

Chloe Attree – University of Notre Dame

ACUTE VARICEAL BLEED MANAGEMENT: AN AUDIT ON THE PROPORTION OF PATIENTS WHO RECEIVED PROPHYLACTIC ANTIBIOTICS FOR ACUTE VARICEAL HAEMORRHAGE IN A TERTIARY WESTERN AUSTRALIAN HOSPITAL

Attree C¹

¹*University of Notre Dame, Fremantle, WA*

Background:

The leading cause of liver cirrhosis is alcohol. With increasing alcohol usage in Western Australia the prevalence of cirrhosis has also increased. Patients with liver cirrhosis have a 30% probability of an acute variceal bleed, of which 20% are fatal (Chavez-Tapia et al., 2010). The mortality of variceal bleeds is increased by bacterial infections (SIGN, 2008). Antibiotic prophylaxis significantly reduces bacterial infections and therefore reduces the mortality of acute variceal bleeds, length of hospitalization and rates of re-bleeding (Chavez-Tapia et al., 2010).

Aims:

Determine the compliance of antibiotic administration according to the Upper Gastrointestinal Bleeding Guideline at a tertiary Western Australian hospital.

Methods:

The standard for this audit was that 100% of patients attending the emergency department of hospital X for a suspected variceal haemorrhage receive 1g ceftriaxone or 400mg twice daily ciprofloxacin intravenously (as documented in the prescription chart) within 12 hours of triage. The medical records of the first thirty patients with an acute variceal haemorrhage that presented to hospital X retrospectively from the 1st of June 2014 were examined. The prescription chart was assessed for type, dose and route of antibiotic administration.

Results:

According to the hospital's guideline 11 (36.7%) patients were appropriately managed with prophylactic antibiotics within 12 hours of triage.

Conclusions:

A difficulty in interpreting the findings of this audit lies in determining how well an uptake rate of 36.7% compares to other hospitals. This is because there were limited evaluations of prophylactic antibiotic administration for variceal haemorrhage in Australia. An identified weakness of the hospital protocol was the lack of timeframe provided for antibiotic administration. To allow more certainty and accountability to patient care, the guideline has been amended to state that antibiotics should be commenced prior to endoscopy. A re-audit will be performed in 2016 to determine if protocol changes have increased compliance.

References:

- Chavez-Tapia, N., Barrientos-Gutierrez, T., Tellez-Avila, F, Soares-Weiser, K., & Uribe, M. (2010). Antibiotic prophylaxis for cirrhotic patients with upper gastrointestinal bleeding (Review). *The Cochrane Collaboration*, 2010 (9), 1-67.
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- Scottish Intercollegiate Guidelines Network [SIGN]. (2008). Management of acute upper and lower gastrointestinal bleeding. *A national clinical guideline*. Scotland: NHS Quality Improvement Scotland