more than 3 days Leveraging the Wise Antimicrobial Stewardship Support System® (WASPSS®) and detailed analysis of medical records.
- ✓ Choose eligible patients based on: Clinical stability Oral bioavailability Antibiotic suitability Infection

Why was it done?



- \checkmark The initiative started in October 2022 as a response to the challenges associated with prolonged intravenous antibiotic use.
- ✓ The overarching goals were to enhance patient care, mitigate unnecessary intravenous antibiotic prescriptions, and foster a culture of responsible antimicrobial stewardship.
- Recognizing the need for a systematic and collaborative approach, the Antimicrobial Stewardship Program (ASP) pharmacist played a central role in implementing interventions across various medical specialties.





✓ WASPSS® detects every patient with intravenous antibiotic more than 3 days and the ASP pharmacist decides which patients will benefit from sequential therapy. ✓ Choosing the **recommendation criteria** is essential to have a good



The main **obstacles** were:

response from medical specialties.

- Establishment of refined communication routes





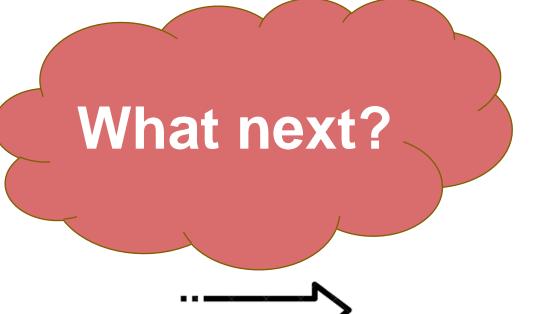




74% of 573 alerts met the criteria for transitioning from intravenous to oral administration

Results from the intervention: 45.1% switch to oral antibiotics, 21.2% showed no change, 17% change or finish the treatment, 16.7% of patients were discharged Acceptance rate was lower than expected (43.8%). It differs between medical specialities:

- ✓ *Higher acceptance rates:* pneumology (61.3%) and general medicine (54.4%).
- ✓ Lowest acceptance rate: Oncology (35,3%) general and digestive surgery (25,8%)



This initiative serves as a beacon for responsible antibiotic management, making noteworthy contributions to patient safety, cost-effectiveness, and the overall quality of healthcare delivery. Recommending ongoing collaboration, continuous training, and regular analysis of recommendation criteria will enhance its impact.



