



Messaggi chiave per medici ospedalieri

Funzioni

- In quanto medici ospedalieri, le vostre funzioni relative al miglioramento dell'uso degli antibiotici includono [31,42,43,52-54,56,70,71,90]:
 - effettuare prescrizioni secondo le linee guida ospedaliere evidence-based in materia di antibiotici per le infezioni e la profilassi chirurgica;
 - individuare gli aspetti rilevanti del contesto del singolo paziente nel valutare la necessità della prescrizione di antibiotici, tra cui: uso recente di antibiotici, allergie ai farmaci, uso di terapia immunosoppressiva, recente ospedalizzazione o istituzionalizzazione, recente viaggio al di fuori dell'Europa e risultati microbiologici dei precedenti 3 mesi;
 - documentare nella cartella clinica del paziente l'indicazione relativa al trattamento antibiotico, la scelta farmacologica, il dosaggio, la via di somministrazione e la durata del trattamento, quando si prescrive un antibiotico;
 - seguire le indicazioni per la prevenzione e il controllo delle infezioni;
 - assicurare che siano prelevati campioni adeguati per esami colturali prima di iniziare la terapia con gli antibiotici;
 - valutare nuovamente il trattamento dopo 48-72 ore o quando sono disponibili i risultati degli esami microbiologici;
 - nei pazienti con infezione grave, iniziare un trattamento antibiotico quanto prima;
 - prendere in considerazione la microbiologia locale e i pattern locali di resistenza agli antibiotici nel prescrivere trattamenti antibiotici empirici;
 - informare i pazienti in merito agli antibiotici prescritti e ai potenziali effetti avversi; e,
 - partecipare a corsi di formazione annuali sull'uso prudente degli antibiotici.

Cose che dovrete sapere

- L'utilizzo di indicazioni sull'uso appropriato di antibiotici e la partecipazione a corsi di formazione migliorano la prescrizione di antibiotici [78].
- Documentare nella cartella clinica del paziente l'indicazione, la scelta farmacologica, il dosaggio, la via di somministrazione e la durata del trattamento contribuisce a un uso più corretto degli antibiotici [71].
- Prescrivere un trattamento antibiotico con la più breve durata possibile evidence-based riduce la comparsa di batteri antibiotico-resistenti [54,56,71,91].
- La tempistica corretta e la durata ottimale della profilassi antibiotica per la chirurgia riducono le infezioni del sito chirurgico e diminuiscono la comparsa di batteri antibiotico-resistenti [73].
- Il prelievo di campioni per analisi microbiologiche prima di iniziare la terapia antibiotica empirica e l'ottimizzazione del trattamento antibiotico sulla base dei risultati della coltura contribuiscono a migliorare l'uso degli antibiotici [31,70,71].
- Una nuova valutazione del trattamento antibiotico iniziale dopo 48-72 ore e il passaggio dalla somministrazione parenterale a quella orale (ove possibile) riducono i tassi di resistenza agli antibiotici e migliorano gli esiti clinici [37,54,57,71,92,93].
- Consultarsi con il team di stewardship antibiotica aumenta la qualità delle prescrizioni farmacologiche e migliora l'esito clinico dei pazienti [56,83].

Esempio

- Un passaggio da via parenterale a orale guidato dal farmacista ha condotto a cicli abbreviati delle terapie parenterali senza influire negativamente sugli esiti clinici [56].
- Gli interventi degli specialisti di malattie infettive sono stati associati a un significativo miglioramento nella qualità delle prescrizioni di antibiotici e alla riduzione del loro uso [83].

Cose che potete fare

- Seguire i protocolli di trattamento antibiotico, incentrati su linee guida evidence-based, e attuare le misure di prevenzione e controllo delle infezioni stabilite nella vostra struttura [31] [consenso di esperti].
 - Consultare il team di stewardship antibiotica quando necessario, per esempio quando prescrivete un antibiotico al di fuori delle linee guida consuete [31,56] [consenso di esperti].
 - Iniziare il trattamento antibiotico solo se vi sono dati che confermino la presenza di un'infezione batterica e non trattare la colonizzazione [31,72].
 - Evitare una profilassi antibiotica inutile [31,73].
 - 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 [consenso di esperti].
 - Rispondere alle seguenti domande chiave al fine di ottimizzare la terapia antibiotica. In caso di dubbi, consultare il team di stewardship antibiotica [31,42,53,70,71]:
 - C'è un'alta probabilità di infezione batterica, piuttosto che di colonizzazione o infezione virale?
 - Prima di iniziare una terapia antibiotica sono stati prelevati campioni adeguati per esami colturali?
 - Avete eseguito un controllo su uso recente di antibiotici, allergie ai farmaci, uso di terapie immunosoppressive, recente ospedalizzazione o ricovero presso altre strutture, recente viaggio al di fuori dell'Europa e risultati microbiologici dei precedenti 3 mesi?
 - Il paziente ha un'infezione che risponderà agli antibiotici?
- Se sì:
- 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 assumere l'antibiotico (o gli antibiotici)?
17. 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].
18. Essere una buona fonte di informazioni per i vostri pazienti e aiutarli a capire l'importanza dell'uso prudente degli antibiotici. Assicurare che i pazienti (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 altre persone.

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