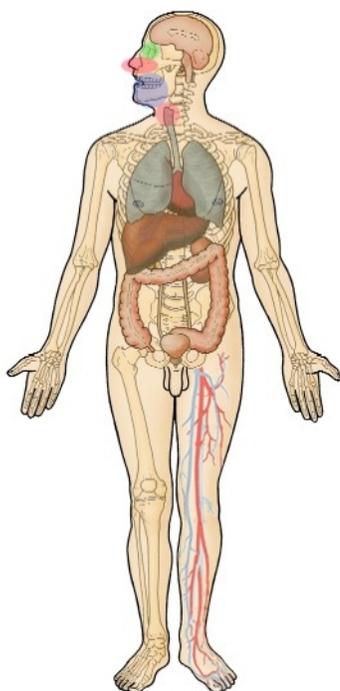


**Development of a web-based antimicrobial resource to improve antimicrobial prescribing – 5-year review**

J.A.T. Sandoe\*, P. Howard, A. Olusoga, J. Dunne, K. Warburton (Leeds, UK)

**Introduction:** In 2007 our Trust was performing poorly for Clostridium difficile infection (CDI) and meticillin resistant Staphylococcus aureus (MRSA) bacteraemia. No antimicrobial stewardship programme existed, so the Improving Antimicrobial Prescribing Group was established. **Aims:** The project aimed to build a web-based infection management resource with: • Evidence-based, local consensus infection management and prophylaxis guidelines • Recommendations for clinical diagnosis, investigation, treatment (empiric and directed therapy), allergy, IV to oral switch, duration of therapy, referral criteria • On-line peer review system to enable stakeholder involvement • Monitor on-line use of guidelines • Educational resource for prescribers • Audit resource, with plans, tools and results • Links to British National Formulary (BNF) and Electronic Medicines Compendium (eMC) **Results:** • 105 guidelines have been developed • Guidelines have been modified and updated continuously in response to new evidence • Modification allowed on-line comments once the guideline was in use • All guidelines link to eBNF/eMC, drug dosing tools and/or restrictive supply processes **Between 2008 and 2011:** • Guideline “hits” increased from 1500 to >10000 hits/month • Prevalence of patients on antimicrobials decreased from 35% to 27% • Documentation of indication on prescription chart increased from 80% to 93% • Documentation of duration on prescription chart increased from 62% to 92% • CDI decreased from 75 cases per month to 17 • MRSA bacteraemia decreased from 11 to 1/month • Many audits show improved compliance with guidelines **Discussion:** Many hospitals use paper-based antimicrobial guides. These go out of date. We developed pathways that focus on accurate diagnosis and appropriate investigation of infection, with antimicrobials recommended only if necessary. The development process promotes stakeholder ownership and therefore subsequent usage, confirmed by hits data. Monthly point prevalence has shown a drop in patients on antimicrobials. Changes in antimicrobial prescribing may have helped reduce CDI/MRSA. Web-based, evidenced-based, local consensus antimicrobial guidelines are an effective method to support prescribers in their diagnosis and treatment of infection. Links to external & internal information resources such as eBNF, eMC and dose calculators improves patient safety. Feedback processes ensure guidelines are up to date. Guidelines designed and delivered in this manner are used clinically.



Search by keyword

Adult treatment guidelines

Adult prophylaxis guidelines

'All' Adult body systems (eg Systemic Infection)

**Respiratory Treatment Guidelines**

- Acute Exacerbation in Bronchiectasis
- Aspiration pneumonitis and aspiration pneumonia
- Community Acquired Pneumonia
- COPD - Full Guidelines for the Diagnosis and Management of Chronic Obstructive Pulmonary Disease
- Cystic Fibrosis in Children and Adults
- Hospital Acquired Pneumonia
- Infected Parapneumonic Effusions and Empyema
- Influenza
- Lung Abscess in adults
- Varicella (Chicken Pox) Infection in Adults
- Ventilator-associated pneumonia

**Respiratory Prophylaxis Guidelines**

- Thoracic Surgery

