

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?

