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**IMPROVING COMMUNICATION ABOUT ANTIBIOTICS  
—AN EVALUATION OF AN ANTIBIOTIC PRESCRIBING  
SECTION ON A PAEDIATRIC DRUG CHART**Hirminder Ubhi, Jeff Aston. *Birmingham Children's Hospital*

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**Aim** The aim of this study was to evaluate the impact of a new designated section for antibiotic prescribing on a drug chart.

**Method** A before and after study to determine the impact of a redesigned drug chart with a designated antimicrobial prescribing section. Four ward areas (Paediatric Assessment Unit (PAU), Paediatric Intensive Care Unit (PICU), Liver Unit and General Surgery) that contributed to 42.9% of antibiotic prescribing in previous audits were selected for investigation. Data were collected on one day during June and September 2013 (pre-redesigned drug chart) and January 2014 (post new drug chart) and included allergy status, route of administration, documentation of indication and the presence of a stop/review date.

The data were reviewed by an antimicrobial pharmacist and data were collated using Microsoft Excel 2007 and analysed using descriptive statistics.

**Results** Seventy-six prescribed antibiotics were audited on one day in Jun 2013 and Sept 2013 and 70 prescribed antibiotics were audited between 26th and 30th Jan 2014. In January, 60 patients were prescribed seventy antibiotics. Twenty six antibiotics were prescribed on Paediatric Admissions Unit (PAU), 32 on Paediatric Intensive Care Unit (PICU), three on Liver Unit and nine on General Surgery.

All sixty patients had documentation of allergy status and nature of allergy documented.

Overall, 41/70 (58.6%) prescribed antibiotics had a documented stop/ review date, compared with 12/25 (48%) for the Jun 2013 audit and 12/36 (33.3%) for the Sept 2013 audit.

Of those prescribed IV antibiotics, 58/59 (98.3%) had a documented stop/review date and 3/11 (27.3%) oral antibiotics had a documented stop/review date.

It was found that PAU had a review/stop date for 16/26 (61.5%), PICU 24/32 (75%), Liver Unit 0/3(0%) and General Surgery 2/9 (22.2 %) for the patients on antibiotics.

Sixty nine of the seventy prescriptions reviewed (98.6%) had documented indication, compared with 15/25 (60%) for the Jun 2013 audit and 20/36 (55.6%) for the Sept 2013 audit.

**Conclusion** A designated antibiotic section on a drug chart can have a positive impact on antimicrobial prescribing. The documentation of indication has improved and as well as stop/review date, which has led to better communication of prescriber's intention. Further work needs to be done to improve prescribing on the surgical and liver wards. This study demonstrated that an improvement in antimicrobial stewardship can be achieved by designing a drug chart that supports good prescribing practice. This supports the national approach to good antibiotic prescribing.<sup>1</sup>

## REFERENCE

- 1 Department of Health. Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI), 2011. Antimicrobial Stewardship: "Start Smart then – Then Focus" Guidance for antimicrobial stewardship in hospitals (England). [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215308/dh\\_131181.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215308/dh_131181.pdf) (accessed 19 May 2014).