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Evaluation of Antibiotic Prescribing Patterns for Community Acquired Pneumonia

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Introduction

- Clinical guidelines recommend a total antibiotic length of therapy (LOT) of 5-7 days for community acquired pneumonia (CAP)¹
- Empiric therapy should include a respiratory fluoroquinolone or a combination of a β -lactam antibiotic plus azithromycin¹
- An analysis of United States hospitals found the median CAP LOT (inpatient plus outpatient) was approximately 10 days²

Purpose

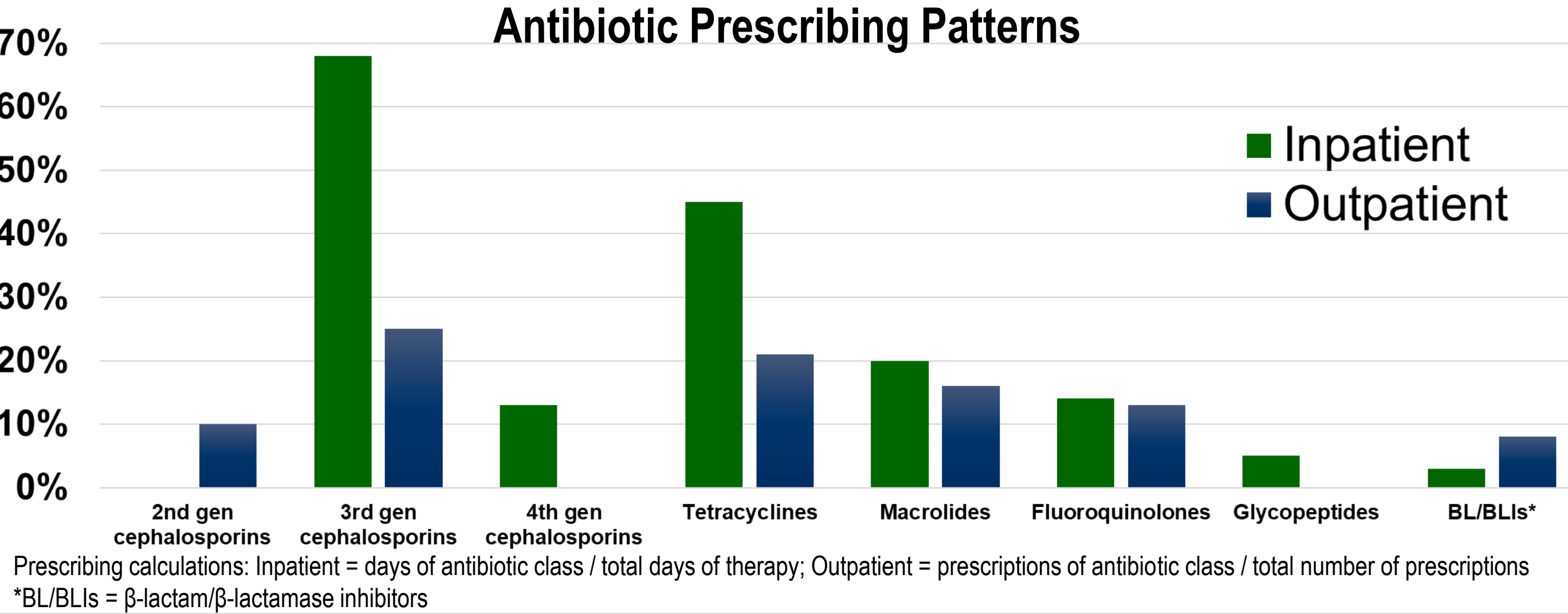
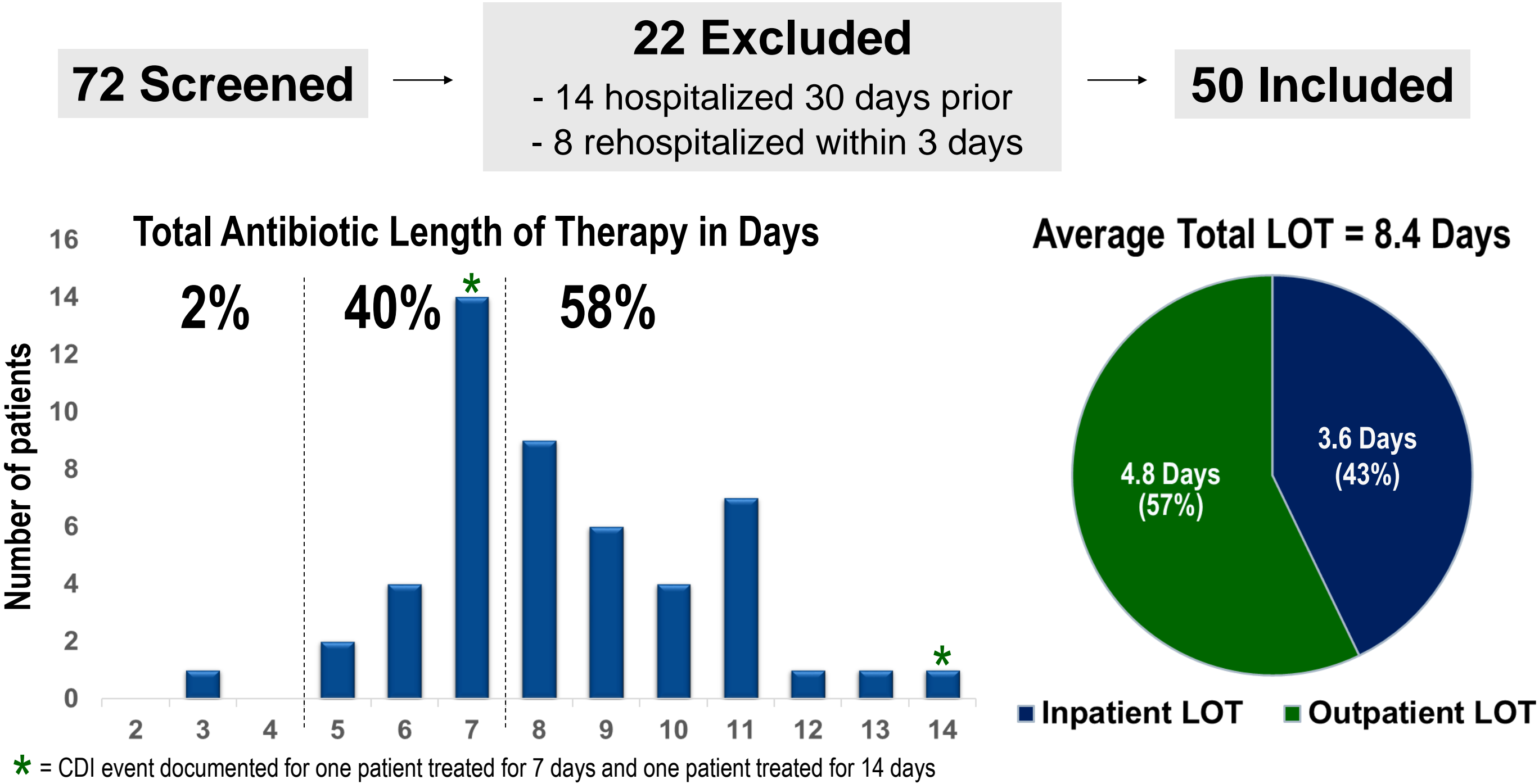
- To evaluate duration of antibiotic therapy and prescribing patterns for non-ICU CAP at St Cloud Hospital, a tertiary community hospital

