

The Pattern of dispensing antibiotics for inpatient in Benghazi's hospitals

submitted by

Makpula Abdelaziz Tarhuni





Table of contents

01

Introduction

02

Aim of the Study

03

Protocol

04

Results

05

Conclusion

06

Recommendation





INTRODUCTION

Antibiotics are essential and life-saving medicines. However, misuse is widespread. Appropriate antibiotic prescribing is a crucial element of excellent clinical practice.

Optimizing inpatient antibiotic prescribing is crucial for enhancing treatment effectiveness, ensuring patient safety, and minimizing the risks associated with antibiotic misuse.

By promoting appropriate antibiotic use, healthcare professionals can mitigate the spread of antimicrobial-resistant bacteria both locally and globally, contributing to improved patient outcomes and public health.





AIM OF THE STUDY:

This study aims to assess the extent of Benghazi's hospitals compliance with antibiotic prescribing protocols and the presence of clear guidelines for antibiotic dispensing in relation to rates of antibiotic misuse.



PROTOCOL



BENGAZI'S HOSPITALS	NO. OF PROFESSIONALS
Benghazi Medical Center	45
Aljalaa Hospital	40
Alhawari General Hospital	29
Al kuwafia Hospital	8
Total	122

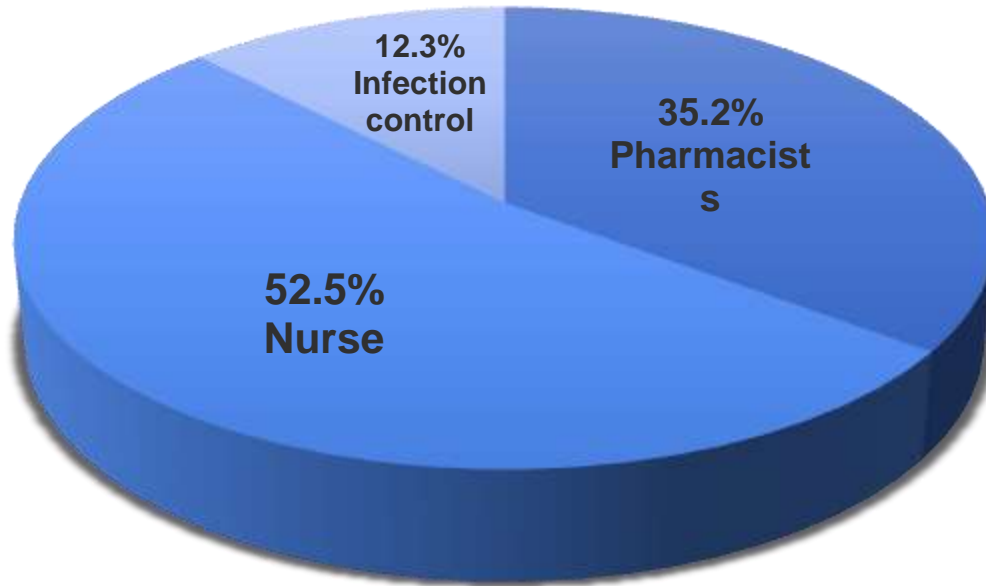


RESULTS

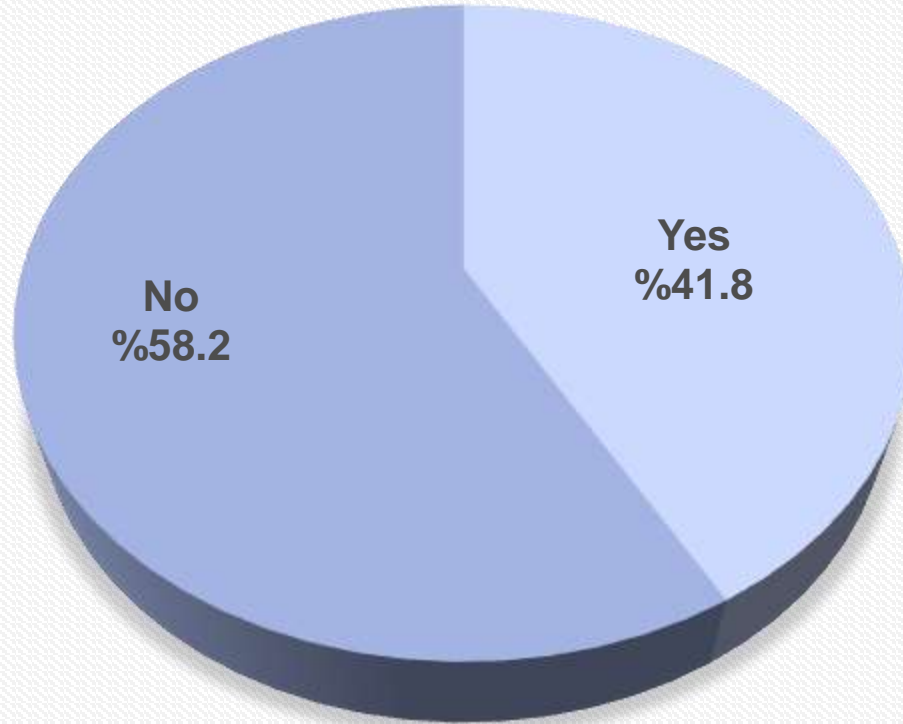


Professional's Targeted Study

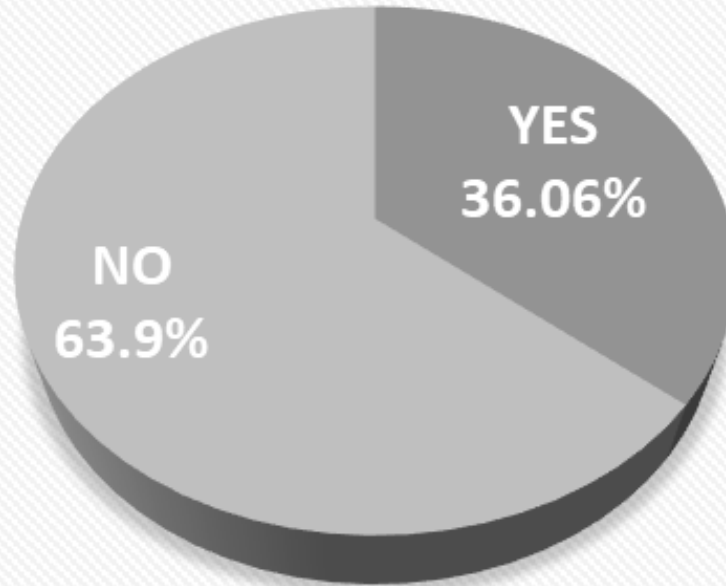
Targeted professionals of study



Dispense Antibiotics According to Guideline of the Hospital

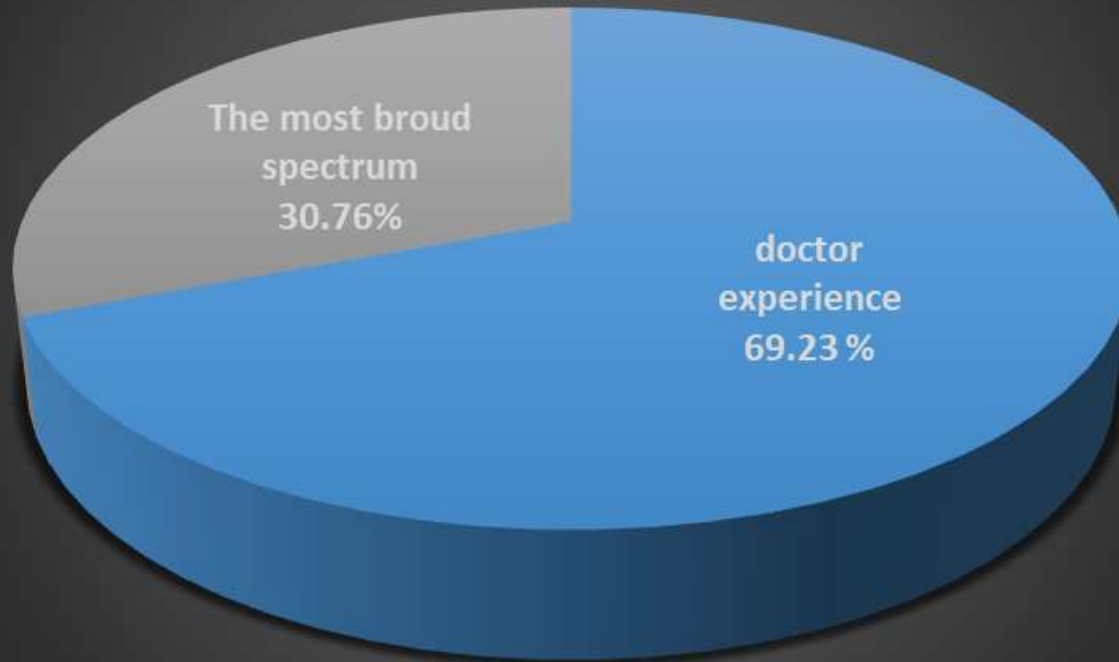


A sample collected from the patient upon admission to the hospital

