

Because I Could Not Stop for Death, They Gave Me Antibiotics? Perceptions And Reality of Antibiotic Prescribing When Patient Care Is Transitioned to CMO at an Academic Medical Center

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BACKGROUND

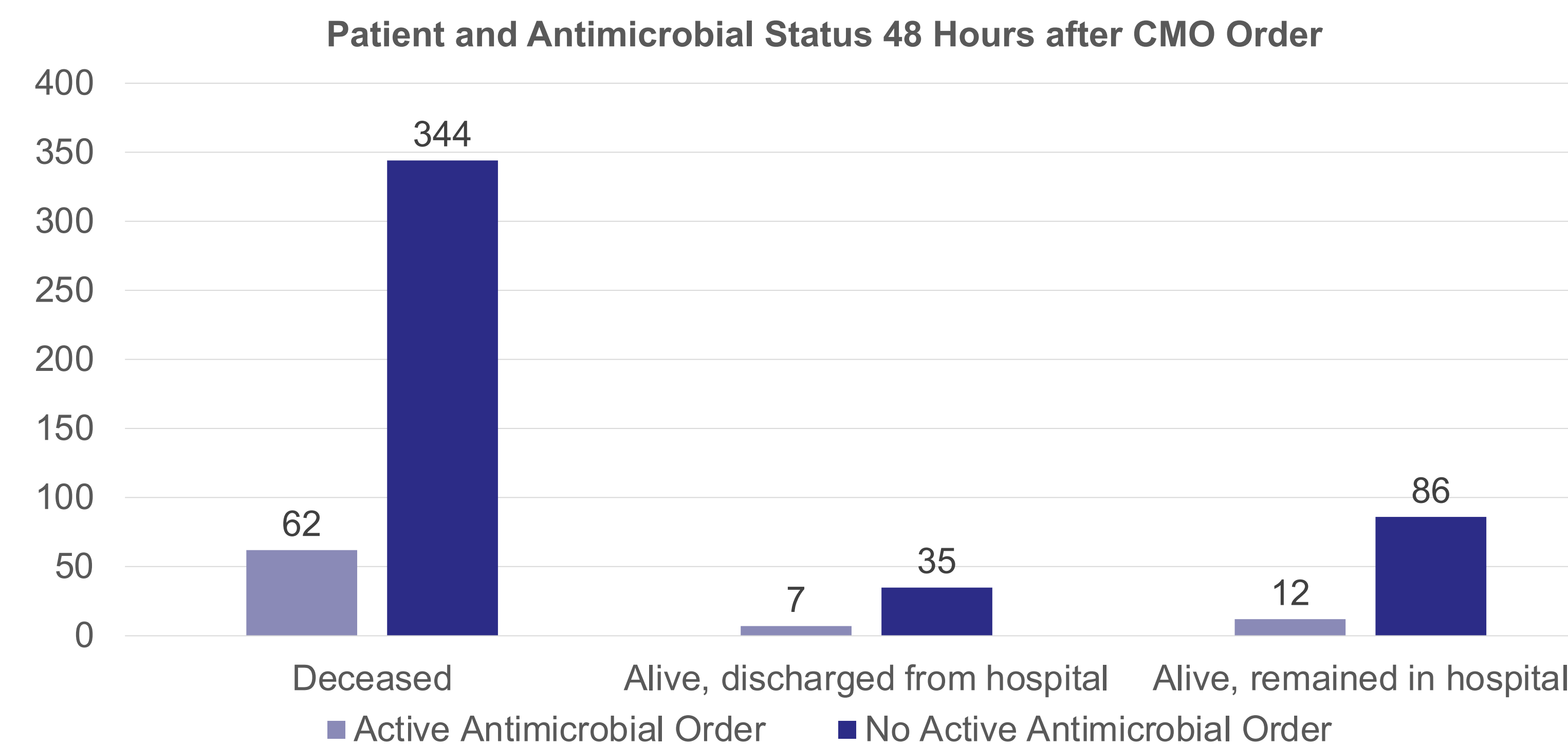
- Antibiotics are often a part of end-of-life care, including patients transitioned to comfort measures only (CMO)
- The benefit of antimicrobial use in this population is unclear
- Relatively little is known about rationale for prescribing antimicrobials when patient care is transitioned to CMO
- We aimed to characterize antimicrobial use when patient care was transitioned to CMO and to ascertain provider rationale for antimicrobial prescribing in this population at a large academic medical center

METHODS

- Survey
 - Created by research team and included Likert scaled questions about practices and attitudes of prescribing antimicrobials during the transition to CMO
 - Electronically distributed to attending physicians, advance practice providers, and fellows in Infectious Disease (ID), Hematology/Oncology (H/O), Pulmonary/Critical Care (P/CC), and Hospital Medicine (HM)
 - Differences between specialties were compared using Kruskal-Wallis tests
- Retrospective Cohort Study
 - Included patients admitted to BIDMC in 2020 who had an order for CMO placed during hospitalization *and* at least one active antimicrobial order in the 48 hours prior to CMO
 - Investigated patient and antimicrobial status 48 hours after CMO order placement

