Background

Due to the nature and extent of disease, hospice patients are extremely susceptible to infection (Raquel 2005). The decision to commence antimicrobial treatment is often complex (Pereira, Watanabe and Wolfe 1998, Nagy-Agren and Haley, 2002). This audit reviews the appropriateness of antimicrobial choice and course length to encourage antimicrobial policy adherence and stewardship.

Method

A retrospective audit of Antimicrobial prescriptions for patients with life-limiting illness requiring inpatient hospice care at The Royal Trinity Hospice (RTH). Patients admitted over a 3 month period in 2015 were audited. The primary outcome was comparison of antimicrobial choice, dose, course and route against the local DGH Hospital Antibiotic Policy and correlation with trends from an initial audit conducted in 2014.

Results

One patient was excluded due to missing documentation; this did not correlate with remarkable antibiotic use. Analysis was limited to 64 prescriptions to include 30 patients. This compared to 58 prescriptions over the complete 3 months in the previous round indicating a significantly increased antimicrobial prescribing rate. Most prevalent infections were UTI (34%), LRTI (15.6%) and cellulitis (4.6%). Our study demonstrated a significant amount of antifungal prescribing (32.8%), second in prevalence only to the most predominantly treated bacterial infection. There was minimal documentation making analysis of percentage adherence to policy, microbiology consultation and sensitivity requests difficult to interpret with confidence. Trends reflected suboptimal adherence to protocol, with sensitivities requested in 10.9%, all of which were UTI.

Conclusion

Most hospices use policies from their local trusts, based on local sensitivities and this is therefore an important and relevant tool. Antimicrobials are frequently prescribed off protocol without clear documentation for the rationale, sensitivity and without microbiological input. There is a tendency towards prescribing augmentin off protocol. Antifungal prescribing policy is poorly represented considering its contribution to microbial burden and quality of life in terminal care.

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IS HOME WHERE I WANT TO DIE? – PROGNOSTICATION AND PREFERRED PLACE OF CARE AT THE END OF LIFE IN OLDER HOSPITAL INPATIENTS

Jacquelyn Stephenson, Jane Masoli, Maria Leitch, Rebecca Baines. Royal Devon and Exeter Hospital, Exeter, UK; Exeter Hospiscare, Exeter, UK

Background

Guidelines suggest that the preferred place of care (PPC) for patients at the end of life is in their own home. Existing literature is largely from younger cancer patients. Studies on PPC and prognostication outside the acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are acute dying phase in older people are 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