

# Documentation of Antibiotic Prescriptions within the Department of Medicine of the Elderly at GRI

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## Background

1 in 5 courses of antibiotics are associated with adverse events including: *Clostridium difficile*, antibiotic resistance, drug interactions, drug toxicity, device related infection and *Staphylococcus aureus* bacteraemia (Handbook.ggcmedicines.org.uk. 2021. *Management Of Infections*). Consequently, to avoid prolonged duration of antibiotics it is necessary to document the time and day when they should be stopped.

Our aim was to examine and increase the documentation of duration of antibiotic treatment on kardexes within the DME wards at GRI.

## Method

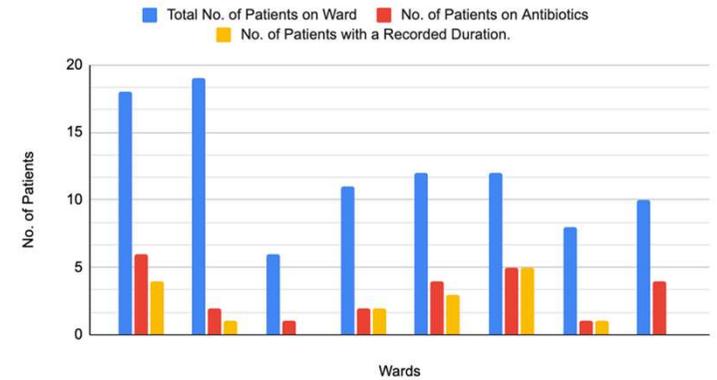
Initially we collected baseline data of the current levels of documentation. Specifically, the number of patients on each ward, the number prescribed antibiotics and the number of those who had a recorded duration. Strategies were implemented to improve the documentation of duration which are depicted in the Plan Do Study Act cycles below.

## Results

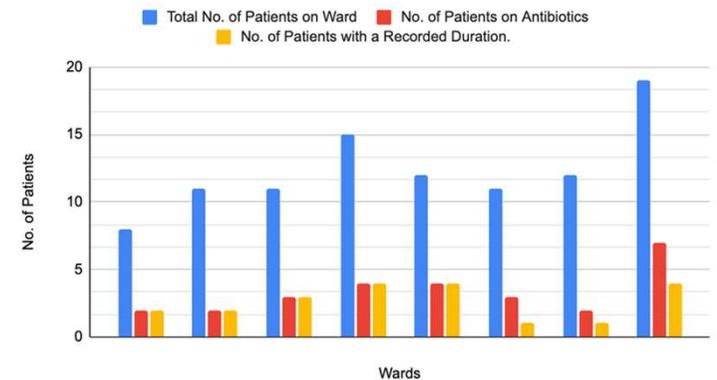
109 kardexes were examined, 37 of these were on at least one antibiotic. 26 of the 37 had a recorded a duration. Thus 70% of patients on antibiotics had a recorded duration. Following our first intervention of placing a reminder in the DME newsletter, the proportion of patients on antibiotics with a specified length of treatment in their kardex fell from 70% to 64%.

Following our second intervention the number of patients with a recorded duration rose to 77%. Furthermore, we demonstrated that patients on oral antibiotics (17 out of 19) were more likely to have a documented duration than those on intravenous (3 out of 7).

Post Intervention 1



Post Intervention 2



## Conclusion

The initial data gathering revealed that 30% of kardexes that had antibiotics currently being prescribed did not have a recorded duration. This highlighted an opportunity to provide an intervention to improve recorded duration. The first intervention of highlighting the problem in the DME newsletter did not have the desired effect. However following the presentation recorded duration rose from 70% to 77%. This study shows the need for improvement in antibiotic duration and demonstrates that giving a presentation on its importance can improve documentation.

