



143例粒细胞缺乏伴发热住院患者一线抗感染用药分析

焦园园,李然,张关敏,刘颖,张艳华*

北京大学肿瘤医院暨北京市肿瘤防治研究所药剂科,恶性肿瘤发病机制及转化研究教育部重点实验室,北京100142

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摘要 目的 分析粒细胞缺乏伴发热住院肿瘤患者的一线抗感染用药的特点。方法 以中性粒细胞低于或预计在接下来的48 h内低于 0.5×10^9 个/L,且同时满足体温高于 38.0°C 超过1 h或单次体温超过 38.3°C 为条件,检索我院2011年1月1日-2011年12月31日住院肿瘤患者病历,共计143例,进行风险分层,依据NCCN及IDSA有关指南,评价一线抗感染用药种类、用药时机的合理性;对120例高风险患者,讨论合理性与转归关系。结果 低风险23例,用药以碳青霉烯、喹诺酮或二/三代头孢为主;高风险120例,以碳青霉烯为主。用药时机在出现粒缺乏发热后2 h以内的占45%。120例高风险患者中,用药选择及用药时机都合理者为41例,合理组与不合理组总体有效率无显著差异(87.8%与86.0%),但合理组死亡率显著降低(2.4%与7.6%, $P<0.05$)。结论 粒缺乏发热患者处理基本合理,但风险分层意识不够,处理准确性及及时性有待提高。在正确时间选用正确药物可以显著降低死亡率,但对总体有效率无明显关系。

关键词: 一线治疗 粒细胞缺乏伴发热 抗感染用药

Abstract:

Keywords:

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作者简介: 焦园园,女,主管药师 研究方向: 药剂学,临床药学 通讯作者: 张艳华,女,主任药师,硕士生导师 研究方向: 临床药学,医院药学 Tel/Fax: (010) 88196206 E-mail: zyh8812@163.com

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