Rysunek1

# C2.4. Prophylactic antibiotic use- planned hysterectomy

|  |  |
| --- | --- |
| Short name | Prophylactic antibiotic use |
| Detailed name | Compliance with prophylactic antibiotic guidelines for planned hysterectomy |
| Short definition | Per cent patients who have received prophylactic antibiotic in full compliance with the guidelines; elective hysterectomy |
| Type of indicator | Process measure |
| Domain | Clinical Effectiveness, Safety |
| Numerator | Number of patients at the denominator (meeting the inclusion and exclusion criteria) - in full compliance with guidelines on prophylactic antibiotic use for hysterectomy on five criteria.   1. Appropriate antibiotic drug (to be defined nationally) 2. Appropriate dose (to be defined nationally) 3. Appropriate route of administration: intravenous administration (international consensus) 4. Appropriate timing, within one hour of surgical wound incision (international consensus) 5. Appropriate timing: discontinued within 24 hours after surgical wound closure (international consensus) – or documentation of appropriate clinical indication for continuation of treatment beyond 24 hours |
|  | Planned hysterectomy, patients aged 18 years and older with principal procedure codes listed in below. |
| Exclusion | * Evidence of pre-operative infection * Allergy to the antibiotic drug * Unplanned (emergency) operation |
| Dimension | percent |
| Data source | Prospective data collection continuously for at least two periods a year |
| Minimum case number | 30 consecutive patients per period |
| Subindicators | * Compliance with criteria 1 * Compliance with criteria 2 * Compliance with criteria 3 * Compliance with criteria 4 * Compliance with criteria 5 * % of single shot treatment * % of overuse * % of underuse * % of misuse |
| Adjustment/ stratification | Not relevant |
| Interpretation | Improvement is noted as an increase in the rate of full compliance. A near 100% compliance rate should be sought. |
| Codes | OENO: 56803, 56810, 56820, 56821-56860  The procedure codes might need to be adapted nationally to reflect the classification methodology used in the country. |