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**ANTIBIOTIC STEWARDSHIP IN PALLIATIVE CARE —
DEVELOPMENT OF ANTIBIOTIC PRESCRIBING
GUIDELINES FOR A HOSPICE INPATIENT UNIT**

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Background The incidence of infections in palliative care patients is high due to immunocompromise from underlying disease processes and treatments including chemotherapy and steroids. An earlier audit of hospice notes revealed poor documentation of antibiotic prescribing and poor adherence to hospital antimicrobial guidelines.

Aims To promote antibiotic stewardship through the development of local antimicrobial guidelines specific to palliative care and inpatient hospice setting. To provide a simple, pragmatic approach and promote the safe, effective and economic use of antibiotics in palliative care patients.

Methods A literature search of Embase, Medline, the Cochrane Library and NHS evidence using the search terms ‘palliative care’ or ‘palliative therapy’ and ‘antibacterial agents’ or ‘antibiotic agent’ was completed. National antibiotic guidance (BNF), published antibiotic guidance specific to palliative care (palliative-drugs.com) and local antimicrobial guidelines (PCT and Hospital) were also reviewed in development of the hospice antibiotic prescribing guidelines. The guidelines were discussed with the hospice pharmacist and presented to the medical and nursing staff, providing peer review and education.

Results The literature search identified 10 articles meeting the search criteria but the focus was on antibiotic use in the last few days of life and was unsuitable. No definitive guidelines for antibiotic prescribing in palliative care were identified. The developed hospice antibiotic prescribing guidelines provide guidance for first and second line treatment of 12 specific infections of the lower respiratory tract, urinary tract, skin and soft tissue and

other miscellaneous infections including *Clostridium difficile* and intrabdominal sepsis. Clear documentation is emphasised with requisite information stipulated. The guidelines were introduced in May 2013.

Conclusions The innovative multi-disciplinary approach used to develop the antibiotic guidelines will encourage consistent prescribing and documentation to produce safe, effective and economic antibiotic use in hospice inpatients. The rigorous development process allows the guidelines to be transferable to other specialist palliative care inpatient settings.