Material and methods A before and after ASP intervention was implemented in an oncology department in a tertiary hospital. Pre-intervention prescription characteristics were analysed through repeated point prevalence surveys in the previous year. The intervention was initiated in February 2019 based on a weekly ward round where non-tax advice was given to the oncologists about their active antibiotic prescriptions. Prescription features, rate of adherence to local guidelines and type and acceptance of the recommendations given to stop or de-escalate were recorded.

Results A total of 62 and 73 prescriptions were included in the pre- and post-intervention periods, respectively. Table 1 describes the prescription characteristics in both periods. Adherence to local guidelines was 51% and 59% in the pre- and post-intervention periods, respectively ($p=0.39$).

In the intervention period, 26% of prescriptions were stopped and 12% de-escalated. Acceptance was 99%.

Conclusion and relevance An ASP weekly intervention in the oncology department showed a slight increase in adherence to local antibiotic guidelines. Nevertheless, this improvement was not statistically significant due to the short follow-up period and small sample size. Further studies are required to corroborate this improvement.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-030 INCIDENCE AND RISK FACTORS FOR PROSTHETIC JOINT INFECTION WITHIN 90 DAYS AFTER HEMIARTHROPLASTY FOR FEMORAL NECK FRACTURES IN THE ELDERLY

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10.1136/ehjpharm-2020-eahpconf.131

Background and importance Closed femoral neck fractures after low impact trauma in the elderly are often treated with hemiarthroplasty. In this setting, the literature with respect to prosthetic joint infection (PJI) is scarce.

Aim and objectives The objectives of this study were to investigate the incidence of PJI and the impact of the number of perioperative antimicrobial prophylaxis (PAP) administrations. Furthermore, in this population, risk factors for PJI were identified.

Material and methods In this retrospective monocentric study, medical files of elderly (≥ 75 years) trauma patients with closed femoral neck fractures and treated with a hemiarthroplasty, admitted between January 2006 and July 2017, were evaluated. Patient follow-up was 90 days. A Cox proportional hazards regression analysis with forward step was applied. Results were considered statistically significant if $p < 0.05$.

Results A consecutive series of 745 patients (mean age 85 ± 5 years, 221 (29.7%) men) were treated with a hemiarthroplasty. Within 90 postoperative days, 13 (1.7%) patients developed a PJI and 120 (16.1%) died due to reasons other than infection. The applied PAP regimens consisted of intravenous cefazoline or clindamycin. Single and repeated PAP administrations (every 8 hours) were observed. Patients who developed a PJI received a median of 1 (IQR 1–2) PAP administration, which was not significantly different compared with PAP

administrations in patients that did not develop a PJI (1 (IQR 1–3)) (HR=0.236 (95% CI 0.032 – 1.745); $p=0.157$). Higher body weight (HR=1.05 (95% CI 1.008–1.094); $p=0.020$), systemic corticoid use (HR=4.790 (95% CI 1.275–17.997; $p=0.020$) and the need for transfer to the intensive care unit (ICU) for reasons other than infection (HR=8.692 (95% CI 2.353–32.106; $p=0.001$) were independently associated with the development of a PJI within 90 days.

Conclusion and relevance In this fragile trauma population, the observed 1.7% PJI incidence within 90 days was low compared with the incidence rate of 3.4–4.5% in the literature. Our preliminary data showed that the number of PAP administrations did not influence the risk of PJI. Patients with a higher body weight, with systemic corticoid use or with post-operative ICU transfer should be monitored closely for infection.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-031 AUDIT OF ANTIBIOTIC PROPHYLAXIS PRACTICE IN VISCERAL SURGERY IN AN AFRICAN COUNTRY

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10.1136/ehjpharm-2020-eahpconf.132

Background and importance According to the WHO, care associated infections (CAIs) affect at least 2 million patients worldwide annually. In this African country, common CAIs are surgery site infections (SSI; 24.7% among inpatients in the south of the country). To prevent SSIs, appropriate use of antibiotics is essential.

Aim and objectives To audit compliance with international recommendations of antibioprophylaxis practices in visceral surgery.

Material and methods Data were prospectively collected in visceral surgery wards of five hospitals. Compliance with the antibiotic indication (administered when needed and not administered when not required), choice of molecule, dosage, timing of administration and duration were assessed in patients admitted for class 1 or 2 surgery according to Altemeier's classification over 4 months. The international recommendation on antibiotic prophylaxis described by the SFAR (Société Française d'Anesthésie et Réanimation)¹ was considered as a reference. Statistical analysis was performed using SPSS software.

Results A total of 71 interventions were included the study. In 50 cases (70.4%), the administration conformed to the indication criteria (ie, 48 administrations when actually indicated and 2 abstentions when antibioprophylaxis was not required). None (0%) of the 48 patients who received the indicated antibioprophylaxis were administered the recommended molecule. Ceftriaxone was the most widely used molecule (31%). In addition, the initial dose, timing and duration of antibiotic