EP-95 Full Cycle Audit on Prescription and Cost Effective Analysis of Metronidazole in Acute Surgical Unit

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Aims: Oral Metronidazole has very high bioavailability, similar to that of intravenous (IV) metronidazole. Prescribing oral Metronidazole has many advantages such as saving drug preparation time, reducing risk of line infection and also being more cost effective. We aim to study the incidence of prescription or oral Metronidazole and its cost impact in or acute surgical unit.

Methods: Retrospective analysis on the prescription and cost effectiveness of Metronidazole usage in acute surgical setting. Inclusion criteria for this study was acute surgical patients with viable oral route and who were prescribed oral or IV Metronidazole. Cost assessment was carried out using British National Formulary (BNF). Education and awareness campaigns were held to encourage the prescription of oral Metronidazole. A second cycle audit was done to measure outcome of education.

Results: First audit done in 2020 found only 12.5% of patients were prescribed oral instead of IV Metronidazole. This has improved to 61% during second cycle audit done in 6 months time after the awareness campaigns. Prescribing oral instead of IV Metronidazole would save approximately £64.77 per dose resulting in reducing total cost by £971.55 per standard course of 5 days treatment.

Conclusion: There is clear improvement in the rate of prescribing of oral Metronidazole following equation campaigns. Further improvement can be achieved through continued education of various members of surgical team which will ultimately result in reduced costs, lessen drug preparation time for nursing staff and lower risk of line infection for patients.