[1–12] vs. 5.5 [1–13] days (p = 0.11), while empirical use of broad-spectrum antibiotics decreased (4 vs. 1 patient).

Conclusion: Maintaining cefuroxime until DSC proved safe, showing a similar profile to previously variable regimens and suggesting reduced need for broad-spectrum antibiotics. However, the small sample size and absence of SSI limit statistical analysis.

Keywords: Delayed sternal closure, Cardiac surgery, Antimicrobial prophylaxis, Pediatrics, Surgical site infection.

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WHEN TREATMENT NO LONGER MAKES SENSE: ANTIBIOTICS IN END-OF-LIFE PATIENTS — A PRACTICE THAT NEEDS TO CHANGE?

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Introduction/Objective: The use of antibiotics in end-of-life patients remains a controversial practice. Despite their limited clinical effectiveness in this context, these medications are frequently prescribed, often in the absence of an identifiable infectious focus, contributing to adverse events, bacterial resistance, and increased healthcare costs. The scarcity of national data on the subject hampers the development of guidelines to support more appropriate clinical conduct. This study aimed to analyze patterns of antibiotic prescription and factors associated with their use during hospitalization of adult patients who died in a teaching hospital in Southern Brazil.

Methods: A cross-sectional, analytical, and retrospective study was conducted with patients (aged ≥ 18 years) who died between January 1 and June 15, 2025, in both critical and non-critical care units. Incomplete medical records were excluded. Data were extracted from electronic records and included clinical, epidemiological, and therapeutic variables, with emphasis on antibiotic use.

Results: A total of 192 deaths were analyzed, of which 106 had end-of-life care records. After applying inclusion criteria, 88 patients were included in the evaluation. The median age was 81.5 years, with a predominance of males (56%). Antibiotics were used in 83% of cases, and 27% had no identified infectious focus. The most prescribed antimicrobials were ceftriaxone, piperacillin-tazobactam, and meropenem. The median duration of use was 8.5 days, and 54% of patients continued antibiotic therapy until death.

Conclusion: The high frequency of antibiotic use in end-of-life patients without an evident infectious focus highlights the need for institutional guidelines and physician training in palliative care. Early implementation of comfort-centered strategies can prevent disproportionate interventions, improve the quality of end-of-life care, and promote the rational use of antimicrobials.

Keywords: Antimicrobials, Palliative care, End of life, Deprescription, Antibiotics.

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RATIONALIZATION OF ANTIMICROBIAL USE AS A STRATEGY FOR PATIENT SAFETY AND THE FIGHT AGAINST MICROBIAL RESISTANCE: IMPACT OF CLINICAL INTERVENTIONS EVALUATED BETWEEN 2019 AND 2024 IN A TERTIARY HOSPITAL

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Introduction/Objective: Inappropriate use of antimicrobials is directly associated with increased microbial resistance, longer hospital stays, higher healthcare costs, and greater patient risk. Given this scenario, this study aimed to evaluate the impact of antimicrobial rationalization on patient safety and the reduction of microbial resistance in a tertiary hospital through a systematic prescription review program.

Methods: This was an observational and retrospective study analyzing data from January 2019 to December 2024. The actions consisted of daily evaluations of prescriptions containing antimicrobials, with direct discussions with care teams regarding escalation, de-escalation, continuation, or discontinuation of antimicrobial regimens. Compliance with recommendations was later verified. Microbiological data were also analyzed to correlate rational antimicrobial use with changes in bacterial resistance patterns.

Results: During the study period, there was a 25% increase in daily prescription evaluations. A global 26% reduction in antimicrobial use was observed. Regarding bacterial resistance, significant reductions were noted: 60% in carbapenem resistance, 18% in methicillin-resistant *Staphylococcus aureus* (MRSA), and 28% in ESBL-producing Enterobacteriaceae. These results indicate a positive correlation between