RESULTS – Retrospective Cohort Study

- Of the 140 patients that were alive 48 hours after CMO order, 19 (14%) remained on antimicrobials
- 5/19 (26%) patients had documentation antimicrobials were continued due to patient/family preference
- 5/19 (26%) patients had documentation antimicrobials were continued for symptom palliation



RESULTS - Survey

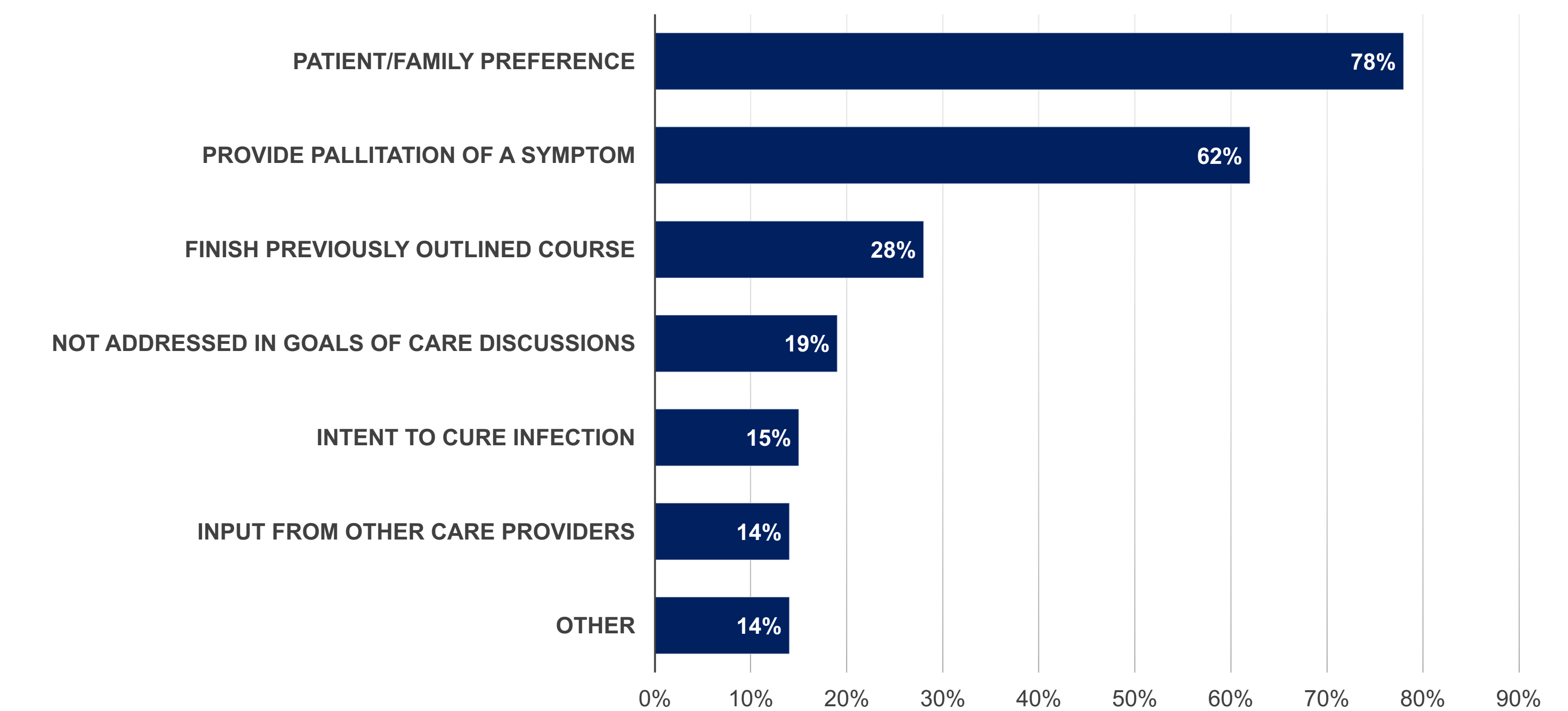
- 113 of invited 325 providers (35%) in ID, P/CC, H/O and HM completed survey
- 41% respondents reported at least sometimes continuing or recommending continuing antimicrobials when patient care transitioned to CMO (p=0.0135 between specialties)

Number and percentage of responses indicating antimicrobials were at least somewhat helpful for specified symptoms in patients already on symptom directed medications (n=111)

Fever	Pain	Cough	Dyspnea	Dysuria
52 (47%)	38 (34%)	32 (29%)	35 (32%)	48 (43%)

RESULTS - Survey

Which of the following factored into your decision making when deciding whether to continue antimicrobials when patient care is transitioned to CMO?



CONCLUSIONS

- Despite transitioning to CMO, 14% of patients in our cohort who were alive 48 hours remained on antimicrobial therapy
- 78% of survey respondents cited patient/family preference as a factor in antimicrobial decision making when patient care is transitioned to CMO
- A significant minority of survey respondents (29-47%) indicated that antibiotics would be at least somewhat helpful to alleviate specified symptoms even if patients were already receiving symptom directed therapy

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