Proposal for Diagnostic centres: Preventing incidences, risks or even deaths due to AMR burden etc (Part 2)

By

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AOEC & SSHGIEC, 2018

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Problem analysis

Wrong antibiotics or wrong medications are known to cause hazards, risks and even fatality. The consultant acknowledges that AMR burden can lead to increased morbidity, mortality and cost of care.

The solution includes a proposal to diagnostic centres to implement a Prescribing Desk and SMART Assistance to address the still emerging AMR burden.

PATTERN OF ANTIBIOTIC CONSUMPTION OF CUSTOMERS

A. Name of antibiotics consumed by customers (as first lne of therapy)

1. Names:

2. Dosages and Quantities:

3. Source of infection necessitating antibiotic

[Community acquired infection, Hospital or Healthcare provider acquired infection, Food/Agri product acquired infection, Drug dispensing error acquired infection, Animal or livestock acquired infection, Others]

4. Culture sensitivity report

[Attached/Available/Not available/Others]

For each antibiotic and dosage, support with details as available

a. Age groups:

b. Genders:

c. Nature of specimens taken for diagnosis/line of treatment:

[Blood, Urine, Feces, Urethral & Cervical sample]

d. Out-patient nature of consumption or admitted to a hospital for less than equal to 2 calendar days:

e. Hospital/In-patient facility (admitted for more than 2 calendar days, when specimen taken):

f. Hospital/In-patient facility (first admitted for less than 2 days but transferred to another facility for more than 2 calendar days):

g. Epidemiological information

[Infection incidence or prevalence in associated catchment area;

No Infection incidence or prevalence in associated catchment area;

Drug resistance incidence or prevalence in associated catchment area]

B. Name of antibiotics consumed by customers (as alternatives to the first lne of therapy)

1. Names:

2. Dosages and Quantities:

3. Source of infection necessitating antibiotic

[Community acquired infection, Hospital or Healthcare provider acquired infection, Food/Agri product acquired infection, Drug dispensing error acquired infection, Animal or livestock acquired infection, Others]

4a. Culture sensitivity report

[Attached/Available/Not available/Others]

4b. Repeat Culture sensitivity report

[Attached/Available/Not available/Others]

For each antibiotic and dosage, support with details as available

a. Age groups:

b. Genders:

c. Nature of specimens taken for diagnosis/line of treatment:

[Blood, Urine, Feces, Urethral & Cervical sample]

d. Out-patient nature of consumption or admitted to a hospital for less than equal to 2 calendar days:

e. Hospital/In-patient facility (admitted for more than 2 calendar days, when specimen taken):

f. Hospital/In-patient facility (first admitted for less than 2 days but transferred to another facility for more than 2 calendar days):

g. Epidemiological information

[Infection incidence or prevalence in associated catchment area;

Fatality incidence or prevalence in associated catchment area;

Drug resistance incidence or prevalence in associated catchment area]

Notes