

P2043 Antimicrobial stewardship in a large teaching hospital: is the reassessment of intravenous antimicrobials on our safety radar? The journey so farAbimbola Olusoga^{*1}, Philip Howard^{1,2}, Kelly Atack¹, Caroline Walker¹¹ Medicine Management and Pharmacy Services, Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom, ² Faculty of Medicine and Health, University of Leeds, Leeds, United Kingdom

Background: Antimicrobial resistance (AMR) poses one of the greatest patient safety threats of our time and a significant risk factor in the spread of AMR is the inappropriate use of antimicrobials. In secondary care settings, the majority of patients admitted with severe infections are initially started on intravenous (IV) antimicrobials but short intravenous course of therapy for 48-72 hours followed by oral medications for the remainder of the course is found to be beneficial to many patients. In 2017, a web based survey revealed that 54% of clinical teams reviewed intravenous antimicrobials every day. The aim of this study was to pilot a tool to aid the reassessment of intravenous antimicrobials to further support the development of a strategy to improve the "Focus" element of Start Smart Then Focus.

Materials/methods: An intravenous antibiotic review tool (Figure-1) which incorporates IV to oral switch assessment (Afebrile, Clinically improving, Eating and drinking, not Deep-seated infection - "ACED") was developed as an e-form on the electronic care record (PPM+). This was piloted by clinical teams in December 2017.

Results: In total, there were 48 forms with zero status (a new form is started but no draft sections submitted) with 23% submitted. The "Review of initial infection diagnosis" section was completed in 100% of cases while the "Microbiology and Relevant imaging results" sections were completed partially as some of the results were not relevant for the specific infection. The "IV to oral switch assessment" section was completed in 100% cases.

Conclusions: It is reported that on average a third of patients receive antimicrobial therapy and approximately 40% of these patients will receive an IV agent however in our Trust, the number of patients on IV antimicrobials is 10% higher with a 3% increase in the last two years. Prudent antimicrobial prescribing, which includes the appropriate route of administration, regular reassessment and length of treatment, will help to avoid these consequences and ensure optimal patient care and use of resources. The use of ACED criteria was shown to be beneficial in improving assessment of intravenous antimicrobials and help to avoid exposing patients to unnecessary risks.

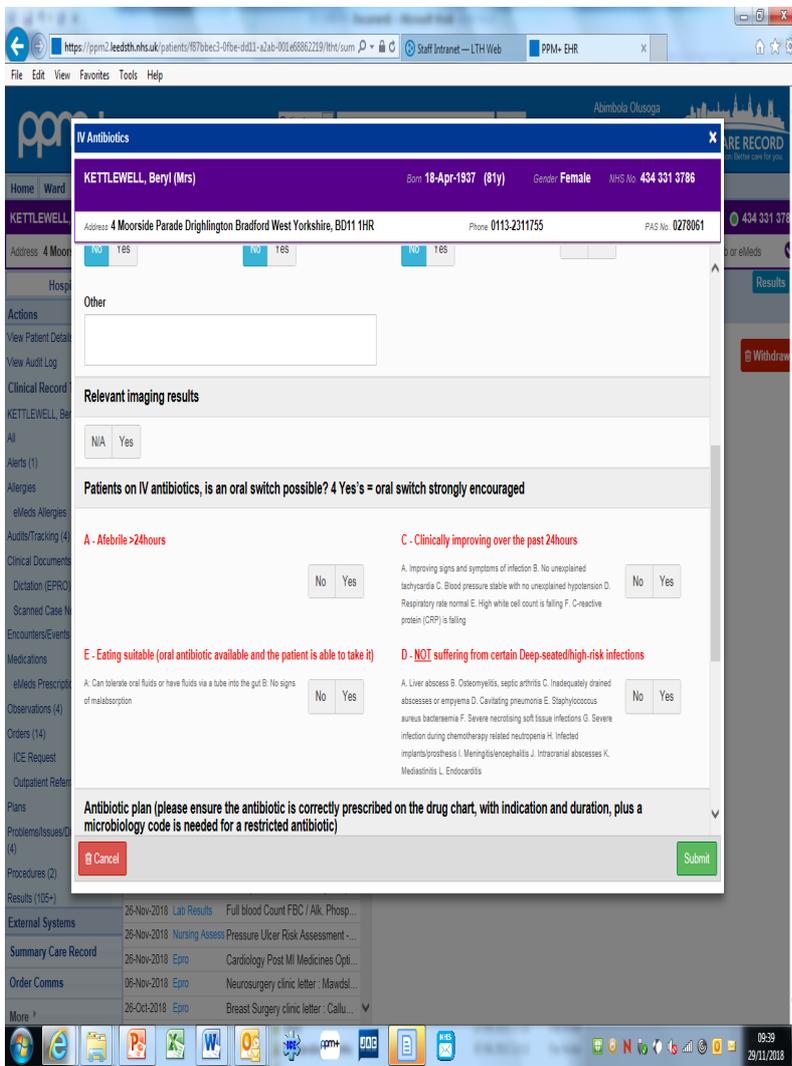


Figure-1

