

“...assess epidemiological features of patients for which a consultation by the infectious diseases consultation team was required, and the rate of clinical advice that led to resource-saving advice” Fantoni et al (2015).

Reference:

Fantoni, M., Murri, R., Scoppettuolo, G., Fabbiani, M., Ventura, G., Losito, R., Berloco, F., Spanu, T., Sanguinetti, M. and Cauda, R. (2015) Resource-saving advice from an infectious diseases specialist team in a large university hospital: an exportable model? *Future Microbiology*. 10, p.15-20.

Resource-saving advice from infectious diseases specialists <http://ctt.ec/7RX5v+> @ivteam #ivteam

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Abstract:

AIM: To assess epidemiological features of patients for which a consultation by the infectious diseases consultation team was required, and the rate of clinical advice that led to resource-saving advice (R-SA): discontinuation of inappropriate therapy or prophylaxis, de-escalation and switch from parenteral to oral therapy.

MATERIALS & METHODS: An infectious diseases consultation team was implemented in a 1100-bed university hospital in Italy.

RESULTS: The most frequent infections for which an infectious diseases consultancy was required were pneumonia, bloodstream infections (17% by *Candida*) and urinary tract infections. In 828 patients (41.4%), interventions with the possibility of R-SA were suggested.

CONCLUSION: Resource-saving advices were possible in 41% of cases. Recent surgery, having a central venous catheter, bloodstream, abdominal, surgical site or bone and joint infections were correlated to a higher probability of receiving R-SA.

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