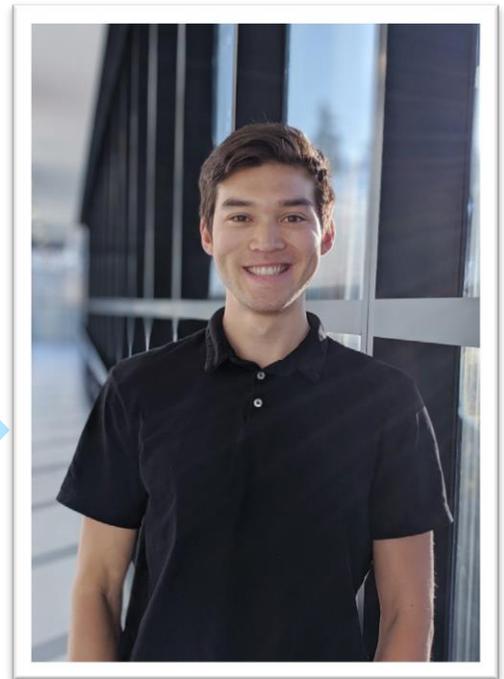




Brittany Buffone
3rd year UBC Entry-to-Practice PharmD Student

My project evaluated the safety of turning off Cerner prescriber alerts when prescribing carbapenems or cephalosporins (except cefadroxil, cephalexin and cefoxitin) to patients with an allergy to penicillins. Our 15-month retrospective chart review at LGH found no report of anaphylaxis. The change in alerting facilitated appropriate antibiotic treatment and likely reduced alert fatigue!

My project aimed to learn about the impact of psychotropic medications on the positive histamine control of the penicillin skin test. We learned that holding a TCA for 14 days is sufficient to prevent interference with the test. SSRIs, SNRIs, and benzodiazapines likely do not interfere. This information will enhance the patient screening process and thereby optimize allocation of testing resources!



Jonathan Schwarz
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Coastal ASPIRES

Antimicrobial Stewardship Program

IN THIS ISSUE:

UBC Pharmacy Students Researching with Coastal ASPIRES Team
Rethinking the Role of Antibiotics and the Duration of Therapy for CAP
VCH ASPIRES Website

Question? Call 604-417-8921



Rethinking the Role of Antibiotics and the Duration of Therapy for CAP

Adopted from Dr. Jennifer Grant's Lecture "How Long Do I Treat This Infection"

What do we expect the antibiotic(s) to do?



Usually – control infection

- To bridge to intervention (e.g. intra-abdominal)
- To bridge to immune reaction (e.g. pneumonia)



Less commonly – eradicate infection

- Privileged sites (e.g. endocarditis, meningitis)
- Infection in immunocompromised host

Community-Acquired Pneumonia (CAP)

What

- Commonly treated for 7-10 days

So What

- Similar clinical outcome between patients with mild-moderate CAP treated with short-course (≤ 5 days) vs. long-course (≥ 7 days) (Drugs. 2008;68(13):1841-54.)
- ~40% patients eligible for oral switch by day 2 or 3 (J Antimicrob Chemother. 2009 Jul;64(1):188-99.)
- Oral switch in CAP decreases length of stay by 3 days (Arch Intern Med. 2001 Mar 12;161(5):722-7.)
- Shorter course = better compliance, less toxicity, lower cost.



Now What

- Prescribe 5 days to start!
- Consider start with PO for inpatient with CURB-65 ≤ 2
- Switch from IV to PO when...
 - hemodynamically stable, improving clinically (e.g. WBC trending down, O₂ requirements decreasing; ok if not yet within normal range) AND able to take and absorb oral med
- Stop therapy when...
 - Afebrile for 48-72 hours AND no more than one clinical instability (HR > 100/min, RR > 24/min, SBP < 90 mmHg, O₂ sat < 90%, not tolerate oral intake or altered mental status)
- Exceptions: S. aureus pneumonia with concurrent bacteremia, presence of cavities or signs of tissue necrosis or infection, pneumonia involving Pseudomonas or less common pathogens (e.g. Burkholderia).



Reference: Clinical Infectious Diseases 2007; 44:S27–72 (IDSA Guideline on CAP)

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ASPIRES Website on my VCH



Full URL: <https://my.vch.ca/dept-project/Antimicrobial-Stewardship-Programme-ASPIRES>

Tiny URL: tiny.cc/VCHASPIRES

- Accessible on personal mobile (Need to enter work Windows login)

The screenshot shows the 'Antimicrobial Stewardship Programme (ASPIRES)' page on the myVCH intranet. The page header includes 'Vancouver Coastal Health' and 'one VCH intranet' logos, along with a search bar. A navigation menu contains 'Working here', 'Tools & technology', 'Learning & practice', 'News & discussion', and 'Find a department or project'. The breadcrumb trail reads 'My VCH home / Departments Projects / Antimicrobial Stewardship Programme (ASPIRES)'. The main content area features a sidebar with links like 'Antimicrobial Stewardship Programme (ASPIRES)', 'VCH Clinical Resources for Health Care Providers', and 'What is Antimicrobial Stewardship and why is it important?'. The main heading is 'Antimicrobial Stewardship Programme (ASPIRES)', followed by a description of the program and a list of goals: 'Successfully treating infections', 'Reducing inappropriate antimicrobial use', 'Reducing adverse drug reactions (ADR) and healthcare associated infections', 'Preventing antimicrobial resistance', and 'Supporting sustainable healthcare'. Below this, there are four blue buttons for 'Order Sets for Common Infections (PPO)', 'Antibiograms', 'Clinical Practice Guidelines', and 'Bugs & Drugs', with a final button for 'Other Clinical Resources'. The footer of the page lists the page owner as 'Sheila.Browning@vch.ca' and the last update date.

Question? Call 604-417-8921