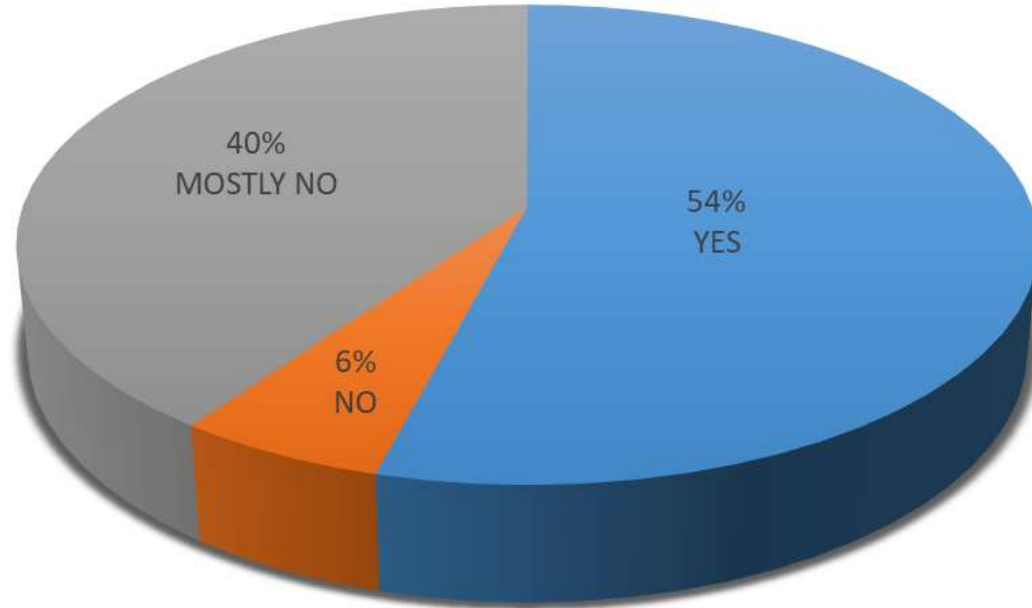


The type of antibiotic dispensed to the patient is determined by doctors based

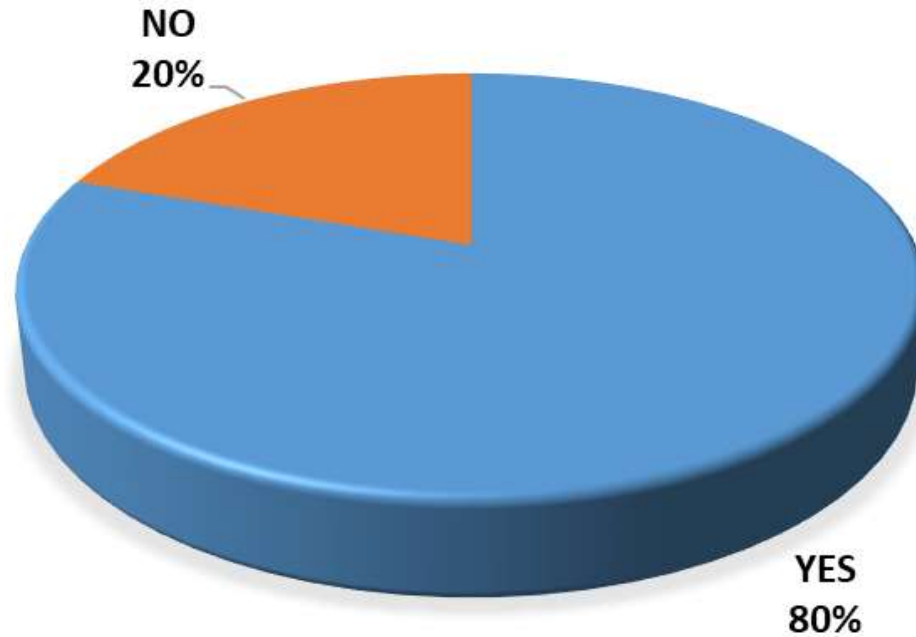
on



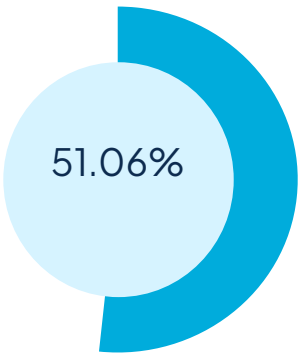
Documenting the prescribed antibiotic dosage in the patient's treatment chart



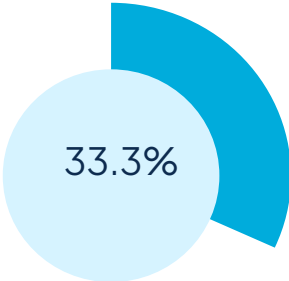
DELAYING OR FAILING TO ADMINISTER THE REQUIRED DOSE TO THE PATIENT



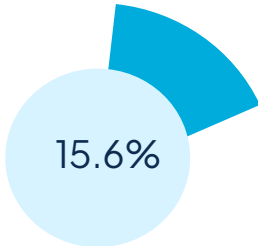
The explanation for the omission of the antibiotic dose for the patient.



