

P 127

A RETROSPECTIVE REVIEW OF ANTIMICROBIAL PRESCRIBING AND INFECTION PREVALENCE IN A PALLIATIVE CARE UNIT

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Introduction Hospice patients are highly susceptible to infections of the urinary and respiratory tract.^{1 2 3 4} The use of antimicrobials for symptom control should be considered against the burden of treatment for the patient as well as antimicrobial resistance.^{1 3 5 6 7}

The Scottish Antimicrobial Prescribing Group produce guidance and targets for hospital based empirical prescribing. The aim is to reduce clostridium difficile infection.⁷ Empirical prescribing standards state 95% of antimicrobials prescribed should be in line with local policy with rationale for use documented.⁷ These hospital targets are applicable to the hospice setting.⁸

Method A consecutive retrospective case note audit was completed for a four month period at St Vincent's Hospice in Howwood. An audit proforma with data collection parameters was developed during this process.

Results Thirty-three case notes were audited: 76.7% of patients received at least one course of antimicrobials during their admission. The main indications for antibiotics were urinary tract(34%) and lower respiratory tract infections (60%). Indications for prescribing were specified in 88% and duration specified in 68% of cases. Of these 38% completed the course, 35% were continued longer and 26% were discontinued early. Antimicrobial selection, dosing and route were in line with the Greater Glasgow and Clyde policy in 78% of prescriptions; however only 51% also included documentation of duration. Of these prescriptions 91% were prescribed empirically without microbiology culture data.

Discussion The prevalence of infection rate, antibiotic use and improvement of symptom burden is variable within the literature.^{1 2 3 4 5} There is scope to improve practice surrounding antimicrobial initiation and documentation. Existing local guidelines are not specific to hospice care and should be adapted. We recommend and are working towards:

- Palliative Antimicrobial Guideline development and liaison with local antimicrobial stewards.
 - Development of St Vincent's Hospice antimicrobial toolkit with inclusion of medical handover tools.
- Re-audit and education.

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