antibiotic and a reminder of the 48–72 hour reassessment in the medical record. After corrective actions, a second audit was carried out to assess the effects of these actions.

Results In the first audit, 59% (n=118/200) of antibiotic reassessments were documented in the medical records. After the 5 month intervention, this rate increased to 74% (n=148/200) (p<0.05). Eight of the 10 units got feedback on their results by presenting in their unit. A total of 137 physicians did the e-learning module and global satisfaction was 8/10. Among them, 88% appreciated the online format and would like to receive other similar formats. The antibiotic de-escalated rate did not change significantly between the periods. However, antibiotic therapies without de-escalation at 72 hours were recorded more often (p<0.05). Amoxicillin-ac clavulanic (AMC) was the most prescribed drug, but was also documented the least in the patient medical records (31.3%). After corrective actions, documentation of reassessment of AMC increased to 63%.

Conclusion and relevance E-learning and physician awareness allowed a significant increase in documentation of antibiotic reassessment between the two reporting periods. However, improvement in practice must be coupled with long term awareness to obtain a sustained impact on actions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-028 EXPERIENCE OF CEFTAROLINE USE IN A THIRD LEVEL HOSPITAL

D Canales*, JM Caro Teller, F Martínez De La Torre, M Arrieta Loitegui, C Rosas, S Ortiz Pérez, JM Ferrari Piquero. *Hospital 12 De Octubre, Servicio De Farmacia, Madrid, Spain*

10.1136/ejhp-pharm-2020-eahpconf.129

Background and importance Ceftaroline is approved for treating complicated skin and skin structure infections (cSSSI), and community acquired pneumonia (CAP). However, there is growing evidence that other severe methicillin resistant staphylococcal infections could be treated with ceftaroline.

Aim and objectives To evaluate the use of ceftaroline in a tertiary hospital in Spain, as well as its effectiveness and safety.

Material and methods A retrospective observational study including all patients treated with ceftaroline in our hospital (November 2017–September 2019) was carried out. Demographic, clinical and safety variables were collected. Effectiveness was assessed by the clinical and microbiological resolution of the infection, and the absence of hospital admissions for the same infection after receiving ceftaroline.

Results Thirty patients received treatment (76.7% men, n=23). All patients were adults except one. Mean age of the adults was 68.4±17.6 years (the paediatric patient was 3 months old).

The most common indication for ceftaroline was bacteraemia (60.7%, n=20): 8 were due to cSSSI, in 8 its origin was unknown, 2 were due to CAP and 2 were due to catheter associated infections. The other indications were endocarditis (13.2%, n=4), cSSSI (10%, n=3), hospital acquired pneumonia (6.7%, n=2) and osteomyelitis (3.2%, n=1). Infections were caused by *Staphylococcus aureus* (93.2%, n=28) and *Staphylococcus epidermidis* (n=2). In 76.7% (n=23) of cases the infections were caused by methicillin resistant microorganisms.

Dosage was: 600 mg/8 hours (63.2%, n=19), 400 mg/8 hours (20%, n=6), 600 mg/12 hours (6.7%, n=2), 600 mg/6 hours (3.2%, n=1), 200 mg/12 hours (3.2%, n=1) and in the paediatric patient 8 mg/kg/8 hours. Median duration of treatment was 11.7 (5.2–14.7) days.

A total of 76.7% of patients (n=23) presented clinical and microbiological resolution of the infection. However, four patients were readmitted for treatment of the same infection during the follow-up period.

Serious adverse effects related to ceftaroline were reported in one patient: it was necessary to withdraw treatment because of severe thrombopenia, with a platelet count of 84×1000/μL (previously 149×1000/μL).

Conclusion and relevance In most of our patients, ceftaroline was used in infections caused by methicillin resistant microorganisms although there were some ‘off-label’ indications. Our results suggest that ceftaroline is safe and effective in severe methicillin resistant infections with few treatment options due to multiresistance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-029 PRELIMINARY RESULTS OF AN ANTIMICROBIAL STEWARDSHIP PROGRAMME IN AN ONCOLOGY DEPARTMENT

¹C Castillo-Martin*, ¹A Martínez-Suarez, ²P Retamar-Gentil, ¹S Sandoval-Fernandez Del Castillo, ¹M Murillo-Izquierdo. ¹Hospital Universitario Virgen Macarena, Pharmacy, Seville, Spain; ²Hospital Universitario Virgen Macarena, Infectious Diseases, Seville, Spain

10.1136/ejhp-pharm-2020-eahpconf.130

Background and importance Misuse of antibiotics has been related to the emergence of multidrug resistant microorganisms which are related to worse outcome in infected patients. Antimicrobial stewardship programmes (ASPs) have been shown to improve antimicrobial use.

Aim and objectives To describe the characteristics of antimicrobial prescriptions and analyse the impact of a specific ASP implemented in an oncology department.

Abstract 4CPS-029 Table 1

	Pre-intervention (n=62) (n (%))	Post-intervention (n=73) (n (%))
Men	38 (31)	44 (60)
Age (years) (mean±SD)	62.18±11.5	63.78±10
Clinical syndrome		
Respiratory focus	15 (24)	16 (21)
Urinary focus	11 (18)	5 (7)
Unknown focus	10 (16)	8 (11)
Intra-abdominal focus	8 (13)	8 (11)
Febrile neutropenia	5 (8)	16 (22)
Antimicrobials		
Piperacillin/tazobactam	16 (26)	22 (30)
Amoxicillin/clavulanic	12 (19)	14 (19)
Ceftriaxone	8 (12)	13 (18)
Levofloxacin	6 (10)	4 (5)
Fluconazole	5 (8)	2 (3)
Adherence to guidelines	32 (51)	43 (59)