

An audit of missed ART doses in acute admissions

Are HIV positive patients receiving consistent treatment?

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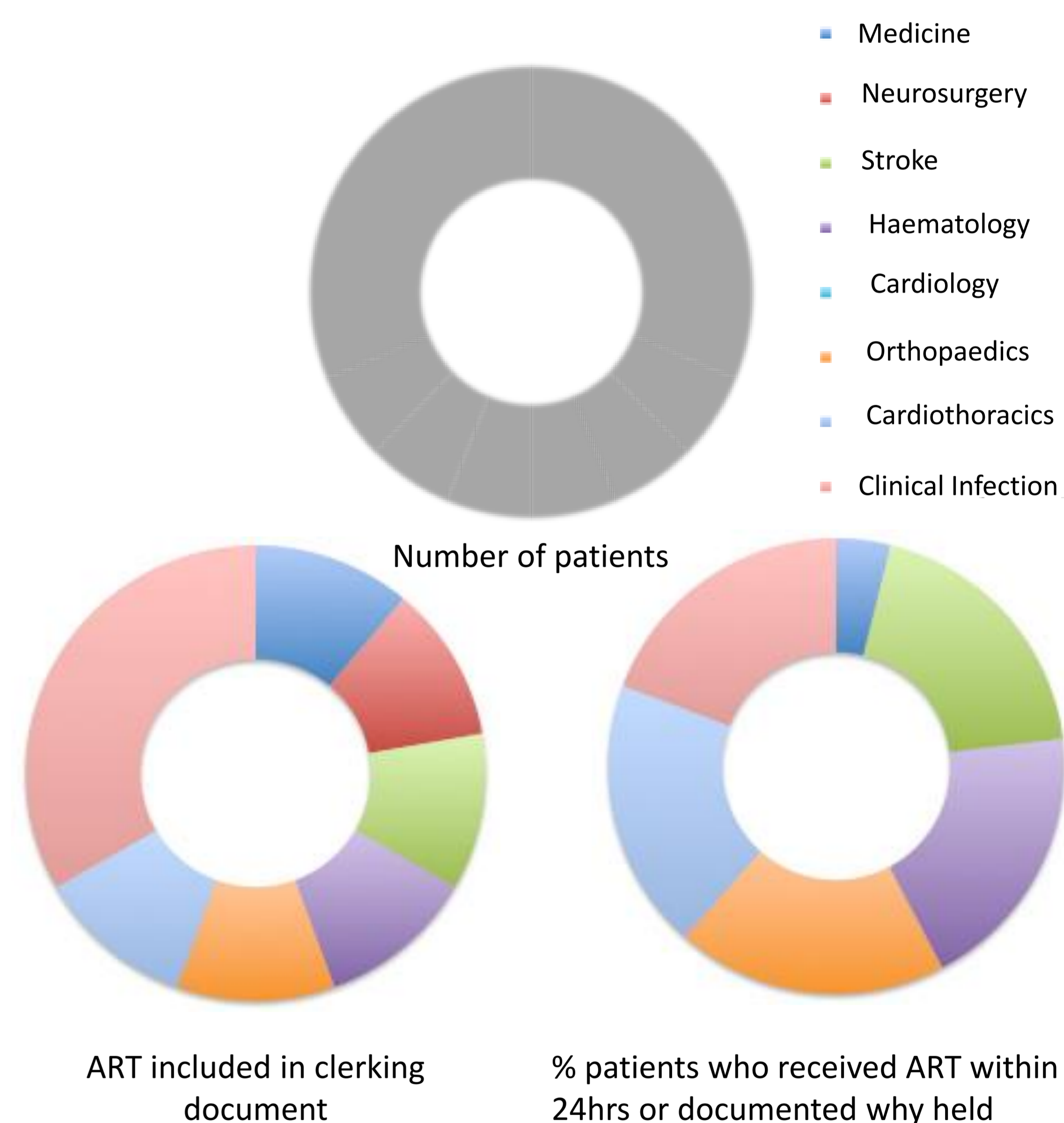
Background

- Antiretroviral therapy (ART) regimens require consistent adherence to be efficacious
- Acute admissions to hospital have been identified as a time when doses of regular medication including ARVs are missed

Methods

- Medical notes and drug charts were analysed retrospectively from all HIV positive patients admitted to hospital via the Accident & Emergency department from 27th July to 9th October 2018
- We audited against the BHIVA standard that “High and consistent adherence to ART is required to maintain viral suppression and minimise transmission risk”¹. Our institution does not require ethics for audits such as this.

Admitting specialty	Number of patients	ART included in drug history in clerking document	ART dose prescribed and given to patient within 24 hours of admission or clearly documented reason why drug was held eg.AKI	% patients admitted by specialty receiving ART within 24hrs of admission/ clear documentation of why held
Medicine (includes Gastro, Resp, COTE)	5	1	1	20%
Neurosurgery	1	1	0	0%
Stroke	1	1	1	100%
Haematology	1	1	1	100%
Cardiology	1	0	0	0%
Orthopaedics	1	1	1	100%
Cardiothoracics	1	1	1	100%
Clinical infection (HIV)	5	3	5	100%
Total	18	9	10	55%



Conclusion and next steps

- Results show only 55% of patients received their ART (or had a clearly documented reason why it was held) in the first 24 hours in hospital demonstrating a clear need for improvement.
- Possible reasons for this include
 - limited knowledge around ART amongst junior doctors who complete the clerking process
 - no ART physically stocked in drug cupboards on the 'Acute floor'
 - lack of knowledge as to where information about a patient's HIV drug regimen can be found
- We intend to write a "Guide to prescribing ART" on the *Microguide* app which is widely used amongst junior doctors in Brighton, signposting where information can be sought about patient prescriptions, potential interactions and also information to be relayed to 'Acute floor' nursing staff about where drugs can physically be sourced in and out of hours.

