

# Post-Prescription Review and Feedback: The Hospital Queen Elizabeth II Experience

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## ABSTRACT

**Introduction:** Hospital Queen Elizabeth II (HQEII), Sabah, Malaysia implemented post prescription review and feedback (PPRF) as part of our antimicrobial stewardship strategy. This study evaluated the PPRF conducted twice weekly in HQEII and compared its impact on antibiotic consumption. **Methods:** This study was a retrospective cross-sectional study conducted from July to December in 2019 from data collected during PPRF rounds. Antimicrobial consumption was compared with previous year (2018) using the defined daily dosing measures. **Results:** A total of 847 PPRF reviews involving 538 patients receiving restricted antibiotics. Amongst these patients, 61.0% of them were men with a median age of 57-year-old (IQR 41 - 68). The wards most visited during PPRF were the medical ward (n=354, 41.7%), followed by the intensive care unit (n=, 13.6%) and orthopaedic ward (n=, 13.2%). It took an average of 2.5±2.3 days for the AMS team to conduct a review after an antibiotic was started. The antibiotic most reviewed was 3rd generation cephalosporins (n=273, 32.2%). The commonest diagnoses that prompted review was a respiratory tract infection (n=243, 28.7%). Antibiotics were de-escalated in half of the reviews (n=425, 50.1%). The impact of the PPRF review on antibiotic consumption was observed in certain antibiotics. In particular, PPRF intervention significantly reduced consumption of antibiotics such as cefuroxime by 42% (62.0 vs 20.1, p<0.001), ceftriaxone by 41.3% (67.4 vs 26.1, p<0.001), and piperacillin-tazobactam by 12.3% (40.6 vs 28.2, p<0.017). **Conclusion:** Intensive PPRF successfully reduced the consumption for certain antibiotics. More studies are warranted to further analyse PPRF impact on clinical, microbiological and economic outcomes.

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# The Efficacy of Silver Sept Topical and Chitoheal Gel in Wound Healing: A Case Report

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## ABSTRACT

**Introduction:** Wound healing, a complex series of interactions and reactions among the "mediators" and cells in four overlapping and distinct phases, is influenced by several local and systemic factors. The author noted Silversept spray and ChitoHeal gel dressing facilitates and speed up wound healing. **Methods:** Wound cleaned with cleansing solution silver antiseptic spray was sprayed at wound ChitoHeal gel was applied Wound covered with non-adherent pad and gauze as secondary dressing. Dressing was done every alternate day. **Results:** A 52 years old Indian male with underlying diabetes mellitus already on 2 types of oral hypoglycaemic agents (OHA), presented with necrotising fasciitis of the left lower limb. Patient was seen by the wound team at ward post wound debridement. Advanced dressing was done for patient with Silversept spray and ChitoHeal gel for 2/52 weeks. Wound healing progressed well and split skin graft (SSG) was proceeded for patient after Day 17 of Silversept spray and ChitoHeal gel dressing. Post SSG, dressing was continued with Silversept spray and ChitoHeal gel. Good wound healing was seen subsequently in 15 days and wound healed well 26 days post SSG. Silversept spray contains nano colloidal silver, a broad-spectrum antimicrobial agent, which with the existence of sodium ions in wound, produces antimicrobial effect even towards antibiotic resistant bacteria. ChitoHeal gel consists chitosan biopolymer that facilitates haemostasis, accelerate wound healing and together repairs and grows peripheral nervous system neurons. **Conclusion:** This case report is reported to highlight the composition of Silversept topical and ChitoHeal Gel, in addition to the effectiveness in wound management.