

ABSTRACT

Policies varied greatly in content and quality, there was no clear evidence of effectiveness, and policies must be revised to align with current recommendations.

INTRODUCTION

Antimicrobial prescribing practices are increasingly being used to reduce the number of cases of nosocomial infections in the UK. However, the impact of these practices on antimicrobial resistance has not been fully understood despite the significant impact of antimicrobial resistance on the incidence of antimicrobial resistance. The aim of this systematic review was to review recommendations, policy and practice recommendations, and meta-analyses for the use of antimicrobial prescribing practices in South East Region of England (SEER) to achieve good antimicrobial prescribing practice.

Methods:

The review included 15 studies of antimicrobial prescribing practices across the UK and was conducted in accordance with the guidelines for systematic reviews of interventions for patients with infectious diseases published by the Cochrane Collaboration. The search strategy was to identify and review systematic For some time in the United Kingdom, concerns have been raised about resistance to antibiotics, leading to a House of Lords select committee report, subsequently to the subsequent Standing Medical Advisory Committee Report (SMAC), which set out guidelines for the National Health Service. The HSC was based on four elements: strategy, surveillance, prudent antibiotic use, and infection control. These concerns were focused on the need to treat patients but not to risk creating an environment that is ineffective for certain infections. The HSC assigned Regional Directors of Public Health to lead the work on antimicrobial resistance, working alongside Regional Epidemiologists and Regional Prescribing Leads. These colleagues were responsible for identifying good prescribing practices in the use of antimicrobodies and ensuring that information is widely disseminated among those involved in prescribing them. During the course of this project, we examined the antibiotic policy as a means of promoting good practice and controlling antibiotic use through the evaluation of advice provided by recognised best practices.

CONCLUSION

Remarkable conclusions Antibiotic policy in the SouthEast is characterized by significant differences in both structure and content. It is anticipated that this review will result in a revision to current recommendations, with the aim of maintaining an effective range of antibiotics. Policies alone will not achieve this goal, and there needs to be local ownership by all prescribers with effective monitoring. The most crucial task is to establish an evidence-based framework for policy implementation and usage, which can aid in determining the content and application of policies. This requires the involvement of an appropriate national entity to achieve this objective so that everyone reaps the benefits.