# IMPROVING APPROPRIATENESS OF ANTIBIOTIC PRESCRIPTION IN URTI CASES IN KKKL

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- 2. Low usage of modern dressing
- 3. Long waiting time for consultation
  - 4. Polypharmacy prescription
- 5. High defaulter rate among NCD patients

#### <u>Justification / Reason of Choosing This Topic</u>

SERIOUSNESS

card at Fever Centre

REMEDIABLE



nappropriate antibiotic use can lead to antibiotic resistance and unnecessary drug related side effect and eventually ncrease the healthcare cost

MEASUREABLE Data can be easily obtained from patient's treatment



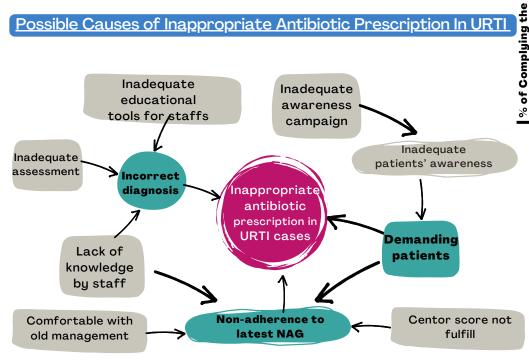
This study can improve the quality of patients' care in URTI cases

Intervention taken can improve appropriateness of antibiotic prescription among the prescribers

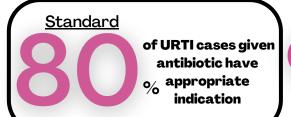
TIMELINESS

This study can be carried out within 1 year

#### Possible Causes of Inappropriate Antibiotic Prescription In URTI



### KEY MEASURE of Improvement



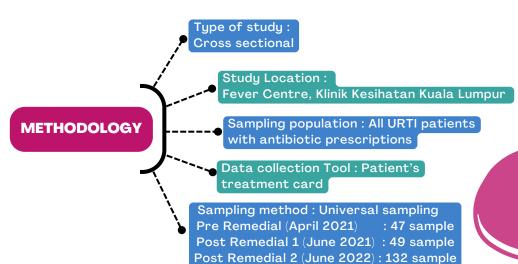
<u>Indicator</u> of appropriate antibiotic prescription in **URTI** cases

### **Formula**

No of appropriate antibiotic prescription in URTI cases

X 100% All URTI cases with antibiotic prescription

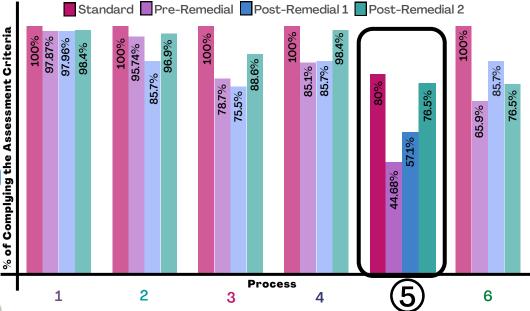
**PROCESS** of Gathering Information



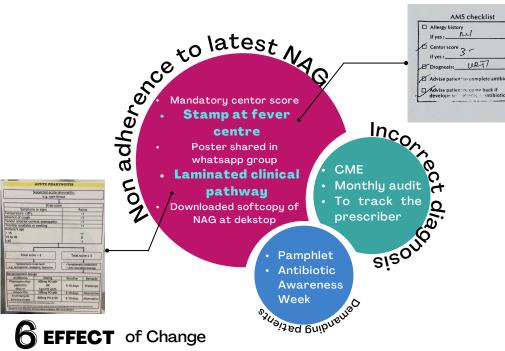
#### Drug Dispensed Process Of Care ∱νο Contact YES, Registration Intervention Prescribers For Intervention Triage Sent Pt to Pharmacy History Taking For Medication Phusical **Patient** Examination Education **Choices Of Antibiotic** Investigation Needed? According To NO Guidelines YES TYES Antibiotic NO Pharmacy Needed? For Other Medication

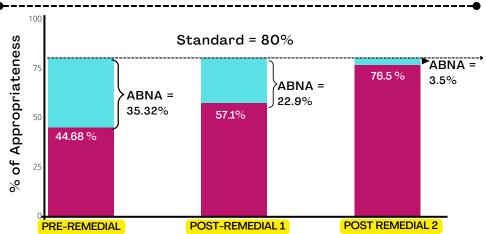
### ANALYSIS and INTERPRETATION

Process	Assessment Criteria
1.Triage	Temperature
2.History taking	Age, Fever, Cough
3.Physical Examination	Tonsil swelling / exudate, tender anterior adenopathy
4.Formulate diagnosis	Accurate diagnosis according to ICD 10
5.Choice, dose, time, duration, and route of administration of antibiotic according to guidelines	Appropriate antibiotic prescribed according to NAG/Clinical Pathway
6.Patient Education	All patients are given explanation regarding disease and treatment given



### STRATEGIES for Change





### The **NEXT STEP**

To scan the QR code for video viewing followed by answering questionnaire in google forms

TRACK THE PRESCRIBER

- With the most frequent inappropriate antibiotic prescription in URTI

Compulsory for prescriber to fill in centor score when URTI is the diagnosis ENROLLMENT TO ALL KK

## 1. World Health Organization. Antimicrobial resistance: global report on surveillance. France: World Health Organization; 2014. 5. Teng CL et al. Antibiotic Prescription In Upper Respiratory Tract Infections. Asia Pacific Family Medicine, 2004; 3 (1-2): 38-45. 6. Centor RM et al. Pharyngitis management: defining the controversy. J Gen Intern Med 2007; 22: 127-130. 7. Manual for Clinical Audit AMS in Health Clinics (Bhg Pembangunan Kesihatan Keluarga, 2019)

**SCAN ME** 

4. Gill JM at al. Use of antibiotics for adult upper respiratory infections in outpatient settings: a national ambulatory network study. Fam Med 2006; 38: 349-354.

Referrence

8. National Antibiotic Guideline 2019 This poster was prepared for presentation at the 11th National QA Convention, 4-6 October 2022, Pulau Pinang