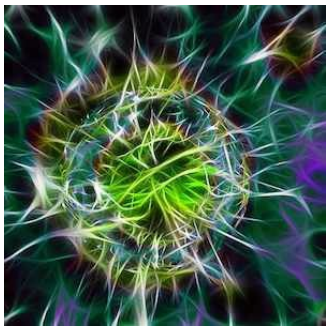
ICU
MANAGEMENT & PRACTICE

Antimicrobial Use for IAI: New Guidance



Guidance on empiric antimicrobial therapy for patents with intra-abdominal infections (IAI) has been drawn up by a task force from 79 countries, the Antimicrobials: A Global Alliance for Optimizing their Rational Use in Intra-Abdominal Infections- AGORA project. The experts recommend timely effective source control with appropriate antimicrobial therapy as the cornerstone in managing complicated intra-abdominal infections, to ensure effective treatment, avoid overuse of antimicrobials and meet the threat of emerging infections. The recommendations are published in the *World Journal of Emergency Surgery* (Sartelli et al. 2016).

The task force writes that clinicians underestimate the importance of the problem of antimicrobial resistance, but should have a pivotal role. "Judicious antimicrobial management decisions is an integral part of responsible medication prescribing behaviour", they write, and add:

"We propose that clinical leaders drive antimicrobial stewardship and education programs to help standardise and improve prescribing behaviours. Furthermore, we argue that endorsement and guidance on the appropriate use of antimicrobials from leading scientific societies and clinical leaders within a specialty are vital to address
the global threat of antimicrobial resistance and to provide support to policy makers."

The article includes a review of the literature on the consequences of antimicrobial use, the evidence behind antimicrobial resistance, and summarises the principles of antimicrobial therapy in management of patients with intra-abdominal infections.

See Also: New Antibiotics for Abdominal Infections: What Can We Expect?

The article Appendix contains 13 Recommendations for appropriate therapy in patients with intra-abdominal infections.

The authors conclude: "An optimal antimicrobial approach to treating IAI involves a delicate balance between the optimisation of empiric therapy, which improves clinical outcomes, and the reduction of excessive antimicrobial use, which increases the rate of emergence of antimicrobial-resistant strains."

Improving Stewardship - a Little Goes a Long Way?

A brief report in *Open Forum Infectious Diseases* (Fleming et al. 2016) describes a prospective audit and feedback (PAF) programme with a clinical pharmacist and an infectious disease specialist carried out in the multisite Niagara Health System in Canada that examined if skills gained during PAF influenced future antimicrobial prescribing at critical care units that were not supported by an antimicrobial stewardship programme (ASP). The intervention in one of the ICUs was that biweekly, patients on antimicrobial therapy were initially assessed by the pharmacist and then reviewed with the infectious diseases doctor for appropriateness, with recommendations communicated verbally to the care team. The study found that there was a parallel decrease in antimicrobial use in both the ICU that had the stewardship programme and in the ICU not formally supported by a stewardship programme.

Published on : Tue, 11 Oct 2016