



Messaggi chiave per i pronto soccorso [medici e dirigenti]

1. Siete in una posizione importante per migliorare le prescrizioni di antibiotici sia nei pazienti ricoverati sia in quelli ambulatoriali, in quanto la vostra struttura funge da interfaccia tra l'ospedale e la comunità [77].
2. Le terapie antibiotiche iniziate nel Pronto Soccorso influenzano fortemente la scelta di quale terapia verrà continuata nelle strutture ospedaliere o sul territorio [77].

Funzioni

3. Funzioni cliniche relative al miglioramento dell'uso degli antibiotici includono [102] [consenso di esperti]:
 - a) seguire le linee guida evidence-based locali in materia di antibiotici per le infezioni più comuni;
 - b) stabilire la prima dose di antibiotici per i pazienti ricoverati;
 - c) prima di iniziare la terapia antibiotica, prelevare campioni adeguati per gli esami colturali che permetteranno di adattare la terapia o di interromperla durante l'ospedalizzazione;
 - d) comunicare tutti gli aspetti rilevanti del contesto del paziente e le decisioni in merito al trattamento ai medici che seguiranno il paziente in ambito ospedaliero o ambulatoriale;
 - e) informare i pazienti (e le loro famiglie) circa l'indicazione di una prescrizione di antibiotici, i possibili effetti indesiderati e il loro uso corretto.
4. Le funzioni del Pronto Soccorso comprendono [77] [consenso di esperti]:
 - a) rendere disponibili linee guida ospedaliere evidence-based in materia di antibiotici e percorsi clinici per la diagnosi, il trattamento e la gestione delle infezioni più comuni riscontrate nel Pronto Soccorso (ad esempio, infezioni delle vie respiratorie, infezioni della cute e dei tessuti molli, infezioni delle vie urinarie e sepsi). Queste dovrebbero includere l'indicazione, la scelta del farmaco, il dosaggio, la via di somministrazione e la durata del trattamento;
 - b) assicurare che le linee guida prendano in considerazione la microbiologia locale e i pattern locali di resistenza agli antibiotici e rispecchino il prontuario farmaceutico ospedaliero;
 - c) rafforzare la disponibilità dei risultati degli esami colturali e la loro interpretazione in tempo reale, coordinandosi con il laboratorio di microbiologia, in modo da condividere efficacemente i risultati con i medici prescrittori;
 - d) istruire il personale sulle malattie infettive e sull'uso prudente degli antibiotici.

Cose che potete fare

5. Seguire i protocolli di trattamento antibiotico, incentrati su linee guida evidence-based (ad esempio, sepsi [74], infezioni delle vie urinarie [103], infezioni della cute e dei tessuti molli [104]) e applicare le misure di prevenzione e controllo delle infezioni stabilite nella vostra struttura [31] [consenso di esperti].
6. 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].
7. Essere a conoscenza dei pattern locali di resistenza agli antibiotici sul territorio, nell'ospedale e nel reparto [31] [consenso di esperti].
8. Iniziare il trattamento antibiotico solo se vi sono dati che confermino la presenza di un'infezione batterica e non trattare la colonizzazione [31,72].
9. Evitare una profilassi antibiotica inutile [31,73].
10. Nei pazienti con un'infezione grave, iniziare un trattamento antibiotico efficace quanto prima [31,74].
11. Assicurare che siano prelevati campioni per gli esami colturali prima di iniziare la terapia antibiotica [31,42,70,71].
12. 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].
13. 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.
14. 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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