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Cardiology Audit for Patients with ACS and on DAPT (CAP A DAPT)

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Background and aims: GIT bleeding is the most common serious complication results from the use of long term antiplatelets. ESC DAPT guidelines 2017 recommend the use of proton pump inhibitors (PPI) with dual antiplatelet (DAPT) as a class 1B recommendation. Our audit aims to ensure that our practice is parallel to the international standard.

Methods: We prospectively audited 18 patients admitted to NHS hospital in England with ACS (STEMI, NSTE-ACS) for six weeks from 05/02/2018-12/03/2018. As a result, we introduce our new ACS patient's safety discharge summary checklist, team education; developed a reminder message appears on the electronic prescription system to consider PPI whenever DAPT are prescribed. One year after implementing the changes, we re-audit our action plan. We used the same methodology; we prospectively audited 26 patients admitted with ACS 04/02/2019-01/03/2019. Results: Total number of patients 18 (N=18), Males 9, females 9, 3 of 18 no PPI prescribed (16.66 %). 83.33% (15/18) patients with DAPT had a PPI prescribed on discharge. On re-auditing, the total number of patients 26 (N=26). Only 1 of 26 no PPI prescribed (3.85%). So the compliance rose to 96.15% (25/26). There were no clear contraindications for PPI prescription for those who did not have their PPI prescribed.

Conclusion: Our steps to minimise the number of patients discharged without having PPI prescribed were successful in improving compliance significantly. Therefore we would recommend to our colleagues over the globe to consider similar steps to ensure patients safety; they are simple, easy to use, and useful.

Key wards: Acute coronary syndrome, DAPT, PPI, Audit, Bleeding risk.

Biography

Dr Ayuna is a cardiology registrar in Salford Royal NHS foundation trust, UK, he is intereseted in intervential cardiology, he completed PGDip, MSc and MD in cardiology. Dr Sultan consultant intervential cardiologist at Wrightington Wigan and Leigh NHS Foundation Trust .UK.

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