Neglect in nursing

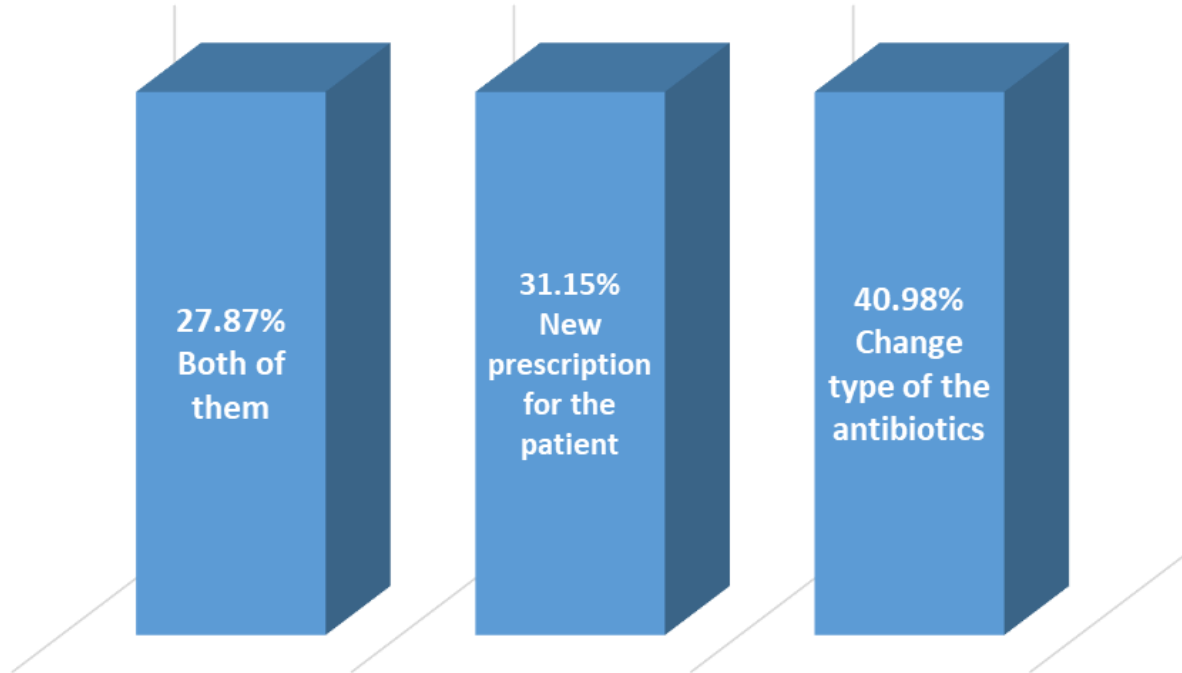


Both of them

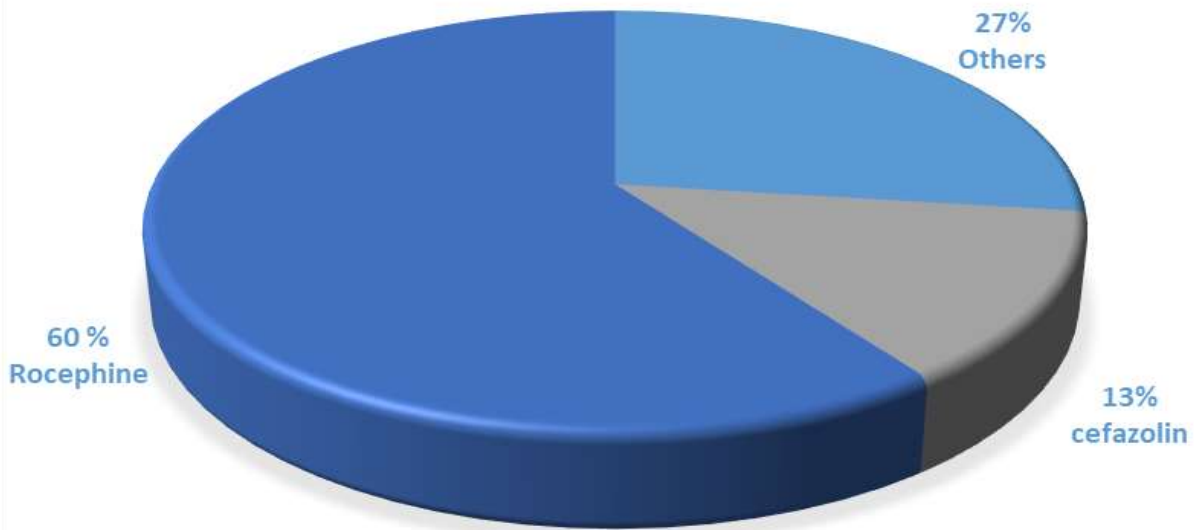


Treatment unavailability

