

ASEPTIC CENTRALIZED VERSUS HOME EXTEMPORANEOUS PREPARATION FOR CYSTIC FIBROSIS OUTPATIENTS' PARENTERAL ANTIBIOTIC THERAPY: A SURVEY ON NURSES' SATISFACTION

S. Garcia, L. Margueritte, I. Carpentier, V. Nave

Hospices Civils de Lyon, Pharmacie Centrale - Préparations Stériles, Saint-Genis Laval, France

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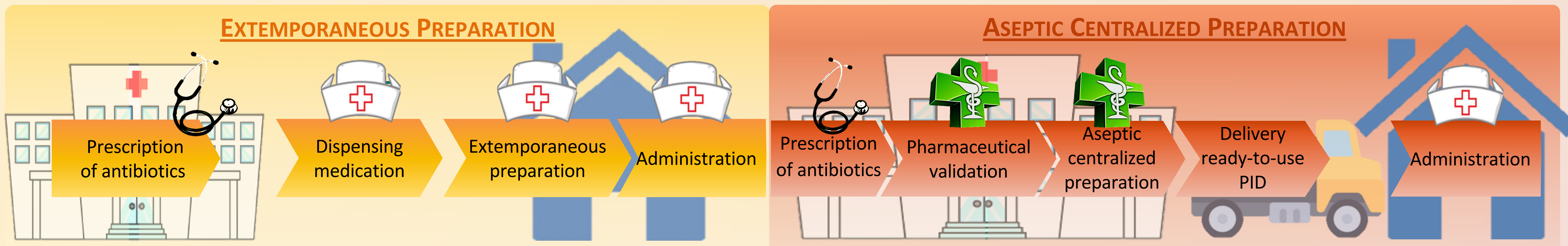
BACKGROUND

Our pharmaceutical unit is part of a **french regional multidisciplinary network** dedicated to patients with **cystic fibrosis (CF)**. For **home intravenous antibiotic therapy**, preparation of antibiotics in portable infusion devices (PID) is either done **extemporaneously** in the patient's home or **centralized in aseptic conditions** in our unit.

Depending on antibiotics stability, **up to 7 days of treatment** is delivered at once to the patient and stored at 2-8°C. Daily treatment is then administered by a nurse.

A previous study showed that centralized preparation reduces costs of treatment.

The goal of aseptic centralized preparation is to **secure medication process** by reducing **infectious risk** and ease home administration through provision of **ready-to-use PID** but evidence-based data are lacking.



OBJECTIVES

This work aims at assessing nurses' satisfaction toward using ready-to-use PID vs. extemporaneously prepared PID.

METHODS

In November 2017, an online anonymized survey was send to **647 nurses** of the regional multidisciplinary network.

23 items :

- **Practical aspects of treatment:**
 - Nurses' level of confidence
 - Time dedicated to each step
- **Quality of care**

RESULTS

81 (13%) nurses answered the survey. 67% took care of at least one patient with CF in the past year and the remaining 33% in the last 5 years.

