



# Antimicrobial prescribing in emergency wards in Belgium, Brazil, Canada, Georgia and the United Kingdom: First results from the outpatient Global-PPS

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## Background & objectives

The **outpatient Global-PPS** is a new user-friendly, freely available standardized method to measure antibiotic prescribing in outpatient settings including **outpatient departments of hospitals, outpatient clinics** and **primary healthcare centers**. This study aims to describe prescribing practices in emergency care settings.



## Results

Most common prescriptions were **penicillins, other β-lactams** and **macrolides, lincosamides & streptogamins**.

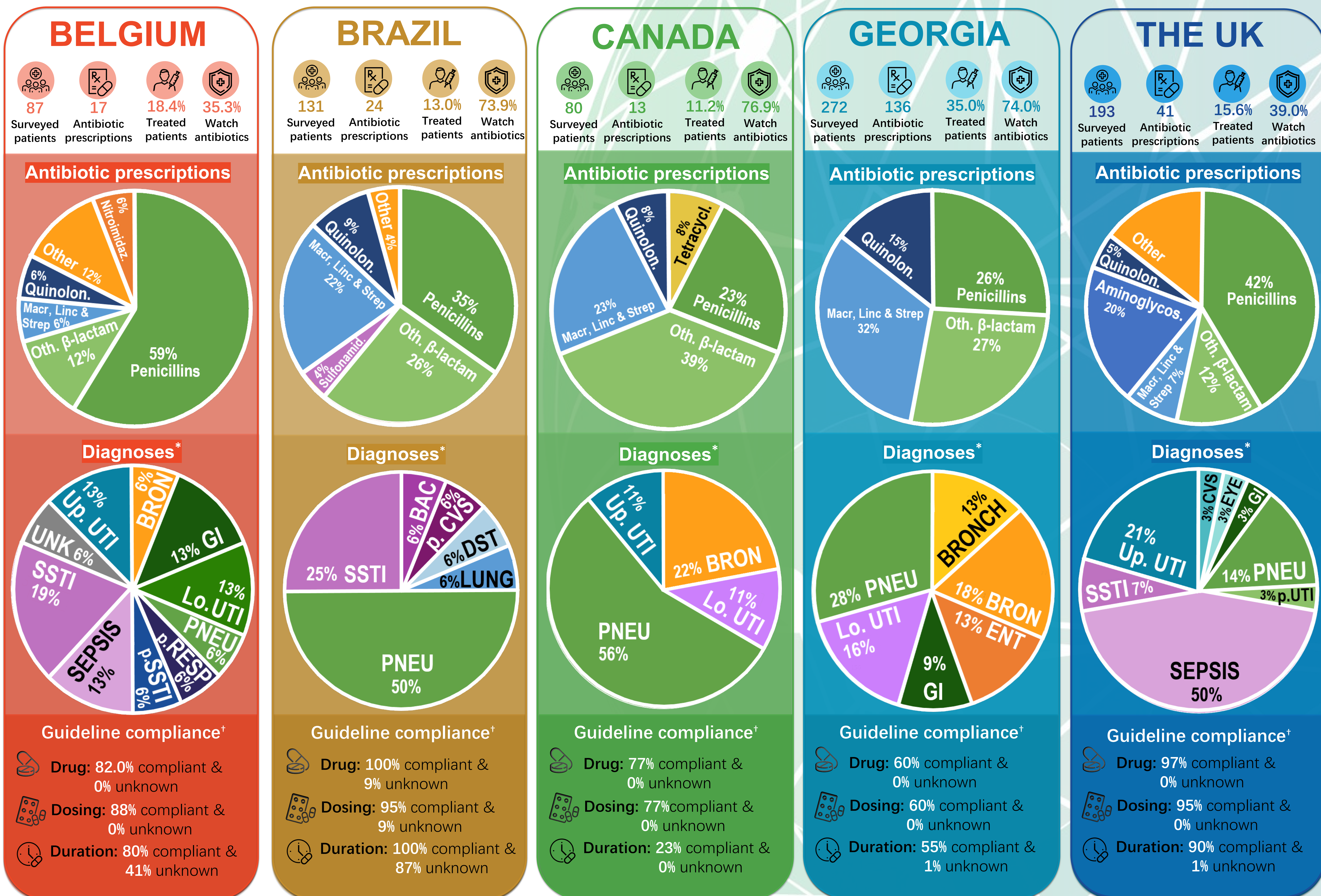
Most common diagnoses were **pneumonia/LRTI, acute bronchitis** and **sepsis**.



## Methods

The outpatient G-PPS was conducted in **Belgium, Brazil, Canada, Georgia** and **the UK**, surveying all patients presenting to the emergency ward within a  $\geq 4$ -hour period.

Descriptive information was collected for **all patients**. Diagnostic and antimicrobial information including a set of quality indicators were additionally collected for **patients receiving antimicrobials**.



\* BAC=bacteraemia/fungaemia; BRON=bronchitis; BRONCH=bronchiolitis; CVS=cardiovascular system infections; p.CVS=prophylaxis for CVS; DST=Deep soft tissue infections; ENT=Ear,Nose,Throat infections; EYE=eye infections; GI=gastro-intestinal infections; LUNG=lung abscess; PNEU=pneumonia/lower respiratory tract infection(LRTI); p.RESP=prophylaxis for respiratory infections; SSTI=skin&soft tissue infections; p.SSTI=prophylaxis for SSTI; Up. UTI=upper urinary tract infection; Lo. UTI=lower urinary tract infections.

<sup>†</sup> Guideline compliance = N known compliant prescriptions / N all known (in)compliant prescriptions. Unknown compliance = N unknown (in)compliant prescriptions / N all prescriptions



## Discussion & recommendations

Global-PPS was successfully conducted in 17 emergency wards worldwide, generating insights into **varying prescribing patterns**, indications and targets for improvements.

In this study, approximately **1 in 5 patients** visiting the emergency ward receive an antibiotic prescription. Tailor-made stewardship actions could focus on reviewing (compliance to) local guidelines for the **intended duration of antibiotic prescription**, and assessing the need for **Watch antibiotics prescribed for LRTI**.



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