ANTIBIOTIC PROPHYLAXIS AT TRIAGE FOR SIMPLE TRAUMATIC WOUNDS: A PILOT STUDY DAVID LORD COWELLA, MARTYN HARVEYA AND GRANT CAVEB,C



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Introduction

 Administration of prophylactic antibiotic therapy with the intention of reducing subsequent infection rates for wounds closed in the emergency department (ED) remains controversial

Methods

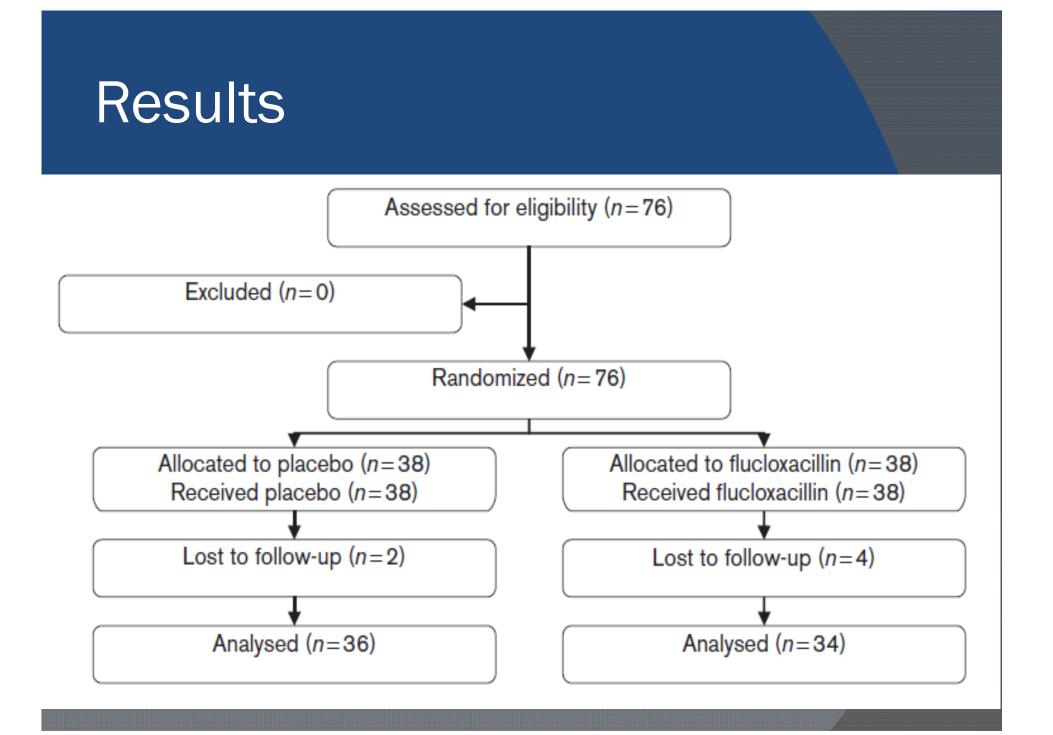
- Randomized, placebocontrolled, pilot study
- A sample of patients presenting to the ED with simple traumatic wounds during 2008 to 2010. (at least 16 years of age)
- Simple traumatic wounds: lacerations extending through the dermis as a result of blunt or penetrating traumatic insult, and not found to involve critical deep structures (bone, tendon, nerve, vessels), and requiring closure (suture or taping), in the ED.

Methods

- Exclusion criteria:
- 1. allergy to penicillin-based antibiotic drugs
- having received antibiotic therapy before ED presentation
- 3. wounds resulting from animal or human bites
- 4. immunocompromised patient
- 5. Multiple wounds
- 6. failure to consent
- Experimental Group: 1 g oral flucloxacillin
- Control Group: placebo

Methods

- telephone interview 1 month after wound closure to determine the presence or absence of developed wound infection.
- Wound infection if reported; repeated presentation to ED or practitioner with diagnosis of wound infection



	Placebo group (n=36)	Flucloxacillin group (n=34)	<i>P</i> value
Age (years)	34.0 (28.9-39.1)	33.9 (28.0–39.0)	0.988
Sex (M:F)	21:15	8:26	0.131
Smoking	10 (28%)	14 (41%)	0.315
Diabetes mellitus	1 (3%)	1 (3%)	1.000
Wound site			
Hand	12 (33%)	13 (38%)	0.804
Arm	10 (28%)	8 (24%)	0.787
Face	6 (17%)	8 (24%)	0.557
Leg	8 (22%)	5 (15%)	0.543
Methods of closure			
Suture	35 (97%)	31 (91%)	0.350
Taped	1 (3%)	2 (6%)	0.609
Tissue adhesive	0 (0%)	1 (3%)	0.493
Time from antibiotic to wound closure (minutes)	64.3 (36.4-91.9)	75 (71.7–98.3)	0.552
Postclosure antibiotic prescription	3 (8%)	4 (11%)	0.706
Wound infection	6 (17%)	4 (12%)	0.736

Table 1 Patient demographic details, postinjury antibiotic prophylaxis, and wound infection rates

• The results of this study do not support administration of prophylactic antibiotic treatment.

Conclusion

Image of the prophylactic administration of oral prophylactic administration of oral flucloxacillin at patient triage failed to reduce subsequent rates of wound infection for simple traumatic wounds managed in the ED.

Discussion

number of enrollments was too small
Others parameter: time from injury occurrence to ED presentation and so on

Thank you for your attentions