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# Abstract Submission for ESCP 2018 Symposium

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## A Retrospective Regional Audit of Compliance with Urinary Tract Infection Treatment Guidelines in Secondary Care

L. Hagan\*<sup>1</sup>, A. Brady<sup>1</sup>, C. Mallon<sup>1</sup>

<sup>1</sup>Pharmacy Department, Belfast Health and Social Care Trust, Belfast, United Kingdom

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**Background and Objective:** Recent strategies to tackle antimicrobial resistance have identified antimicrobial stewardship as a means to encourage prudent prescribing. Furthermore, Public Health initiatives such as the Strategy for Tackling Antimicrobial Resistance (STAR 2012-2017) cite the establishment and maintenance of systems to monitor antimicrobial usage and surveillance of resistance as a key objective<sup>1</sup>. As such, this study focuses on urinary tract infections (UTI), at present the second most common indication for empirical antimicrobial treatment in both primary and secondary care<sup>2</sup>.

**Design:** The study is a retrospective audit across the five Health and Social Care Trusts in Northern Ireland. A total of 303 patients, with a diagnosis of uncomplicated, complicated or catheter associated UTI, were randomly selected from all patients admitted from January to August 2016. The primary aim was to assess compliance with empirical guidelines for the treatment of uncomplicated, complicated and catheter associated UTI. Secondary aims focussed on documentation of clinical symptoms, obtaining and recording of appropriate cultures and documenting intended duration or review date of antibiotic therapy.

**Results:** Overall Trust-wide compliance with regional guidelines was 31% (n=95). Of 303 patients reviewed 57% (n=173) were prescribed an antibiotic compliant with regional guidelines. Two of the hospital trusts met the Trust-wide target of 95% compliance for correctly prescribed dose of antibiotic. Of 303 patients reviewed, 54% had a documented review date or duration on their Kardex and 42% (n=129) had a documented review or duration in their medical notes.

**Conclusion:** In conclusion, none of the five Trusts met the Trust-wide agreed target of 95% compliance to regional guidelines. Based on the findings of this audit the following recommendations are proposed to improve compliance to the guidelines, promotion of the regional guidelines, revising the regional Kardex to include a dedicated section for recording intended duration of antibiotic, development of regional evidence based algorithm to aid diagnosis and classification of UTI, education for the management of asymptomatic bacteria, and education on using urinalysis and culture results to guide treatment.

### References

1. Department of Health, Social Services, and Public Safety. *Strategy for Tackling Antimicrobial Resistance (STAR) 2012-2017*.
2. Scottish Intercollegiate Guidelines Network. *Management of suspected bacterial urinary tract infections in adults: a national clinical guideline*. Edinburgh: SIGN; 2012

**Disclosure of Interest:** None Declared