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. The use of antimicrobials for symptom control should be considered against the burden of treatment for the patient as well as antimicrobial resistance.

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

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. 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.

REFERENCES
