

## AB091. 63. An audit of antimicrobial prescribing practices in emergency surgical admissions

Helen Earley, Fiona Nolan, Lauren O'Connell, Ola Ahmed, Maria Randles, Kenneth Mealy

Department of General Surgery, Wexford General Hospital, Wexford, Ireland

**Background:** Antimicrobials are a major component in the management of surgical conditions and efficacious agents are a precious resource. Antibiotic prescribing in the acute surgical setting is frequently not adherent to best practice guidelines. The aims of this study were to determine: the rate of inappropriate antimicrobial prescribing in acute surgical admissions, if a correlation existed between grade of doctor and inappropriate prescribing, whether the regimen was changed after review by a senior surgeon.

**Methods:** A prospective audit was conducted at a general hospital examining antibiotic administration in emergency surgical admissions over a four month period. Appropriate administration of antibiotics was defined as adherence to antimicrobial prescribing guidelines. Inappropriate usage

was defined as administration of an antimicrobial agent (I) without clinical or microbiological evidence of infection or (II) that was not recommended by guidelines.

**Results:** A total of 73 emergency admissions were commenced on antimicrobials. All were prescribed by SHOs. No indication was recorded in 8 cases (10.95%). Of the cases where an indication was recorded, the initial regimen was inappropriate in 19 cases (29.23%). Piperacillin-tazobactam was prescribed inappropriately in 6 cases. After review, the regimen was changed in 15 cases. Antibiotics were stopped in 5 cases. Treatment was escalated in 10 cases. After senior review the regimen was inappropriate in 12 cases (18.5%).

**Conclusions:** These data highlight a high rate of inappropriate antibiotic prescribing, particularly of broad spectrum antibiotics in acute surgical admissions. There is a need for greater antimicrobial stewardship at all levels of the surgical team.

**Keywords:** Antimicrobials; antibiotics; prescribing practices

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