

Reduction in co-amoxiclav use in the plastic surgery and burns unit, Glasgow Royal Infirmary

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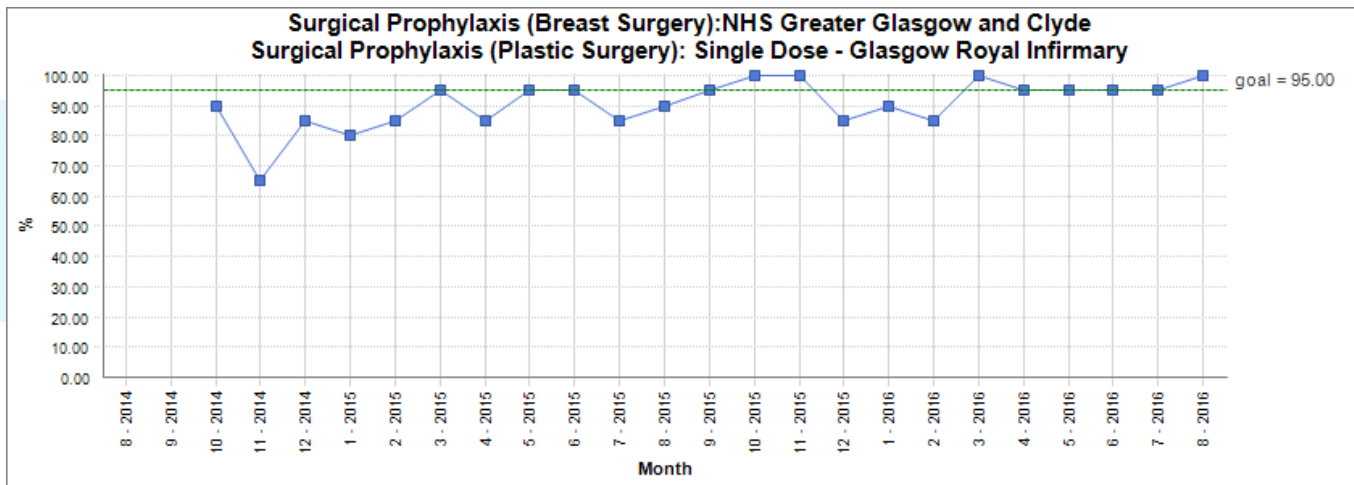
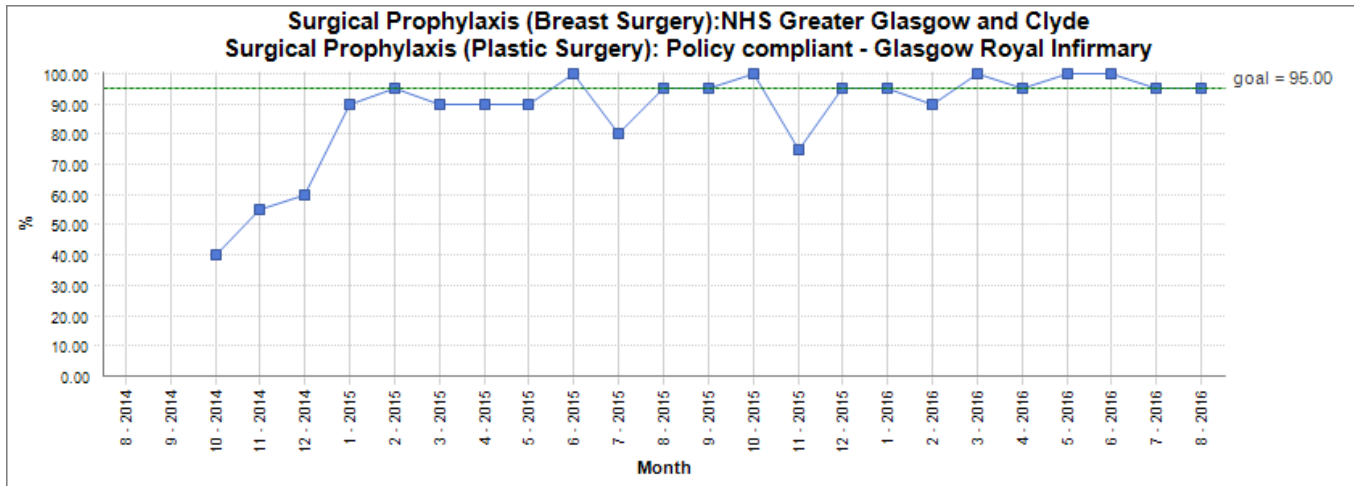
Background

- Antibiotic use data July-September 2012 indicated that ward 47 at GRI had the highest level of co-amox use of all regional wards.
- Ward 47 audit (December 2012) – suggested inappropriate use of antibiotic prophylaxis.
- More targeted audit of surgical prophylaxis (June 2013) – inappropriate use of post op abx.

