

BACKGROUND

- According to the Centers for Disease Control and Prevention (CDC) antibiotics may be inappropriate in 20-50% of cases.¹
- The Infectious Disease Society of America (IDSA) defines asymptomatic bacteriuria as “the presence of 1 or more species of bacteria growing in the urine at specified quantitative counts, irrespective of the presence of pyuria, in the absence of signs or symptoms attributable to urinary tract infection (UTI).”²
- Asymptomatic bacteriuria is common and current guidelines suggest that it should not be treated in healthy non-pregnant females and pediatric patients.²
- In February of 2020 St. Claire HealthCare started monitoring discharged patients from the emergency department (ED) after their departure. The use of this monitoring system has made the lack of adherence to IDSA’s asymptomatic bacteriuria and uncomplicated urinary tract infection (UTI) guidelines more apparent.

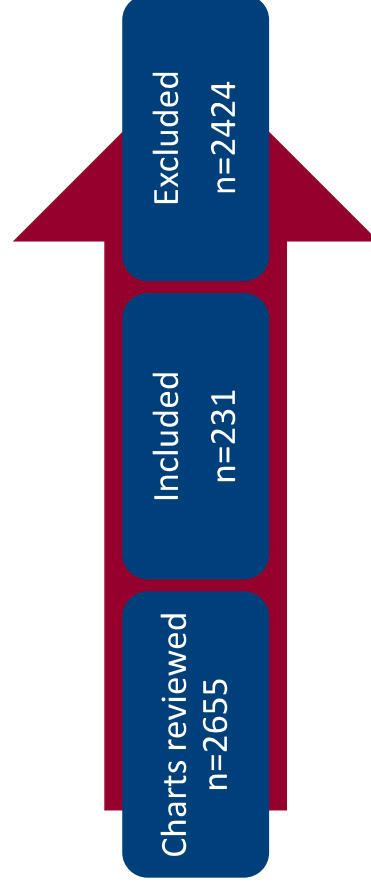
OBJECTIVES

- Primary Objective:**
 - Appropriateness of antibiotics for asymptomatic bacteriuria and uncomplicated UTI in healthy non-pregnant females.
- Secondary Objectives:**
 - The impact a clinical pharmacist can impose on antimicrobial stewardship in this specific area of interest.

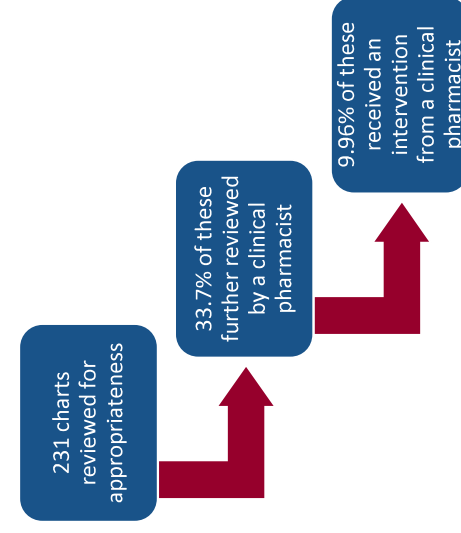
METHODS

Design: Single center, retrospective chart review of patients discharged from a rural community hospital ED with antibiotics for a UTI-related diagnosis
Performance Site: St. Claire HealthCare
Inclusion Criteria: Healthy, non-pregnant females 18 years of age and older but < 51 years of age that have departed from the ED with no genitourinary abnormalities and a diagnoses of asymptomatic bacteriuria or uncomplicated UTI
Recruitment Methods: Report requested from Clinical informatics of all outpatient prescriptions from the ED from March 1st 2020 to February 28th 2021

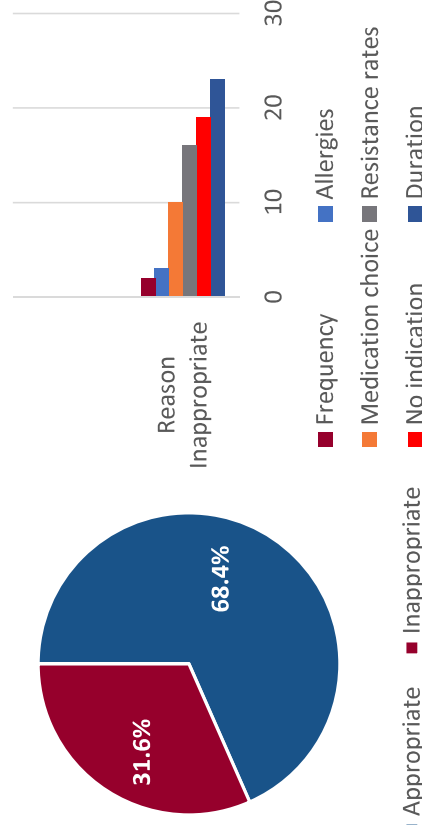
STUDY DESIGN



SECONDARY OBJECTIVE



PRIMARY OBJECTIVE



CONCLUSION

- There are areas of improvement for this subset of patients in regards to antimicrobial stewardship
- Indication and duration of treatment were the most common reasons for inappropriateness
- Education will be provided to our ED in the form of an easy-to-use handout that can be used in practice

DISCLOSURES & ACKNOWLEDGEMENTS

The authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.

Kaitlyn Calhoun, PharmD, Nothing to disclose
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 Tara Mains, PharmD, BCPS, Nothing to disclose

1. <https://www.cdc.gov/antibiotic-use/data/outpatient-prescribing/index.html> 2. <https://www.idsociety.org/practice-guideline/asymptomatic-bacteriuria/> 3. Hicks LA, Chien YW, Taylor TH Jr, Haber M, Klugman KP, Active Bacterial Core Surveillance (ABCs) Team. Outpatient antibiotic prescribing and non-susceptible Streptococcus pneumoniae in the United States, 1996-2003. Clin Infect Dis. 2011 Oct;53(7):631-9. doi: 10.1093/cid/cir443. PMID: 21890767.