

648 The Use of Antibiotics in Acute Pancreatitis - A Re-Audit of Current Practice

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Introduction: The NICE guidelines do not advocate the use of prophylactic antibiotics in the management of acute pancreatitis. In severe pancreatitis with necrosis, local antimicrobial guidelines state that it 'maybe reasonable to use antibiotics with good spectrum anaerobic cover' and suggest the use of Amoxycillin, Metronidazole and Gentamicin as first line, and Meropenem as second line if needed. Previous audit showed 74% of patients receiving antibiotics without clear indication.

Method: A retrospective re-audit of the use of antibiotics in patients admitted with a clinical or radiological diagnosis of acute pancreatitis was undertaken in a single-centre University Hospital between July and October 2020.

Results: 78 patients were admitted during this period, with a mean age of 52years (range 6-89 years), and male preponderance. All patients were conservatively managed with intravenous fluids, analgesics and antiemetics. 31(40%) received intravenous antibiotics, of whom, 14 (45%) had no clearly documented indication for their use. The remaining 17 had pancreatic necrosis (4), cholangitis/cholecystitis (4), infected pseudocyst (2), UTI (2), fever spike (1), positive blood cultures (1) and pancreaticoduodenal fistula (1). Metronidazole was the most commonly used antibiotic (58%), followed by Amoxicillin (38.7%), Co-amoxiclav (35.4%), Gentamicin (22.5%) and Meropenem (22.5%).

Conclusions: In line with the recommendations made from previous audit and improved awareness, there was a significant improvement in the number of patients receiving antibiotics without indications from 74% to 45%. We hereby stress the importance of the use of appropriate clinical judgement in decision-making and avoiding the unwarranted use of antibiotics in acute pancreatitis.