generate quality information that can help in decision-making in real-life clinical practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-022 RELEVANCE OF UNIVERSAL KIT COMPOSITION AND ECONOMIC VALUE OF NON-USED MEDICAL DEVICES

A Bayen*, A Nourddine, L Zarayby, S Derfoufi. *IBN Rochd University Hospital Centre, Pharmacy Service, Casablanca-Morocco, Laboratory of Drug Sciences, Biomedical Research and Biotechnology, Medical and Pharmaceutical College, University Hassan Ii Casablanca-Morocco, Casablanca, Morocco*

10.1136/ejhpharm-2022-eahp.378

Background and importance The Universal Kit (UKIT) is composed of sterile medical devices (MD) which are essentials for large surgical operations. The UKIT composition was established years ago to meet the demands of different specialties' surgeons. UKIT is annually purchased by public tender procedure from specialised companies. Recently, we have noticed an increasing annual consumption which impacts on hospital expenditures.

Aim and objectives Evaluate relevance of UKIT qualitative and quantitative composition by listing and calculating economic losses of remaining non-used MD.

Material and methods This was a 1-month prospective observational study (from 31 May 2021 to 30 June 2021) conducted in the Central Operating Theatre (COT). The operating programme is equally allocated between certain surgical specialties: urology and neurosurgery, visceral surgery and gynaecology, traumatology and thoracic surgery. Checklist of UKIT components is manually filled during surgery procedures. Non-used MD are listed and economic value is calculated based on unit prices (UP) of public tender procedure attributed in 2020. The data were analysed using Excel.

Results The UKIT composition (UP=€ 24.01) consists of: two mounted scalpel blades 23 (UP=€ 0.032), 20 Gazin compresses (UP=€ 3.78) and five abdominal compresses (UP=€ 1.89). Each surgical department uses an average of 7 UKIT/week which corresponds to 371 UKIT/year. A total of 2226 UKIT (€ 53 446) are used per year in the COT.

The economic losses are estimated per year as: urology € 293.09; neurosurgery € 293.09; visceral surgery € 81.99; gynaecology € 81.99; thoracic surgery € 222.60; traumatology € 222.60. The overall economic losses are estimated at € 1195.36 per year in COT, which represent 2.2% of the annual budget allocated to UKIT.

Conclusion and relevance UKIT qualitative composition seems relevant despite the short study duration. The UKIT quantitative composition should be adjusted according to surgical specialties in order to optimise hospital expenditures. The resterilisation of non-used MD could be an interesting alternative which should be examined and validated by the Committee of Medicines and MD.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

3PC-032 OPTIMISING ANALGOSEDATION IN THE INTENSIVE CARE UNIT DURING THE SARS-COV-2 PANDEMIC

[1]I Garcia del Valle*, [1]M Sanmartin Suñer, [1]L Val Prat, [2]M Nevot Blanc, [1]P Marcos Pascua, [1]G Morla Clavero, [1]M Garcia Pelaez, [1]G Baronet Jordana. *[1]Hospital Universitario General de Cataluña, Pharmacy, Sant Cugat del Valles, Spain*; *[2]Hospital Universitario Arnau de Vilanova, Pharmacy, Lleida, Spain*

10.1136/ejhpharm-2022-eahp.379

Background and importance The pandemic caused by SARS-CoV-2 evidenced the need for expediting the dispensation and usage process, poorly automated, of narcotic drugs and for optimising the most commonly used perfusions available in the hospital (midazolam, dexmedethomidine, propofol, fentanyl). With this intervention, significant improvements in efficacy and safety were expected, considering the fact that perfusions decrease the risk of infection, medication errors and the workload and exposure of nurses.

Aim and objectives To elaborate a physicochemical and microbiological stable fentanyl perfusion and to adapt the presentations of drugs (midazolam, dexmedethomidine, propofol, fentanyl) used for analgosedation in COVID-19 patients admitted to the intensive care unit (ICU).

Material and methods

1. A multidisciplinary team formed by intensive care doctors, nurses and clinical pharmacists was created in October 2020 to discuss areas of improvement and effort optimisation.
2. All midazolam and propofol presentations were changed for others of larger volume available on the market. A dexmedethomidine perfusion 2000 mg/250 mL was standardised thanks to previous stability data collected.
3. A new fentanyl perfusion was prepared and validated in sterile conditions after a literature systematic review, microbiological controls in t*ryptic soy broth* (TSB) and thioglycollate broth, and a microbiological risk matrix were done.
4. Fentanyl perfusions were stocked in Pharmacy and individually dispensed according to the infusion speed of each patient. Control numbers were assigned to every preparation to maintain the narcotics' traceability.

Results Each perfusion consisted of 1500 µg fentanyl (10 vials 150 µg/3 ml=1 perfusion) diluted in 100 mL sodium chloride 0.9%. The final stability given was 30 days at room temperature (all culture replicates in TSB and thioglycollate broth at days 0, 9 and 30 were negative). The daily number of preparations depended on the epidemiology of the disease. However, a median value of 13 perfusions was dispensed up to a total of 21 ICU beds.

Conclusion and relevance This model can be extrapolated to other Pharmacy Services as long as volumetric pumps, trained professionals and horizontal laminar flow cabinets are available. The intervention met some of the demands created during the pandemic and helped to slightly attenuate the pressure on healthcare professionals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest