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

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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 antibiotic prophylaxis 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 Altmeier’s classification over 4 months. The international recommendation on antibiotic prophylaxis described by the SFAR (Société Française d’Anesthésie et Réanimation) was considered as a reference. Statistical analysis was performed using SPSS software.

Results A total of 71 interventions were included in the study. In 50 cases (70.4%), the administration conformed to the indication criteria (ie, 48 administrations when actually indicated and 2 abstentions when antibiotic prophylaxis was not required). None (0%) of the 48 patients who received the indicated antibiotic prophylaxis were administered the recommended molecule. Ceftriaxone was the most widely used molecule (31%). In addition, the initial dose, timing and duration of antibiotic 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 2.333–32.106; p=0.001) were independently associated with the development of a PJI within 90 days.

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