Background

- Audit results presented at the burns and plastics audit meeting (February 2014).
- Antibiotic prophylaxis guidelines updated (February 2014).
- Surgical prophylaxis prescribing indicator to support the CDI HEAT target – breast surgery (October 2014).
- HEAT data feedback monthly to plastic surgeons and presented at audit meetings.

HEAT data



Q4 2015 co-amox use top 5

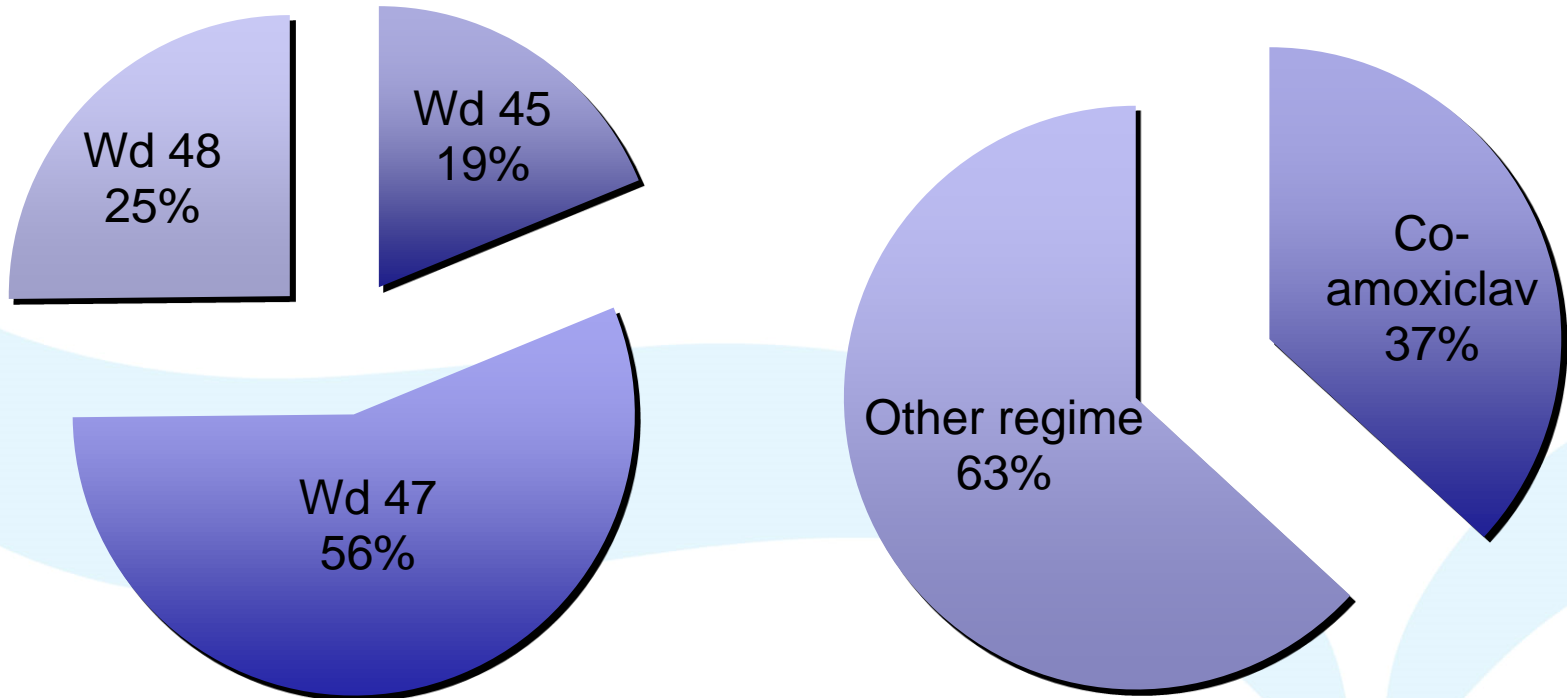
| Ward | DDDs |
|-----------------------|------|
| GRI – A&E | 2638 |
| SGUH – Minor injuries | 2363 |
| SGUH – ENT | 2031 |
| GRI – ward 47 | 1738 |
| GRI – ward 65 | 1252 |

