Concordance in End-of-Life Antimicrobial Prescribing Practices among Medicine Subspecialists

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OBJECTIVE

- Respondent characteristics:
  - 275 subspecialists surveyed, 109 (40%) responded
  - Experience: < 10 years (n=52, 48%), ≥ 10 years (n=57, 52%)

RESULTS

- Barriers to Addressing Antimicrobials
  - Lack of time
  - Family members
  - Fear of litigation
  - Distinguish between IV and PO

- Withholding Antimicrobials
  - Consider above
  - With code status changes to:
    - Code status
    - Withholding Antimicrobials
    - Withdrawing Antimicrobials

- Escalation of Care
  - Include IV agents
  - Include restricted agents

- Adverse Effects of IV Antimicrobials
  - Thrombosis
  - Bloodstream infection
  - Local discomfort
  - Skin and soft tissue infection

METHODS

- Cross-sectional survey of medicine subspecialists at Yale New Haven Hospital
- Subspecialties: hematology/oncology, infectious diseases, pulmonary/critical care, primary care, palliative care
- Survey distributed January 23, 2018 with 3 weekly reminder emails

CONCLUSIONS

- Medicine subspecialists recognize the adverse effects of end-of-life antimicrobial use.
- However, antimicrobial use is not routinely incorporated into advance care planning regardless of medicine subspecialty.
- Subspecialists express a preference to be included in end-of-life discussions with inpatient primary teams.
- Perceived barriers to addressing end-of-life antimicrobial use include the potential to overwhelm patients and families, lack of training, and challenges of withdrawing antimicrobial therapy.

REFERENCES