Conclusion and relevance For patients treated with TAZ/PIPC, hospital pharmacists should be actively involved in the proposal of blood tests and the assessment of test results to avoid serious adverse drug reactions, such as leucopenia.

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No conflict of interest.

5PSQ-025 PHARMACEUTICAL INTERVENTION FOR THE OPTIMISATION OF THE USE OF ANTIBIOTICS IN A TERTIARY HOSPITAL

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Background and importance One of the main factors that increases antibiotic pressure and contributes to the development of bacterial resistance is an increase in duration of antibiotic treatment. Strategies to reduce the duration of antibiotic treatment should be implemented when it is not necessary to continue.

Aim and objectives The aim of this study was to systematically review patients with antibiotic prescriptions with a duration of more than 10 days and to analyse the degree of acceptance of the interventions performed.

Material and methods A prospective interventional study was conducted between February and April 2019. Twice a week, all patients receiving antibiotic treatment for >10 days were selected. These patients were analysed by two pharmacists. They checked if the patient needed to continue with antibiotic treatment. To assess the need for antibiotic treatment, they reviewed inflammatory markers (leucocytes and C reactive protein), microbiological cultures and clinical parameters, such as fever and blood pressure values. They also assessed if the patient's clinical situation had improved.

The pharmacist intervention consisted of a message (with a recommendation to suspend treatment, through the electronic prescription programme) sent to the responsible physician, for those patients whose pharmacist considered that it was not necessary to continue antibiotic treatment.

Results A total of 162 patients were selected (55.1% men, median age 66 years). The intervention with a proposal for suspension of treatment was performed in 63 patients. The medical staff accepted 73% (46) of the interventions and 37% (17) were denied. The most prescribed antibiotics were ceftriaxone (20.98%), piperacillin-tazobactam (14.19%), levofloxacin (7.40%) and metronidazole (7.40%). The number of interventions accepted by the services were: surgery 13 (28.2%), pneumology 12 (26.0%), internal medicine 11 (23.9%), digestive 7 (15.2%), oncology 3 (6.5%) and neurology 1 (6.5%).

Conclusion and relevance The review by the pharmacy service of antibiotic treatments longer than 10 days avoided longer durations than necessary, in addition to reducing antibiotic pressure. This is important to decrease adverse effects and prevent the development of bacterial resistance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-026 IMPACT OF THE EARLY SWITCHING FROM INTRAVENOUS TO ORAL ANTIBIOTICS IN A TERTIARY HOSPITAL

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Background and importance One of the strategies for the rational use of antibiotics is conversion of intravenous antibiotic treatment to oral as soon as possible, without compromising the therapeutic response of the patient. This can reduce the number of possible adverse effects associated with parenteral use and have an economic impact.

Aim and objectives This study was conducted to promote early switching from intravenous to oral treatment in patients who were prescribed parenteral antibiotic treatment for >3 days and to analyse the degree of acceptance of the interventions performed by the pharmacists.

Material and methods A prospective interventional study was carried out between February and April 2019. All patients receiving intravenous antibiotic treatment for >3 days were analysed by two pharmacists. Antibiotics included levofloxacin, ciprofloxacin, linezolid and metronidazole. The oral switch was proposed in patients who tolerated oral administration, with no fever and decrease in inflammatory markers (leucocytes and C reactive protein) and whose clinical condition had improved. Those excluded were critically ill patients and infections that were not candidates for sequential therapy (CNS infections, undrained abscesses, endocarditis and endovascular prosthetic infections).

The intervention consisted of a message from the pharmacist sent through the electronic prescription programme to the responsible physician with a recommendation to switch to oral administration. Data were extracted from the management software (Farmatools) and collected in an Excel spreadsheet.

Results A total of 117 patients were selected (53.9% men, median age 69 years). Patients were hospitalised in: pneumology (48.7%), surgery (18.8%) and internal medicine (8.6%). An intervention was made in 57 (48.7%) patients. In 78.9% (45) the intervention was accepted and 21.1% (12) were denied by medical staff. Antibiotic, number of interventions (percentage of total) and number of interventions accepted (percentage) were: levofloxacin n=40 (70.4%), acceptance 33 (82.5%); metronidazole n=7 (12.2%), acceptance 4 (57.1%); ciprofloxacin n=6 (10.5%), acceptance 4 (66%); and linezolid n=4 (7.0%), acceptance 4 (100%).

Conclusion and relevance Review of antibiotic prescriptions by the pharmacist service increased early sequential therapy, and the degree of acceptance by medical staff was high. This was related to a decrease in adverse effects and costs per patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.