COVID ANTIBIOTIC EXPERIENCE

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OVERVIEW

• COVID work experience

• Changes in practice

• Other Abx prescribing

• HARP

• Further work
COVID WORK EXPERIENCE

- 8 months of ID
- 4 months of ICU
- 2-4 months COVID step-down
- Cardiology -> Gastroenterology
INFECTIOUS/COMMUNICABLE DISEASES

- 03/20 initial cases
  - Clinically well, CXR changes and bloods not reflective
  - Varied prescribing practices
  - Need to do something
  - COVID guidance NHSG issued 05/20

- 2nd wave
  - Antimicrobial stewardship
  - RECOVERY trial outcome
ICU

- PCT testing more readily available
  - ?COVID disease severity
  - Guidance for Abx therapy (Chesterfield study)
- Initial abx prescribing
- HFNO, ventilation, ECMO
- Pulsed methylpred (after dex course) - guided by PCT
- Tocilizumab
COVID STEPDOWN

- Multi-disciplinary – predominantly respiratory
- Abx prescribing – as original Grampian guidelines
- Audited in 02/21 across 2 wards 58 patients
  - Brief summary – 60% COVID +ve patients on Abx
    - 49% met criteria for COVID – 89% guidance
- Compared to 1st wave – 67% on Abx, 82% guidance
- Possible reasons:
  - COVID Abx guidelines difficult to access
  - Junior induction pack did not include up to date guidance
  - Difference in general clinical practice
HARP

- First audit done 02/04/21
  - 28 patients between CCU and Cardiology
  - 2 staph aureus bacteraemias and 1 on IV Abx
  - No endocarditis cases – potential avenue to update guidance
  - Other finding – not having repeat cultures done

- Gastroenterology 05/05/21 and 14/05/21
  - 23 patients, 27 patients
  - predominantly IV antibiotics for SBP as internal protocol
  - 0 had > 3 days IV otherwise 5/5
  - 2 on IV with plans to oral switch < 3 days 14/05
FURTHER WORK

• HARP module training sessions
  - local discussion -> other areas of hospital

• Recruit other trainees
THANK YOU

Questions?