Methods

- IRB-approved, retrospective chart review of patients discharged with a diagnosis of CAP between January 1, 2018 and June 30, 2018
- Total LOT, inpatient LOT, outpatient LOT, antibiotics utilized, and inpatient *Clostridioides difficile* infection (CDI) were evaluated

Inclusion Criteria	Exclusion Criteria
CAP hospitalization	Hospitalized 30 days prior to index hospitalization
1° diagnosis of bacterial or unspecified pneumonia	Rehospitalized within three days after index discharge
Age \geq 18 years	ICU admission

Results



Evaluation

- Total LOT exceeded the 7 day breakpoint by 1.4 days with outpatient LOT as the major contributor to excess antibiotic days
- Prescribed antibiotic classes were consistent with guidelines and most frequently included 3rd generation cephalosporins, tetracyclines, macrolides, and fluoroquinolones
- Limitations included unassessed antibiotic days prior to admission and outpatient CDI

Conclusion

- St. Cloud Hospital has an opportunity to improve CAP antibiotic length of therapy by targeting outpatient prescribing patterns

References

- Mandell LA, et al. Infectious Diseases Society of America/American Thoracic Society consensus guidelines of the management of community-acquired pneumonia in adults. *Clin Infect Dis* 2007;44(Suppl 2):S27-S72
- Yi SH, et al. Duration of antibiotic use among adults with uncomplicated community-acquired pneumonia requiring hospitalization in the united states. *Clin Infect Dis* 2018;66(9):1333-41

Disclosure

- Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.

Gregory Schaefer: Nothing to Disclose
Ann Wigton: Nothing to Disclose