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## ABSTRACT

**Aim :** To determine the prescribing pattern of antibiotics in geriatric patients in emergency department (ED) and to monitor and report of adverse drug reaction and drug interactions, if any.

**Study design:** It is a 6 months hospital based prospective, observational study conducted in KIMS Hospital. Data was collected from the patient case sheets/ information sheets. Patients who are  $\geq 65$  years old and are prescribed with antibiotics and admitted under emergency department were included and patients who are admitted under other departments and shifted to ED were excluded.

**Result:** Among 150 patients, 34.25% of patients were prescribed with combination antibiotic containing cephalosporin and  $\beta$ -lactam. 22.68% of patients were prescribed with cephalosporins {ceftriaxone (32), Cefixime (10), cefotaxime (3), cefazolin (1), cefepime (1)} followed by 12.96% of patients who had received nitroimidazoles {metronidazole (23), ornidazole (4), tinidazole (1)}. 10.64% of patients were prescribed with fluoroquinolones {levofloxacin (13), ofloxacin (9), ciprofloxacin (1)}, 8.79% of patients had received combination of piperacillin and tazobactam (19)}, and 4.62% of patients were prescribed with macrolides {clarithromycin (10)}. 2.31% of patients had received carbapenem {meropenem (5)}. Other classes of antibiotics which were prescribed to patients were penicillins {ampicillin (0.92%)} tetracyclines {doxycycline (0.92%)}, oxazolidinone {linezolid (0.92%)} and aminoglycosides {amikacin and gentamicin (0.92%)}. The most common adverse drug reactions were found to be rash and nausea and also 11 major and 29 moderate drug interactions were documented.

**Conclusion:** it is necessary to improve the prescribing habit with regard to increasing adherence to national essential medicine list and increasing prescription of drugs by generic name.

**keywords:** Drug utilisation evaluation, antibiotics, geriatrics, emergency department

## INTRODUCTION

The geriatric population is often arbitrarily defined as patients who are older than 65 years, and many of these people live active and healthy lives. The aging process is more often associated with physiologic changes during aging rather than purely chronological age.<sup>(1)</sup>

Older people also tend to be on multiple drug therapy due to concomitant illness, decreased cognitive function. Complicated drug dosage schedules, high

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