



Messaggi chiave per farmacisti ospedalieri

Funzioni

1. Le vostre funzioni relative al miglioramento dell'uso degli antibiotici includono [42,56,76,94,95]:
 - a) partecipazione al team di stewardship antibiotica, come membri chiave del gruppo;
 - b) collaborazione con lo specialista di malattie infettive e il microbiologo clinico per attuare il programma di stewardship antibiotica;
 - c) miglioramento della qualità delle prescrizioni di antibiotici (ad esempio, controllo delle interazioni farmacologiche, ottimizzazione del dosaggio e della via di somministrazione, prevenzione di eventi avversi);
 - d) consulto con i medici ospedalieri, fornendo loro feedback per garantire la qualità delle prescrizioni di antibiotici;
 - e) attuazione di interventi di restrizione del prontuario farmaceutico ospedaliero, quali requisiti di pre-approvazione e post-autorizzazione, e valutazione dell'osservanza di tali restrizioni;
 - f) analisi dei dati sull'uso e sui costi degli antibiotici ai fini della sorveglianza e delle analisi comparative;
 - g) sostegno alle linee guida ospedaliere evidence-based in materia di antibiotici per le infezioni più comuni e per la profilassi chirurgica;
 - h) gestione del prontuario farmaceutico ospedaliero (ossia, l'elenco dei farmaci a disposizione dei medici prescrittori).

Cose che dovrete sapere

2. L'osservanza delle restrizioni del prontuario farmaceutico nonché dei requisiti di pre-approvazione e post-autorizzazione per antibiotici specifici diminuisce l'uso di tali antibiotici nelle unità di terapia intensiva [43].
3. I passaggi da somministrazione per via parenterale a via orale guidati dal farmacista migliorano gli esiti clinici (ad esempio, riduzione della durata della terapia parenterale senza influenze negative sugli esiti clinici) [56].
4. I moduli d'ordine specifici limitano la durata della profilassi antibiotica perioperatoria e riducono l'incidenza di infezioni del sito chirurgico, l'uso di antibiotici e i costi [56].
5. I farmacisti possono svolgere diversi ruoli nel pronto soccorso, tra cui fornire feedback e consulti in tempo reale sulle pratiche prescrittive e individuare le interazioni farmacologiche. Ciò diminuisce la durata dei trattamenti e riduce il costo complessivo delle cure [77].

Cose che potete fare o a cui potete collaborare

6. Sostenere lo sviluppo e l'attuazione di un programma di stewardship antibiotica all'interno della vostra organizzazione [69,94].
7. Fornire feedback e consigli ai medici prescrittori in merito alla scelta degli antibiotici, al dosaggio, all'ottimizzazione della durata e alla via di somministrazione [31,94].
8. Incoraggiare i medici a passare al momento appropriato dalla somministrazione per via parenterale a quella orale [56].
9. Controllare che le prescrizioni di antibiotici seguano i protocolli di trattamento antibiotico, basati su linee guida evidence-based. 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].
10. Raccogliere e condividere dati sull'uso e sui costi degli antibiotici a livello di reparti e di ospedale [56,76].
11. Insieme ai medici prescrittori, fornire informazioni sull'uso degli antibiotici a domicilio ai pazienti che devono continuare la terapia antibiotica dopo essere stati dimessi [31].
12. Partecipare alla formazione periodica per i medici ospedalieri in merito all'uso prudente degli antibiotici e alle riunioni per l'attuazione di linee guida evidence-based in materia di antibiotici [31,53,94,95].

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