



Polymyxin overuse requires special monitoring: Need an action

Shumaila Khan^{1*}, Ayesha Khan², Sonila Muhammad Aslam³ and Saba Noureen³

¹Sindh Government Lyari General Hospital, Karachi, Pakistan

²Shaheed Mohtarma Benazir Bhutto Medical College Lyari, Karachi, Pakistan

³Sir Syed Girls Medical College, Karachi, Pakistan

*Corresponding author: Shumaila Khan, Sindh Government Lyari General Hospital, Karachi, Pakistan.

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Introduction

Recently guidelines were published emphasizing the restriction of polymyxin use. The polymyxin antibiotics colistin (polymyxin E) and polymyxin B are available since the 1950s. Their use in clinical settings for untreatable Gram-negative infection is in practice globally [1]. Due to the lack of proper Pharmacy services the infections after surgeries increased day by day and are still ignored in developing countries. The practice of guidelines for surgical patients and proper use of antibiotics by Pharmacists' directions are the need of time and as per the physician's prescription. Reference the above guidelines third world countries should have the very basic guidelines for the surgical procedure, especially the KUNIN criteria for the rational use of antibiotics [2]. Patients also used topicals such as the Polymyxin group for surgical infections. In an interventional review in the Cochrane library, the topical antibiotics for preventing surgical site infection in wounds healing by primary intention also show the use of polymyxin in SSI prevention [3]. The only way to restrict the polymyxin is to implement the guidelines

such as KUNIN might be helpful in the assessment of rational antibiotics prescription and the misuse of antibiotics would be minimized [4]. By implementation of a robust protocol before and after surgery can assist in minimizing and preventing these SSIs [5].

The antimicrobial stewardship programs are mainly developed by physicians along with clinical pharmacists [6]. The goal of AMS is to reduce antimicrobial resistance, and adverse drug reactions (ADRs); thus, resulting in cost-effectiveness for medication use and reduction in hospitalization [7,8]. Through interventions by a pharmacist and checkups with a physician of receiving therapy, a review may lead to enhancing the treatment outcomes of the individual patient. The AMS programs and proper pharmacy services along with the implementation of the guidelines mentioned above need time to reduce the use of polymyxin for infected patients after surgery [9]. Still, less than enough data are available on the use of polymyxin antibiotics.

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