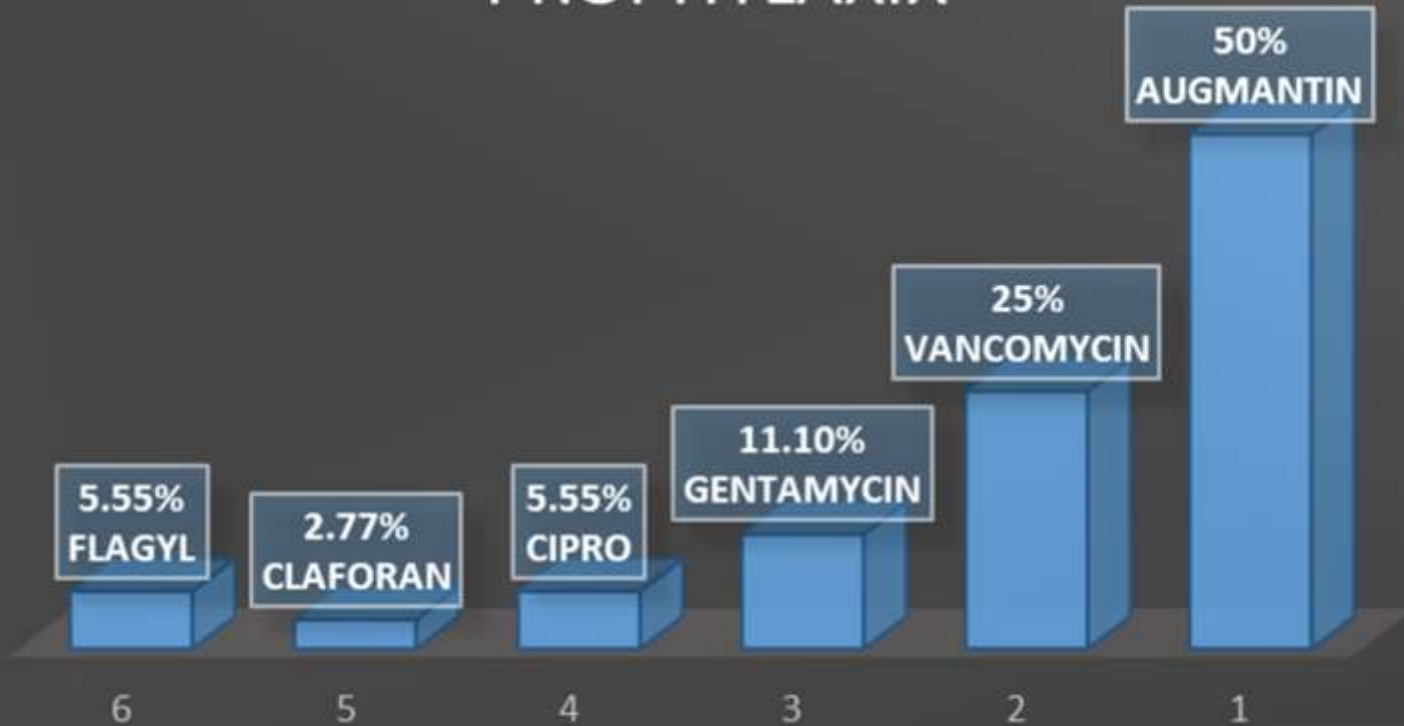
ALTERNATE STRATEGY IN CASE THE ESSENTIAL ANTIBIOTIC IS UNAVAILABLE AT THE HOSPITAL



