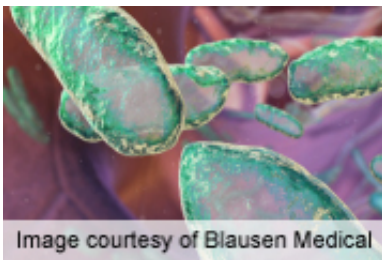


Quality improvement methods up appropriate antibiotic rx

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Quality improvement methods can be used to rapidly implement national guidelines relating to appropriate first-line antibiotic therapy for children aged 3 months or older with community-acquired pneumonia, according to a study published online April 15 in *Pediatrics*.

(HealthDay)—Quality improvement (QI) methods can be used to rapidly implement national guidelines relating to appropriate first-line antibiotic therapy for children aged 3 months or older with community-acquired pneumonia (CAP), according to a study published online April 15 in *Pediatrics*.

Lilliam Ambroggio, Ph.D., M.P.H., from Cincinnati Children's Hospital Medical Center, and colleagues used QI methods, focusing on four key drivers, to implement the Pediatric Infectious Disease Society/Infectious Disease Society of America [guideline recommendations](#) for appropriate first-line [antibiotic therapy](#) for children with CAP. The interventions were tested separately in the [emergency department](#) and on the hospital

medical resident teams.

Within six months of introducing the guidelines locally at Cincinnati Children's Hospital Medical Center, the researchers found that, in the emergency department, appropriate first-line antibiotic prescribing for children admitted with a diagnosis of CAP increased from 0 percent at baseline to 100 percent. On the hospital medical resident teams, the increase was from 30 to 100 percent. The results were sustained for three months.

"Our study demonstrates that QI methods can rapidly improve adherence to national guidelines even in settings without a formal antimicrobial stewardship program to encourage judicious [antibiotic prescribing](#) for CAP," the authors write.

More information: [Abstract](#)
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