days). With regard to quinolones, consumption was reduced from 192.7 to 125.5 DDD/1000 patient days (–34.9%). There was a significant decrease in consumption of systemic antifungals of 42.9% (35.9 vs 20.5 DDD/1000 patient days). The ratio (cloxacillin+cefazolin)/anti-MRSA agents increased (1.3 vs 1.8).

Conclusion and relevance A pharmacist-led ASP achieved a reduction in consumption of antibiotics, especially carbapenem and quinolones. In the absence of support and oversight from an infectious disease physician, pharmacists could be key in the improvement in the use of antibiotics.

REFERENCES AND/OR ACKNOWLEDGEMENTS


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