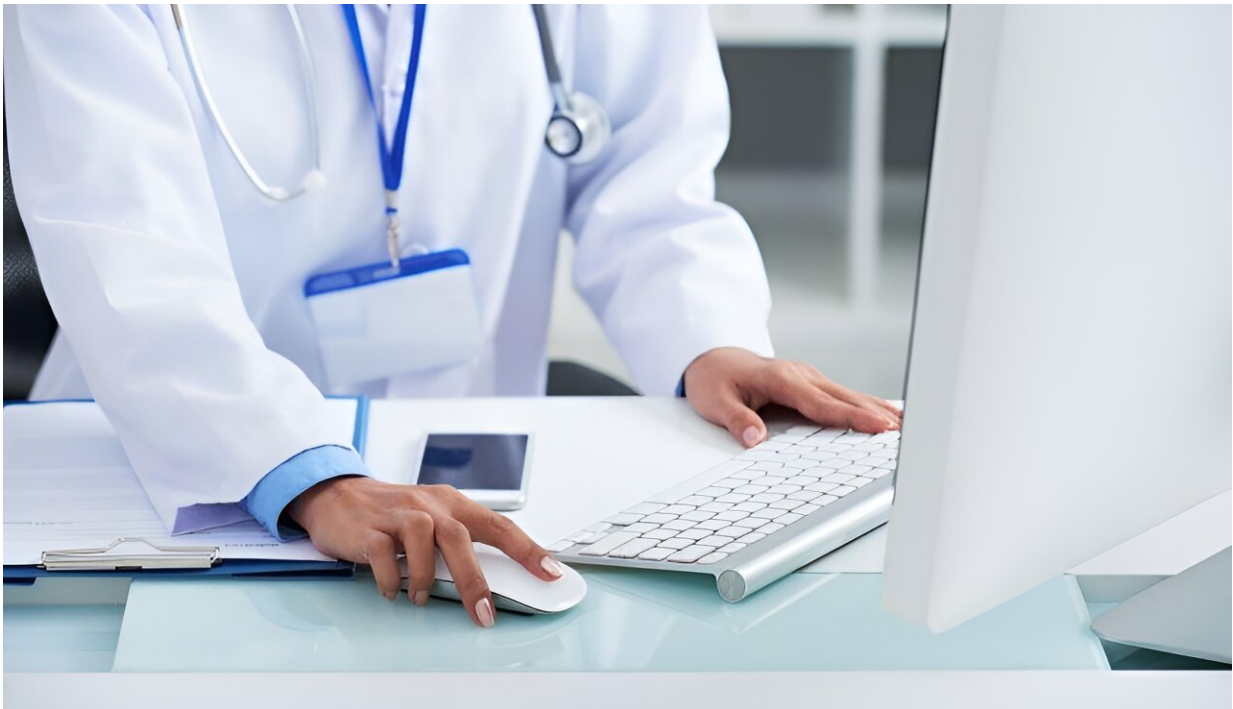


Computer prompts could reduce empiric antibiotic use for UTI

April 22 2024, by Elana Gotkine



For non-critically ill patients with urinary tract infection (UTI), computerized provider order entry (CPOE) prompts providing patient-

and pathogen-specific multidrug-resistant organism (MDRO) risk estimates can reduce empiric extended-spectrum antibiotic use, according to a [study](#) published online April 19 in the *Journal of the American Medical Association*.

Shruti K. Gohil, M.D., M.P.H., from the University of California Irvine School of Medicine, and colleagues examined whether CPOE prompts providing patient- and pathogen-specific MDRO risk estimates could reduce use of empiric extended-spectrum antibiotics for treatment of UTI in a cluster-randomized trial in 59 U.S. community hospitals.

The effect of a CPOE stewardship bundle versus routine stewardship (29 and 30 hospitals, respectively) on antibiotic selection during the first three [hospital](#) days in noncritically ill adults hospitalized with UTI was compared for a 15-month intervention period and an 18-month baseline period. Participants had low estimated absolute risk for MDRO UTI.

Data were included for 127,403 adults: 71,991 at baseline and 55,412 during the intervention periods. The researchers observed a 17.4 percent reduction in empiric extended-spectrum days of therapy in the group using CPOE prompts compared with routine stewardship (rate ratio, 0.83). No significant difference was seen between the CPOE prompt and routine groups in terms of the safety outcomes of mean days to intensive care unit transfer and hospital length of stay.

"This intervention could be a viable strategy to reduce extended-spectrum antibiotics in up to 200,000 adults hospitalized in the U.S. who receive unnecessarily broad antibiotics for UTI annually," the authors write.

More information: Shruti K. Gohil et al, Stewardship Prompts to

Improve Antibiotic Selection for Urinary Tract Infection, *JAMA* (2024).
[DOI: 10.1001/jama.2024.6259](https://doi.org/10.1001/jama.2024.6259)

Anurag N. Malani et al, Harnessing the Electronic Health Record to Improve Empiric Antibiotic Prescribing, *JAMA* (2024). [DOI: 10.1001/jama.2024.6554](https://doi.org/10.1001/jama.2024.6554)

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Citation: Computer prompts could reduce empiric antibiotic use for UTI (2024, April 22)
retrieved 3 May 2024 from
<https://medicalxpress.com/news/2024-04-prompts-empiric-antibiotic-uti.html>

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