

vein (57.3%) followed by the subclavian vein (34.5%), peripherally inserted central catheter (PICC, 7.6%) and femoral vein (0.6%). A total of 143 CVC (27.2%) were removed for suspected BSIs, of which 50.3% were negative. There were 13 colonisations (2.5% of the total), 38 CRB (7.2%) and 20 positive results for central blood cultures without peripheral blood cultures (3.8%), so it was not possible to determine whether it was colonisation or CRB. Regarding location, 54.9% of the infected CVC were jugular, 35.2% subclavian and 9.9% PICC. The overall CRB rate was 6.8. Results by services were: 4.7 in surgery services, 8.2 in the ICU and 11.0 in medical services. *Staphylococcus* was the most common isolate (80.6%) followed by *Escherichia coli* and other gram negative bacteria (9.7%). There were two infections caused by *Acinetobacter* (2.8%) and three caused by *Candida* (4.2%).

**Conclusion and relevance** Most of CVC had been inserted in the operation room and the most common access was the jugular vein. Half of the removed CVC for suspected BSIs were negative. The CRB rate in our centre could be underestimated because peripheral blood cultures were not extracted in a high number of cases. The microorganisms isolated in this study were similar to those found in the existing literature.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

#### 5PSQ-023 EFFECTIVENESS OF CEFTAZIDIME–AVIBACTAM IN INFECTIONS BY MULTIRESTANT MICROORGANISMS

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**Background and importance** The acquisition of resistance by bacteria has meant that new antimicrobials appear. Ceftazidime–avibactam is a restricted antibiotic that is used in multi-resistant infections that put the patient's life at risk.

**Aim and objectives** To evaluate the effectiveness of ceftazidime–avibactam as a treatment for multidrug resistant infections in a third level hospital.

**Material and methods** This was a before and after study in patients with multidrug resistant infections treated with ceftazidime–avibactam between April 2018 and April 2019. Those <18 years of age and patients who did not have the main study variables were excluded.

The main variable of our study was C reactive protein (CRP) before and after treatment. Secondary variables included age, sex, weight, dosage and isolated microorganism. An initial descriptive analysis was performed with mean (SD) or median (IQR, P25–P75) for numerical variables or absolute frequencies for nominal variables. For statistical analysis, the Wilcoxon test of paired measures was used to determine if there were differences in median CRP values before and after antibiotic treatment. The analyses were performed using the SPSS/PC statistical programme (V.24.0 for Windows, SPSS Inc, Chicago, Illinois, USA).

**Results** Thirty-six patients were treated with ceftazidime–avibactam from April 2018 to April 2019, of whom 32 were

studied. Of these, 21 were men, average age was 63±11 years and average weight was 71±20 kg. The most common dosage was 2 g every 8 hours (25) and the most prevalent microorganism was *Klebsiella pneumoniae* (25).

The median initial CRP was 8.85 mg/dL (1.53–17.27) while the median final CRP was 3.29 mg/dL (0.59–6.78). Statistically significant differences were found in median CRP before and after antibiotic treatment ( $z=-3.35$ ;  $p=0.001$ ).

**Conclusion and relevance** Ceftazidime–avibactam was found to be effective in patients presenting with multidrug resistant infections as it significantly reduced CRP, a marker used to monitor infections.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 5PSQ-024 PHARMACOLOGIC INTERVENTION BY HOSPITAL PHARMACIST FOR LEUCOPENIA DUE TO TAZOBACTAM/PIPERACILLIN IN THE POSTPARTUM PERIOD: A CASE REPORT

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**Background and importance** Tazobactam/piperacillin (TAZ/PIPC), indicated for pneumonia and intra-abdominal abscess in Japan, is recommended as a single drug therapy, together with carbapenems, in the guidelines for intra-abdominal infection published by the American College of Surgeons and Surgical Infection Society in 2010 in the USA. There are no reports of leucopenia after treatment with this drug in Japan.

**Aim and objectives** We observed the case of a postpartum woman who had leucopenia caused by TAZ/PIPC used for intra-abdominal infection. We have reported an improvement in symptoms owing to intervention by the hospital pharmacist.

**Material and methods** In our hospital, pharmacists are stationed in the maternity ward and share patient information at conferences held in other occupations once a week. A woman had continuous bleeding due to placental abruption after a normal delivery and underwent a total hysterectomy. On day 9, TAZ/PIPC was initiated as *Bacteroides fragilis* was found in a blood culture and was suspected to be causing intra-abdominal infection. A reduced white blood cell count persisted following the start of therapy, with leucopenia reported ( $1.45 \times 10^9/\mu\text{L}$ ) on day 22. As leucopenia was considered to be caused by TAZ/PIPC, we proposed discontinuation of the drug and the use of meropenem as an alternative. Leucopenia and intra-abdominal infection improved after switching to meropenem. On day 30, meropenem therapy was completed.

**Results** This patient had leucopenia on day 14 of treatment with TAZ/PIPC and her white blood cell count increased after drug discontinuation. We considered this event an adverse drug reaction caused by TAZ/PIPC, based on a previous report in which patients develop leucopenia, on average, on day 15 of TAZ/PIPC treatment. As the patient was in the postpartum period, we proposed meropenem as an alternative to allow the patient to continue to breast feed, because a lower proportion of this drug is transferred to breast milk.