



Messaggi chiave per Unità di Terapia Intensiva [medici e dirigenti]

Funzioni

Le funzioni fondamentali per migliorare l'uso degli antibiotici nel vostro reparto includono le seguenti.

1. Seguire i protocolli di trattamento antibiotico, incentrati su linee guida evidence-based (ad esempio, sepsi) [90].
2. Essere a conoscenza dei pattern locali di resistenza agli antibiotici nel vostro reparto, nel vostro ospedale e nel territorio [31,72].
3. Organizzare corsi multidisciplinari periodici per il personale e discussioni sui casi per migliorare la qualità del trattamento antibiotico [72].
4. Valutare nuovamente i trattamenti antibiotici 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. Mettere in atto strategie di prevenzione e controllo delle infezioni, tra cui [86,87,105]:
 - formazione del personale;
 - igiene delle mani;
 - pulizia ambientale;
 - screening attivo;
 - precauzioni da contatto;
 - procedure evidence-based;
 - istituzione di sistemi di sorveglianza delle infezioni correlate all'assistenza.
6. Partecipare regolarmente ad attività di formazione, nonché ad audit proattivi e feedback insieme al team di stewardship antibiotica [54,56].

Cose che dovrete sapere

7. La riduzione o l'ottimizzazione della terapia antibiotica conduce a esiti clinici migliori [106].
8. Seguire misure di prevenzione e controllo delle infezioni riduce l'incidenza di infezioni correlate all'assistenza. Ad esempio:
 - a) l'osservanza di un protocollo relativo al catetere venoso centrale (per l'inserimento e il mantenimento) riduce le batteriemie associate a catetere venoso centrale in tutti i tipi di unità di terapia intensiva (per adulti e neonatali) [107];
 - b) un insieme di interventi (bundle) può prevenire la polmonite associata a ventilazione nelle unità di terapia intensiva per adulti [108].

Cose che potete fare

9. Mettere in atto indicazioni (linee guida, protocolli e check-list) per le misure di prevenzione e controllo delle infezioni, insieme al team preposto [86,87] [consenso di esperti].
10. Seguire i protocolli di trattamento antibiotico, incentrati su linee guida evidence-based stabilite nella vostra struttura [31] [consenso di esperti].
11. Iniziare il trattamento antibiotico solo se vi sono dati che confermino la presenza di un'infezione batterica e non trattare la colonizzazione [31].
12. Evitare una profilassi antibiotica inutile [31].
13. 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 presenza di fattori di rischio per la resistenza agli antibiotici (ad esempio, recente ospedalizzazione, recente procedura medica o recente viaggio al di fuori dell'Europa) [31].
14. In caso di dubbi prima di prescrivere un antibiotico, dovrete [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.
15. 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].
16. Nei pazienti con sepsi, iniziare quanto prima un trattamento antibiotico efficace per via endovenosa [90].
17. Assicurare che i campioni per gli esami colturali siano prelevati in modo adeguato e inviarli al laboratorio di microbiologia, prima di iniziare la terapia antibiotica [31,42,70,71].
18. 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?

Se si:

- i. Il paziente è sottoposto a una terapia antibiotica corretta, la dose è appropriata e la via di somministrazione è corretta?
- ii. Per trattare l'infezione, può essere usato un antibiotico con uno spettro più ristretto?
- iii. Per quanto tempo il paziente dovrebbe ricevere l'antibiotico (o gli antibiotici)?

19. 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].

20. 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].

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