Fig 1: Nurses' feeling on different aspects of home antibiotic therapy

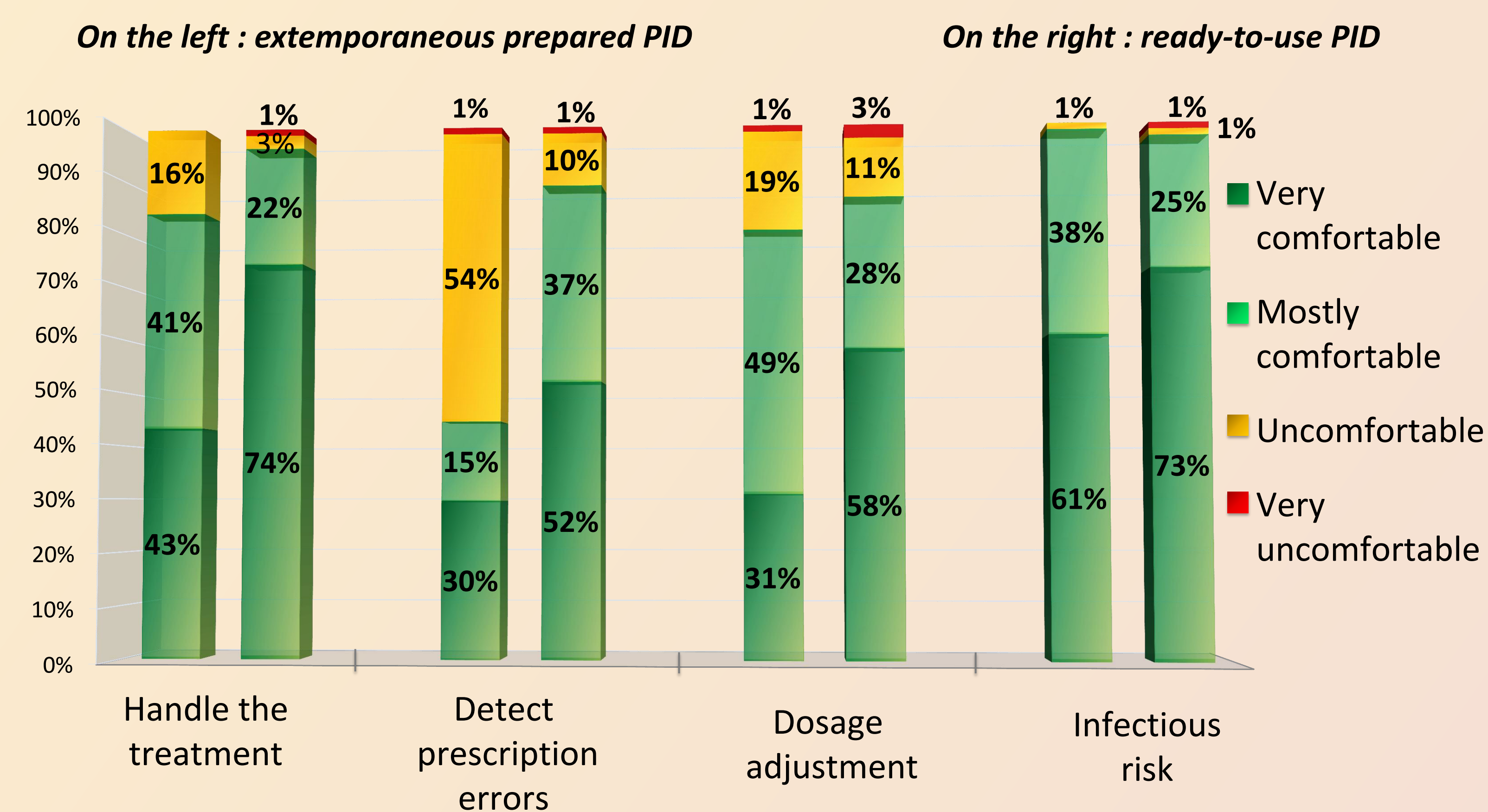


Fig. 2: Time dedicated to each step of home antibiotic therapy with ready-to-use PID (compared to extemporaneously prepared PID)

