

# International Conference on CLINICAL PHARMACY

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# International Conference on BIOCONTROL, BIOSTIMULANTS & MICROBIOME

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## Evaluating guideline-recommended antibiotic practice for community-acquired pneumonia in national children's hospital

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Hospital guideline for antibiotic use in childhood community-acquired pneumonia (CAP) was published in 2016 in National Children's Hospital. To assess the adherence to this guideline, we conducted a retrospective study of children hospitalized with the diagnosis of CAP in August, 2017. We evaluated the adherence rate in initial antibiotic selection to that by the guideline and factors that likely affected the adherence rate. In addition, the attitude of prescribers towards guidelines was surveyed. Overall, 209 cases were eligible for the study, including 100 patients with pneumonia (47,85%), 99 with severe pneumonia (47,37%) and 10 patients with very severe pneumonia (4,78%). For antibiotic choice, monotherapy was used in most cases (177 patients; 84,69%) including 109 patients with penicillin ± betalactamase inhibitor (52,15%). When

compared with hospital guideline, there are 63 patients (30,14%) prescribed as recommendations in the hospital guideline. The low adherence rates were observed in patients < 2 months old and had mild pneumonia. However, 80% doctors thought that they often or always prescribed antibiotics as what recommended on guidelines. Some barriers to guideline adherence were revealed including the guideline was hard to access, or lack of recommendations in variation of clinical circumstances. Our findings suggest in later post-guideline period, to improve the guideline adherence rate, the hospital should on one hand, improve the guideline to make it more practical and on the other hand, implement antimicrobial stewardship program's interventions.

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