

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

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Background and purpose: Gastrointestinal bleeding is the most common serious complication of long-term antiplatelet use. The ESC DAPT 2017 guide recommends the use of proton pump inhibitors (PPIs) and dual antiplatelet agents (DAPT) as Category 1B recommendations. Our audit aims to ensure that our practices are parallel to international standards. **Methods:** We prospectively audited 18 patients admitted to NHS hospitals in the UK due to ACS (STEMI, NSTEMI) within 6 weeks from May 2, 2018/2018, 12/03/2018. Therefore, we have launched a new safe discharge summary checklist for ACS patients and team education; A reminder message will appear about the development of the electronic prescription system to consider PPI when prescribing DAPT. One year after implementing the changes, we revisited our action plan. We use the same method; we prospectively reviewed 26 patients with ACS 02/04/2019 01/03/2019. **Results:** The total number of patients was 18 (N = 18), 9 men, 9 women and 3 of 18 did not prescribe PPIs (16.66%). 83.33% (15/18) of DAPT patients were prescribed PPIs at discharge. At the time of the review, the total number of patients was 26 (N = 26). Only 1 of 26 did not specify PPIs (3.85%). As a result, compliance rose to 96.15% (25/26). For those who have not prescribed a PPI, there are no clear contraindications to prescribing a PPI. **Conclusion:** Our measures to minimize the number of patients discharged without prescribing a PPI were able to significantly improve compliance. Therefore, we advise our colleagues around the world to consider similar measures to ensure patient safety; they are simple, easy to use, and useful. **Key flags:** acute coronary.

The European Society of Cardiology (ESC) and the American College of Cardiology (ACC)/American Heart Association (AHA) recommend a TAPD 12 months after an acute cardiovascular event, regardless of the revascularization strategy, whether it is a patient receiving medication or a submission Percutaneous coronary artery. Intervention [4, 5]. However, the latter does represent a subgroup with a higher risk of thrombosis, in which DAPT is mandatory in the first few months after stent implantation until re-endothelialization is completed to prevent thrombosis and restenosis of the device [6, 7]. In fact, the latest achievements in stent technology, thinner struts, non- or bio absorbable polymers, and clearer image-assisted implantation technology have further improved the clinical outcomes of drug delivery stents (DES), reducing restenosis and The incidence of thrombotic complications allows for shorter DAPT. Duration (even only 1 month)