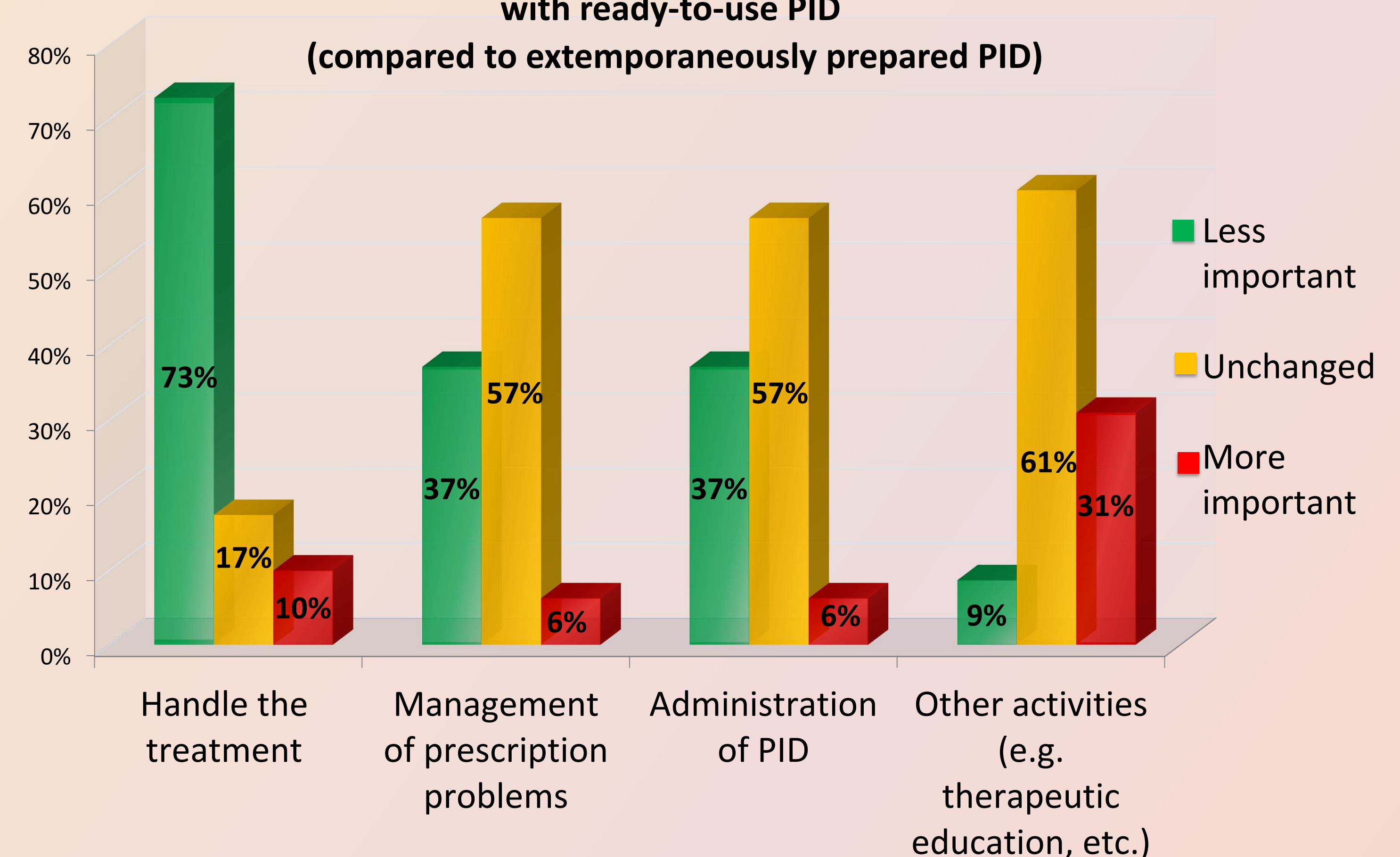
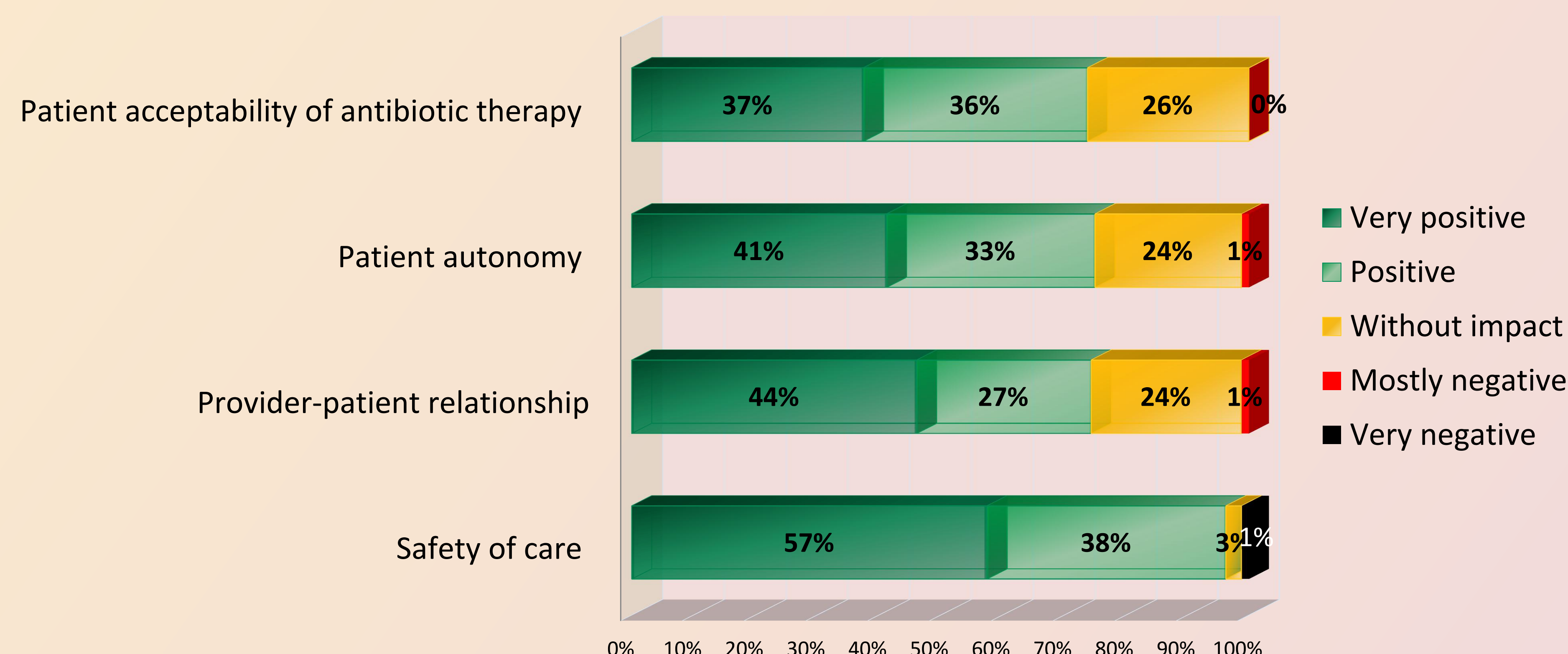


Fig. 3: Impact of ready-to-use PID on quality of care



- For all items evaluated, using ready-to-use PID improves nurses' level of confidence (**Fig. 1**)
- Unexpectedly, ready-to-use PID doesn't impact the time dedicated to care except for handling the treatment (**Fig. 2**)
- For a large majority of nurses, aseptic centralized prepared PID has a positive or a very positive impact on all items evaluated (**Fig. 3**)

CONCLUSION

The results of this study show that nurses feel that provision of aseptic centralized prepared PID tends to **increase the security of medication process**.

It would be interesting to lead a **similar survey among patients** of our network and to **compare clinical outcome** between aseptic centralized preparation and extemporaneous preparation at home.