M Bhattacharyya 1; A Saha 2; T Chatterjee 2; S Todi 1
1AMRI Hospitals, Critical Care, Kolkata, India, 2Jadavpur University, Dept of Clinical Pharmacy, Kolkata, India

Introduction:
Antibiotics are the most commonly prescribed drugs in ICU. In the era of antibiotic resistance it is difficult to choose antibiotics during septic episode. The choice antibiotics mainly depends on clinical diagnosis, culture sensitivity and local flora. Whether severity of illness really matters is not well known. To study antibiotic prescription pattern and whether the choice of antibiotic varies according to hemodynamic stability in patients admitted in ICU. To study of microbiological isolates and their variability according to haemodynamic stability in ICU patients.

Methods:
All ICU patients of more than 18 years age who received antibiotics and where cultures had been sent were included in the study. Patients discharged against medical advice and where treatment had been withdrawn were excluded in this study. This prospective observational study was conducted between July 2016 to March 2017. Patients were divided into stable and unstable group according to hemodynamic parameter and usage of antibiotics and microbiological isolated were correlated. ICU mortality and length of stay were correlated between hemodynamically stable and unstable group.

Results:
786 sepsis episode were analysed. Mean age was 65 years, male predominant, and average APACHE IV score was 58 (SD 25). We had 444 patients in unstable group of which 71% patients got discharged and 86% of patients got discharged in stable group. Antibiotic combination therapy was used more in hemodynamically unstable patients (p < 0.03). BLBLI was used more in stable group. Drug resistance in microbiological isolates did not reveal any statistically significant difference among stable or unstable group.

Conclusion:
There is a tendency to administer combination antibiotics in sicker group of patients with hemodynamic instability. Prevalence of microbial flora did not show any statistical difference. Outcome is worse in hemodynamically unstable patients.