

PAEDIATRIC ANTIMICROBIAL STEWARDSHIP IN SCOTLAND

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BACKGROUND








Scottish PSSG

- Originally formed in 2017, re-formed June 2021
- Key objectives:
 - Establish current landscape of paediatric AMS in Scotland
 - Identify strategy, priorities & work plan
 - Provide national consensus on AMS in children
 - Develop & implement resources to support AMS in children
 - Communicate key information
- MDT representation from HBs across Scotland, including tertiary, secondary & primary care.

CURRENT LANDSCAPE

2020 Paediatric AMS survey

- Completed by 12/14 Regional HBs (NHS GGC excluded)
- 7/12 HBs had Paediatric representation on their AMT
- Of remaining 5, 2/5 had no key contact for Paediatric AMS
- 9/12 HBs have NO paediatric representative on their ADTC
- Only NHS GG&C have a dedicated Paediatric AMS Pharmacist

Table 4 – stewardship activities pre-COVID			Response Total
1	Education for medical staff		4
2	Education for nursing staff		0
3	Education for primary care teams		1
4	Surveillance of antimicrobial use in paediatric wards		3
5	Audit of prescribing practice e.g. point prevalence surveys		6
6	Quality improvement projects		2
7	Antimicrobial stewardship ward rounds		1
8	Outpatient parenteral antibiotic therapy (OPAT)		0
9	Other (please specify):		2

CURRENT LANDSCAPE















Table 3 – types of guidelines used			Response Total
1	Empirical management of infections (secondary care)		11
2	Empirical management of infections (primary care)		10
3	Surgical prophylaxis		4
4	IV to oral switch therapy (IVOST)		2
5	Aminoglycosides (gentamicin, tobramycin)		10
6	Vancomycin		7
7	Protected antimicrobial policy		3
8	UTI treatment/prophylaxis		5
9	Prophylaxis - other (please specify):		0

Table 1 – staff involved in guidelines			Response Total
1	ID consultant		1
2	Microbiologist		9
3	Antimicrobial pharmacist		10
4	Consultant paediatrician		8
5	Paediatric pharmacist		6
6	Other (please specify):		4

Notably – all respondents reported that they use guidelines from other HBs or NHS Trusts

NHS GGC (9); NHS Lothian (4); NHS Tayside (1); NHS Grampian (2), other (2).

WHAT HB'S WANTED FROM PSSG

1. National Empirical Guidelines
 - 7/12 respondents
 - Reduce variation, low number of paediatric infection specialists
2. National IVOST guidelines
3. National guidance for MDR UTIs in children
4. Education materials
5. Minimum AMS standards and audit materials

HOW WE HAVE RESPONDED

- National Empiric guidance:
 - BSAC guidance reviewed and assessed for adopt/adaptability
 - Endorsed for use as basis for development, to be available via SAPG
- MDR UTI guidance:
 - This has been included in the PSSG work plan for 2022/2023
- Minimum AMR standards and audit materials:
 - SAPG GPRs under review to include Paediatrics
 - Audit materials for NICU/Paediatrics to be considered in long term plan

WHAT ELSE WE HAVE BEEN UP TO

- Antibiotic prescribing for C.difficile
 - Updated national guidance to launch June/July in response to NICE
- EUCAST – dosing guidance for neonates & children
 - Originated in NHS GGC, endorsed by PSSG & available to all
- Workforce planning
 - SG AMT workforce review
- PSSG website
 - Under development; to provide accessible & user-friendly access to PSSG work

WHERE WE ARE GOING NEXT.....

This depends on YOU.....

- Proposed work plan (2022/23) to include:
 - *Structural: Agree GPRs, improve AMS capacity/capability, agree dataset*
 - *Guidance: vanc/gent prescribing guidance, MDR Gram -ve (inc UTI)*
 - *Services: Paediatric IVOST guidance, ? As part of co-ordinated OPAT*
 - *Audit: development of audit & educational materials, PSSG website*
- *Primary Care: Work plan to improve prescribing in primary care*