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


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

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Background

- Recent strategies to tackle antimicrobial resistance have identified antimicrobial stewardship as key to encouraging prudent prescribing.
- Public Health initiatives such as the Strategy for Tackling Antimicrobial Resistance (2012-2017) cite the establishment and maintenance of systems to monitor antimicrobial usage and surveillance of resistance as key objective.

Objective

- This study focuses on urinary tract infections (UTI), currently the second most common indication for empirical antimicrobial treatment in both primary and secondary care.

Design

- The study is a retrospective audit across the five Health and Social Care Trusts in N. Ireland.
- 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 were:
  1. Documentation of clinical symptoms
  2. Obtaining and recording of appropriate cultures
  3. Documenting intended duration or review date of antibiotic therapy.

Results

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

Conclusion

- None of the five Trusts met 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:
  1. Promotion of the Regional Guidelines.
  2. Revising the Regional Kardex to include a dedicated section for recording intended duration of antibiotic.
  3. A regional algorithm to aid diagnosis and classification of UTI.
  4. Education for the management of asymptomatic bacteria.
  5. Education on urinalysis and culture results to guide treatment.

Acknowledgements

- Regulation & Quality Improvement Authority.

References


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