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Aua guideline antibiotic prophylaxis

AUA guidelines recommend perioperative antibacterial prophylaxis for high-risk patients undergoing cystoscopy in the office. We strive to determine whether the implementation of a simple quality improvement protocol can improve compliance with guidelines. As part of quality improvement initiatives, 4 simple changes have been put into our practices for cystoscopy in the office, including the creation of a yes/no checklist for identifying high-risk patients, checklist reviews and electronic antibiotic orders placed by urological providers, nurses immediately ordered a single administration of the most commonly recommended antibiotics, and a review of the checklist and administration of current antibiotics. We retrospectively compared antibiotic compliance in patients 3 months before and 3 months after the intervention. The data collected includes age, gender, indicators for procedures, types of procedures and high risk status. A total of 307 patients were included in the study (157 before being implemented and 150 after the implementation of the protocol). In the pre-intervention group of 120 patients (76.4%) considered high risk and should have been administered antibiotic prophylaxis, although only 38 (31.7%) actually accepted it. In the group after the intervention of 104 patients (69.3%) considered high-risk and should be given antibiotic prophylaxis, and 84 (80.8%) actually accept it. Overall, this quality improvement initiative resulted in a 49.1% increase in the administration of appropriate antibiotics (&#amp;lt;0.0001). The implementation of a simple 4-step quality improvement initiative resulted in a significant increase in the administration of antibiotics suitable for cystoscopy in office. Reference 1. Center for Disease Dynamics, Economics and Policy; Resistance Of Antibiotics, 2018. Available at the . Accessed May 29, 2019. 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Google Scholar © 2020 by American Urological Association Education and Research, Inc. & Permissions© 2020 oleh American Urological Association Education The investigation, Inc.KeywordsAcknowledgmentSandra Smith, Pamela Harrell and staff at Nelson's Urology clinic helped with the study. MetricsAuthor N. R. Swavelly *Correspondence: Department of Urology, Virginia Commonwealth University School of Medicine, 1200 East Broad St., Box 98118, Richmond, Virginia 23298 phone: 804-828-5320; FAX: 804-828-2157; Email Address: R. A. Vince A. P. Klausner B.M. Grob J. T. Roseman Submitted for publication May 29, 2019. The study received the approval of the institution review institute (LHDN No. HM20016000). Loading... We have sent a message to the email address you have provided. . If this email is incorrect, please pack your current address with the correct address. The email address you provided during registration, seems invalid. 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[PubMed] [CrossRef] [Google Scholars] Page 2Study characteristics of trials investigating antibiotic prophylaxis for ESWL Author Year Procedure N Control Antibiotic Route Total dose (mg) Dosing regimen Bierkens 1997 ESWL 17 Placebo Ciprofloxacin 2001 dose 30 min before surgery IV 2001 dose 30 min before surgery PO 30002 doses/day for 6 days after surgery Ceturoxime 17501 dose 30 min before surgery IV 7501 dose 30 min before surgery PO 30002 doses/day for 6 days after surgery Claes 1989 ESWL 181 No treatment Amoxicillin/clavulanate IV 2000/2001 dose 30 min before surgery Dejter 1989 ESWL 49 Placebo Norfloxacin PO 2001 dose every 12 hours beginning 48 hours before surgery Ghazimoghaddam 2011 ESWL 150 No treatment Co-trimoxazole PO 400/80 Unclear Nitrofurantoin PO 100 Unclear Herrlinger 1987 ESWL 64 No treatment Azlocillin IV 50001 dose 30 min before surgery continued until 6 to 8 hours after surgery Knipper 1989 ESWL 50 No treatment Enoxacin PO 4001 dose 1 hour before surgery Petersson 1989 ESWL 149 No treatment Trimethoprim + sulfamethoxazole Methenamine hippurate PO 1280/64001 dose 24 hours before surgery + 2 doses/day for 7 days from surgery PO 800001 dose 24 hours before surgery + 3 doses/day for 7 days from surgery Rigatti 1989 ESWL 120 No treatment Aztreonam IM 30003 doses beginning 8 hours before surgery surgery