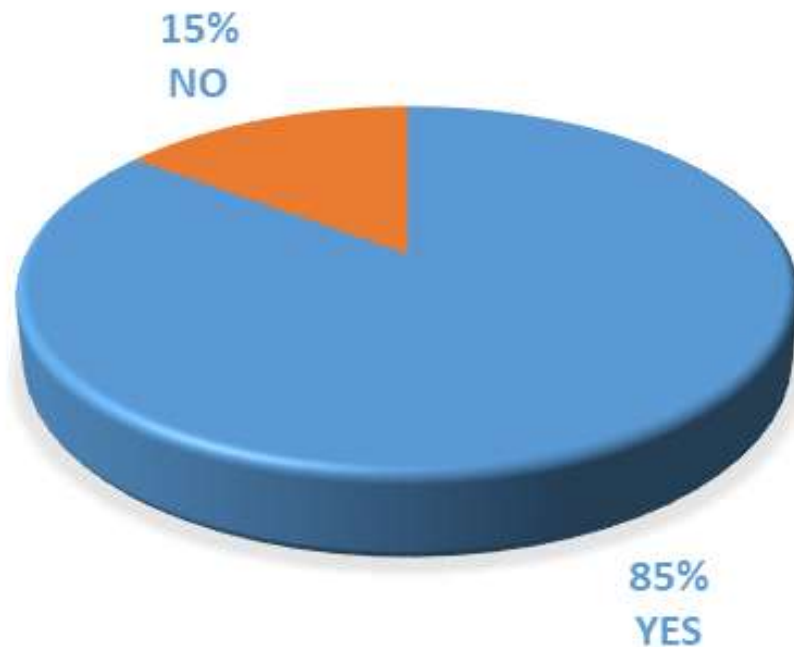
TYPES OF ANTIBIOTICS IS USED AS PROPHYLAXIX BEFOR PT OPERATION



OTHER MEDICINE USING AS PROPHYLAXIX



PATIENT HAS RELAPSED AFTER IMPROVEMENT AND RESTART TREATMENT DURING HOSPITAL STAY








CONCLUSION

- A significant portion of cases in Benghazi's hospital demonstrate the absence of a clear guideline for antibiotic dispensing.
- A significant number of professionals agreed that they commonly do not record the dispensed dosage in the patient's treatment chart.
- There is a considerable number of professionals was Knowledgeable that there is failure of given the medicine at the required time .
- A significant number of professionals agree that the patient has relapsed following recovery and treatment return.





RECOMMENDATION

- The hospital should prioritize establishing clear antibiotic policies to reduce antimicrobial-resistant infections and ensure the efficacy of antimicrobial agents for treating and preventing communicable diseases.
 - The medical staff should receive pertinent and targeted information regarding the significance of administering the antibiotic dose at the right time to avoid issues antimicrobial resistance .
 - The hospital's medical staffs additionally have the responsibility for making sure that prescription standards for infection management are properly implemented
- 
- 
- 

10 GOLDEN RULES FOR OPTIMAL ANTIBIOTIC USE IN HOSPITAL SETTINGS

- 1 **Enhancing infection prevention and control**
- 2 **Prescribing antibiotics when they are truly needed**
- 3 **Prescribing the appropriate antibiotic(s) at the right time**
- 4 **Administering antibiotics in adequate doses and routes**
- 5 **Initiating, as soon as possible, targeted treatment based on the results of culture and susceptibility testing**
- 6 **Using the shortest duration of antibiotics based on evidence**
- 7 **Achieving source control by identifying and eliminating the source of the infection or reducing the bacterial load**
- 8 **Supporting surveillance of HAIs and AMR, monitoring of antibiotic use, consumption, and the quality of prescribing**
- 9 **Educating staff and improving awareness**
- 10 **Supporting multidisciplinary ASPs and enhancing collaboration of healthcare professionals from various disciplines**



References

- Anonymous. A global declaration on appropriate use of antimicrobial agents across the surgical pathway. *Surg Infect (Larchmt)*. 2017;18(8):846–53. <https://doi.org/10.1089/sur.2017.219>.
 - Dutescu IA, Hillier SA. Encouraging the development of new antibiotics: Are financial incentives the right way forward? A systematic review and case study. *Infect Drug Resist*. 2021;14:415–34. <https://doi.org/10.2147/IDR.S287792>.
 - Renwick M, Mossialos E. What are the economic barriers of antibiotic R&D and how can we overcome them? *Expert Opin Drug Discov*. 2018;13(10):889–92
 - Renwick MJ, Brogan DM, Mossialos E. A systematic review and critical assessment of incentive strategies for discovery and development of novel antibiotics. *J Antibiot (Tokyo)*. 2016;69(2):73–88. <https://doi.org/10.1038/ja.2015.98>
 - Baur D, Gladstone BP, Burkert F, Carrara E, Foschi F, Döbele S, et al. Effect of antibiotic stewardship on the incidence of infection and colonisation with antibiotic-resistant bacteria and *Clostridium difficile* infection: a systematic review and meta-analysis. *Lancet Infect Dis*. 2017;17(9):990–1001. [https://doi.org/10.1016/S1473-3099\(17\)30325-0](https://doi.org/10.1016/S1473-3099(17)30325-0)
- 
- 



Thank you

