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A STUDY ON THE ADHERENCE TO THE NATIONAL GUIDELINE ON ANTIMICROBIAL USE, IN THE EMPIRICAL TREATMENT OF CAPD PERITONITIS AND DIALYSIS LINE RELATED INFECTIONS IN FEMALE HAEMODIALYSIS PATIENTS AT RIPAS HOSPITAL

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Background:

Infection associated with haemodialysis catheters has emerged as one of the serious complications and is commonly encountered in dialysis patients. It remains a significant cause of morbidity and mortality. Patients with history of bacteraemia and those who are immunocompromised are particularly at high risk of getting catheter-related bacteraemia. This is a baseline study on the use of antimicrobial in the empirical treatment of CAPD peritonitis and dialysis line related infections in haemodialysis patients using the local published guidelines developed by the antibiotic committee as the standard measure.

Materials and Methods:

Female patients who undergoing renal replacement therapies who were admitted for CAPD peritonitis and dialysis line related infections in ward 20 at RIPAS Hospital between 15th March 2010 and 15th September 2010 were the subjects of this study. Data collection was performed in a prospective manner for six months. The patients were monitor continuously until discharged from the ward. The standard used for this study was based on the national hospital antibiotic guidelines published in 2008 by the Ministry of Health, Brunei Darussalam.

Results:

A total of 40 patients were included in the study. 95% (n=38) of the patients were started with either co-amoxiclav (55%, n=22) or ampicillin/sulbactam (40%, n=16). 70% (n=28) of these patients were also initiated with a second antimicrobial, a third generation cephalosporin, IV ceftazidime. 67.5% (n=27) of the patients were initiated with two antimicrobials whilst 30% (n=12) were on one antimicrobial. Of the 29 cases reviewed (72.5%), all the patients were on at least two weeks of antibiotic inclusive of oral antimicrobial given on discharge, the remaining of the 11 of the cases (27.5%) were unknown due to the loss of follow up.

Conclusions:

The adherence rate to the guideline was poor and there is a need for review of the current published guidelines on the choice of antimicrobial for treatment of CAPD peritonitis, CAPD Tenckhoff catheter exit site infections, haemodialysis venous catheter related infections and haemodialysis AV fistula related infections.

Keywords:

Adherence to the national guideline on antimicrobial use, dialysis line related infections, CAPD peritonitis, empirical treatment