Burns and Plastics AWR

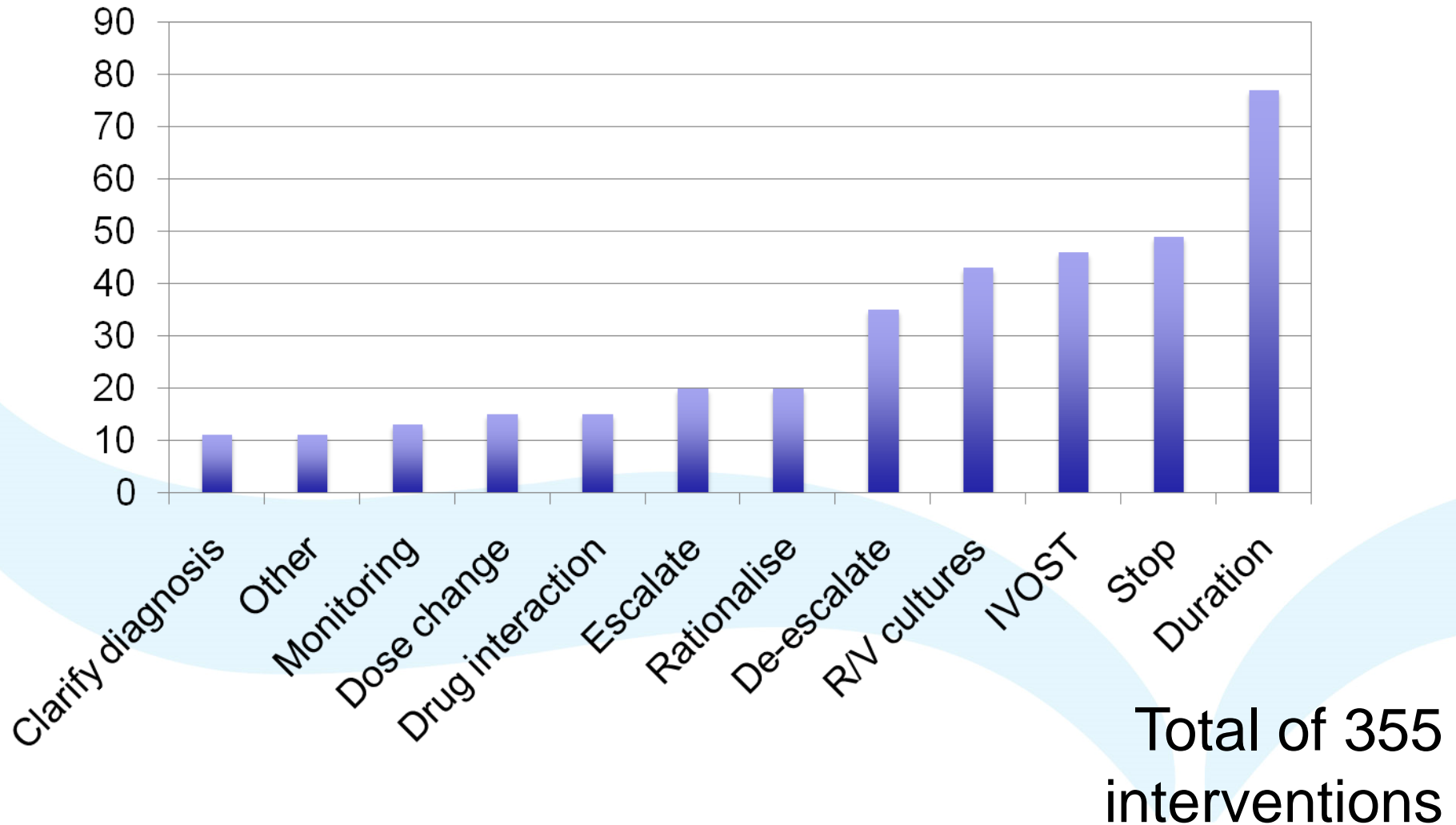
- November 2015 – implementation of weekly antimicrobial ward rounds (AWR).
- Patients on antibiotics identified by ward pharmacist.
- Microbiologist, ward pharmacist, AMP, registrar, and nurse review clinical/laboratory data.
- Recommendations documented in the notes and data feedback at audit meetings.

