

Category : **Infections + antimicrobials**

A272 - Multiresistant escape bacteria in critical care unit: colonization, infection and appropriate empirical antibiotic rate

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Introduction:

Multiresistant bacteria (MRB) increases the patient's morbimortality rates, particularly in the critically ill. The choice of a correct empirical antibiotic may reduce the impact of these infections and the disseminations in our units.

Methods:

Analysis of a prospectively database (ENVIN HELICS registry) 12 months (year 2018) in our ICU. We registered all + cultures with ESKAPE germs (Enterobacteriae, SARM, Klebsiella, Acinetobacter, Pseudomonas, Enterococcus) and divided in 2 categories: "colonization culture" and "suspected infection". From all "suspected infection" registered the empirical antibiotic therapy used. When the microorganism was identified, analysed if the antibiotic was either maintained, changed or added a 2^o one. With the antibiogram defined whether the empirical treatment was appropriate or not.

Results:

1590 patients admitted to ICU in 2018. 61% male, 49% female. Mean age 57±11. 498 + cultures, 111 (22.2%) with MRB-ESKAPE in 75 different patients. From these, 78(70.3%) were "colonization cultures" and 33(29.7%) "suspected infection". Localization infections: 25(60%) respiratory, 8(19%) urine tract, 5(12%) bacteremia and 4(9%) other infections. In these suspected infections (33) an empirical antibiotic was initiated. After the identification: 22 (66.66%) no modifications in treatment, 7(21.21%) the antibiotic was changed and 4(12.12%) added a 2^o one. After antibiogram: 26(78.78%) first empirical treatment was appropriate, 3(9%) right at the second election, and 4 (12.12%) none of the antibiotic were correct. ESKAPE % were: 29% Enterobacteria, 25% SARM, 19% Klebsiella, 16% Pseudomonas, 11% Acinetobacter/enterococcus.

Conclusion:

Most frequent ESKAPE bacteria in our unit is the Enterobacteriae. ESKAPE MRB infection rate is 7.8% and the appropriate empirical antibiotic rate were 79%. In half of the 21% of inappropriate empirical antibiotic treatment was due to an unusual early infection with Klebsiella MR in patients with no risk factors for infection or colonization with MRB.