

Antibiotics at induction in Trauma

Project aim

Patients undergoing orthopaedic surgery in trauma theatre should receive antibiotic therapy in line with PAH Trust guidelines depending on the type of surgery they are receiving (clean, no implant, clean + implant, contaminated and dirty). The aim of this project was to establish concordance with Trust guidance regarding antibiotics at induction for patients undergoing orthopaedic surgery on the trauma list.



Project team

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Timeline for delivery

From: March 2019 To: September 2019

Measures

- 1) Patients undergoing orthopaedic surgery with an implant, contaminated or dirty wound should receive correct antibiotics in line with Trust policy at induction to minimise risk of infection perioperatively.
- 2) Patients undergoing clean orthopaedic surgery should not receive any unnecessary antibiotic cover.
- 3) All prescribing should be done on JAC e-prescribing.

Tests for change

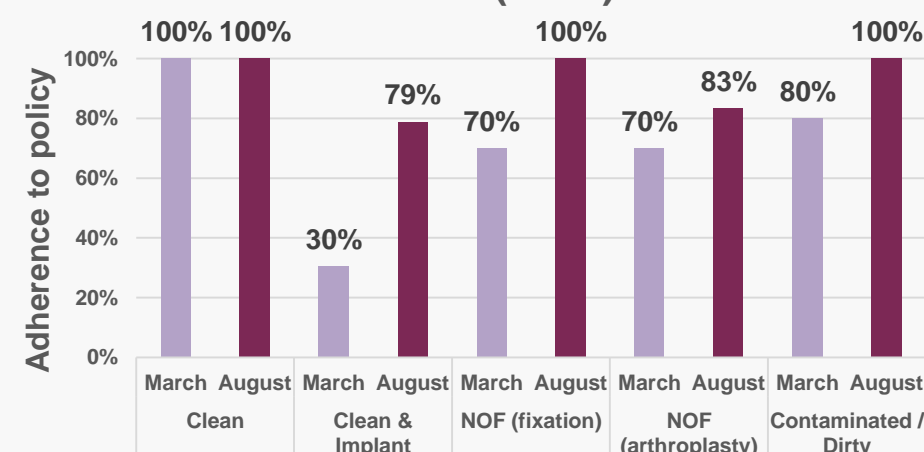
- 1) First audit cycle (March 2019) demonstrated guidelines not adhered to and drugs not being prescribed on JAC in theatre.
- 2) Previous guidelines were not clear regarding antibiotic cover for arthroplasty in Neck of Femur Fractures (NOF), leading to variation in antibiotic prescribing. The guidelines were changed in conjunction with microbiology colleagues to resolve ambiguity and standardise practise.
- 3) Results of first audit were cascaded to colleagues and awareness posters put in trauma room and theatres.
- 4) Re-audited (August 2019) after changes were embedded into teams.

Results

March (1st cycle):
33% of patients did not receive any antibiotics contrary to Trust policy.

August (2nd cycle): All patients requiring antibiotics received some kind of antibiotic cover.

Antibiotic prescribing in trauma theatre (2019)



Learning and next steps

- Although overall antibiotic cover improved, more work can be done to adhere to the exact Trust guidance for specific antibiotic cover
- Notes pulled from the first and second cycles revealed that for some cases, antibiotics had been prescribed on paper and not on JAC. Future work needs to be done to engage anaesthetic team with JAC prescribing in theatres to avoid double prescribing errors on paper and JAC.