AWR data summary

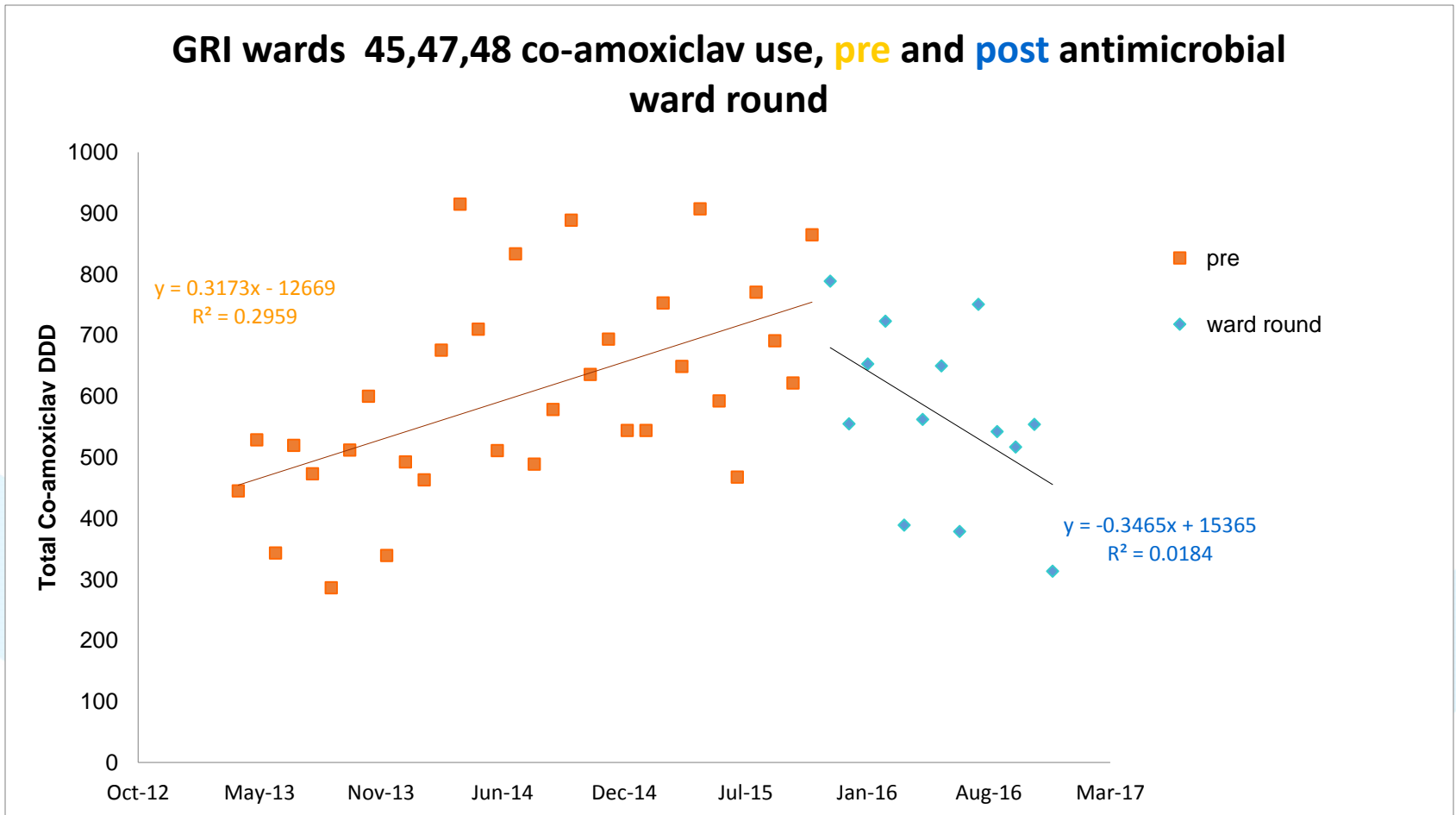
- 314 pts on antibiotics reviewed (November 2015 – November 2016).




AWR recommendations summary



Co-amox use pre and post AWR



Summary

- Reduction in co-amox multifactorial (antibiotic audits, HEAT data, AWR, participation in burns and plastics audit meetings).
 - AWR is a good tool for highlighting areas for improvement in antibiotic prescribing.
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- Issue identified with hand injury abx R, currently updating abx guidelines – further co-amox↓?