



Regione Siciliana



Messaggi chiave per strutture di lungodegenza e residenze sanitarie assistenziali [medici e dirigenti]

Funzioni

Le funzioni fondamentali per migliorare l'uso degli antibiotici nella vostra struttura includono:

1. formazione del personale medico e infermieristico, rivolta ad aree in cui è comune l'uso improprio degli antibiotici [109,110]:
 - profilassi antibiotica;
 - uso di antibiotici in pazienti asintomatici con colture positive (colonizzazione);
 - antibiotici topici; e
 - cicli di trattamento eccessivamente lunghi.
2. Istruire i pazienti e le loro famiglie sui rischi di selezione di batteri antibiotico-resistenti quando si usano inutilmente gli antibiotici (ad esempio, batteriuria asintomatica, infezioni virali delle vie respiratorie) [109,110].
3. Fare uso di percorsi clinici e linee guida evidence-based per la diagnosi, il trattamento e la gestione delle infezioni più comuni (ad esempio, polmonite, infezioni delle vie respiratorie superiori, infezioni della cute e dei tessuti molli e infezioni delle vie urinarie) e prendere in considerazione i dati locali di sensibilità antimicrobica [109].
4. Rivalutare la terapia antibiotica alla luce delle condizioni cliniche dopo 48-72 ore o non appena i risultati microbiologici sono disponibili, per [31,42,70-72]:
 - passare a un antibiotico a spettro ristretto;
 - continuare o interrompere la terapia antibiotica;
 - passare alla terapia antibiotica per via orale.
5. Evitare analisi diagnostiche e colture in pazienti asintomatici [56,111].

Cose che potete fare

6. Mettere in atto misure di prevenzione e controllo delle infezioni insieme a esperti di prevenzione e controllo delle infezioni [consenso di esperti].
7. Raccogliere un'anamnesi completa del paziente quando si prescrive un antibiotico, tra cui uso recente di antibiotici, allergie ai farmaci, uso di terapie immunosoppressive e fattori di rischio per la resistenza agli antibiotici (ad esempio, recente ospedalizzazione, recente procedura medica o recente viaggio al di fuori dell'Europa) [31].
8. Eseguire sempre un esame clinico del paziente prima di prescrivere un antibiotico [31].
9. In caso di dubbi prima di prescrivere un antibiotico, dovreste [25,26,53,70] [consenso di esperti]:
 - controllare i dati epidemiologici locali, regionali e nazionali;
 - chiedere indicazioni e consigli a un collega più esperto o a un membro del team di stewardship antibiotica.
10. Iniziare il trattamento antibiotico solo se vi sono dati che confermino la presenza di un'infezione batterica e non trattare la colonizzazione [31].
11. Evitare una profilassi antibiotica inutile (ad esempio, profilassi delle infezioni delle vie urinarie) [111].
12. Assicurare che siano prelevate colture prima di iniziare la terapia antibiotica [31,42,70,71].
13. Documentare nella cartella clinica del paziente l'indicazione al trattamento antibiotico, la scelta farmacologica, il dosaggio, la via di somministrazione e la durata del trattamento [31,42,70,71].
14. Rispondere alle seguenti domande chiave quando si effettua una nuova valutazione della terapia antibiotica dopo 48-72 ore (o non appena i risultati microbiologici sono disponibili) [42,70]:

Il paziente ha un'infezione che risponderà agli antibiotici?

 - i. Se sì:
 - ii. Il paziente è sottoposto a una terapia antibiotica corretta, la dose è appropriata e la via di somministrazione è corretta?
 - iii. Per trattare l'infezione, può essere usato un antibiotico con uno spettro più ristretto?
 - iv. Per quanto tempo il paziente dovrebbe ricevere l'antibiotico (o gli antibiotici)?
15. Promuovere programmi specifici di vaccinazione per ospiti e personale [consenso di esperti].
16. Seguire le misure di prevenzione e controllo delle infezioni già stabilite nella vostra struttura. Se si notano membri del personale dell'ospedale o della struttura sanitaria che violano le linee guida o i protocolli, chiedere spiegazioni e fornire strumenti affinché capiscano dove stanno sbagliando [69] [consenso di esperti].
17. Partecipare regolarmente a corsi di formazione e riunioni che supportino in ospedale l'attuazione di: a) uso prudente degli antibiotici; b) linee guida locali evidence-based in materia di antibiotici; c) misure di prevenzione e controllo delle infezioni [52,53].
18. Organizzare eventi di educazione e campagne che forniscano agli ospiti informazioni sull'uso prudente degli antibiotici.

19. Assicurare che gli ospiti (e le loro famiglie) comprendano le motivazioni della terapia antibiotica e i punti chiave relativi all'uso degli antibiotici, tra cui [consenso di esperti]:
 - a) assumere gli antibiotici esattamente come prescritto;
 - b) non conservare mai gli antibiotici per un uso successivo;
 - c) non utilizzare mai gli antibiotici rimasti da trattamenti precedenti;
 - d) non condividere mai gli antibiotici rimasti con altri ospiti o altre persone;
20. organizzare regolarmente audit/indagini sulle pratiche di prescrizione di antibiotici e sulle infezioni correlate all'assistenza.

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