The results are expressed in the above table:

**Conclusions** Individualization of dosage represents both an optimization of resources and increased patient safety. Repackaging improves difficult-to-measure volume management, avoiding handling in unsuitable conditions by the patient.

No conflict of interest.

**Abstract OHP-059 Table 1**

<table>
<thead>
<tr>
<th>Drug/Pathology</th>
<th>No. of patients treated</th>
<th>No. different dosages</th>
<th>Syringes made</th>
<th>Syringes consumed</th>
<th>Cost of full dosage form</th>
<th>Cost of individualization</th>
<th>Saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adalimumab/Rheumatoid Arthritis</td>
<td>3</td>
<td>2</td>
<td>70</td>
<td>35</td>
<td>€33,971.00</td>
<td>€17,519.31</td>
<td>€16,451.69</td>
</tr>
<tr>
<td>Anakinra/Juvenile Idiopathic Arthritis</td>
<td>6</td>
<td>9</td>
<td>2274</td>
<td>809</td>
<td>€58,680.57</td>
<td>€34,804.94</td>
<td>€23,875.63</td>
</tr>
<tr>
<td>Pegfilgrastim/Congenital Neutropenia</td>
<td>1</td>
<td>1</td>
<td>148</td>
<td>74</td>
<td>€82,352.00</td>
<td>€4,726.84</td>
<td>€45,088.16</td>
</tr>
</tbody>
</table>

**Background** It is widely recognised that Total Parenteral Nutrition (TPN) is essential for the patient’s survival and not just for simple assistance. Therefore, it’s important that sufficient attention is devoted to assessing the patient’s nutritional status. The department of Pharmacy has always been involved in the management of TPN to support the clinical and therapeutic needs of the patient.

**Purpose** To facilitate the physician’s delicate task of prescribing a balanced nutritional formula, identifying some standard formulas/recipes for parenteral nutrition bags.

**Materials and Methods** These standard prescriptions have been developed with a nutritionist and the Surgery team and they cover both peripherally administered (low osmolality) and centrally administered (high osmolality) solutions. Depending on the patient’s clinical needs, we have standardised prescriptions with different volumes (2000 or 2500 ml). In addition to the patient’s personal data and anthropometric information, these prescriptions already include all the necessary elements for a balanced diet, including calorie requirements, key macronutrients, proteins, water and micronutrients.

**Results** This review has provided standardised guidance and support to the medical staff in writing the prescriptions for TPN, also giving a range of choices in the initial nutritional approach to the patients. Standardized prescriptions offer a better balance of electrolyte content than those of ready-to-use commercial formulations. This approach has improved familiarity with TPN throughout the hospital, by implementing the use of customised bags not only in critical care departments, leading to better cost management.

**Conclusions** The purpose of nutritional support is not only to avoid malnutrition and its complications, but also to change the pathogenic mechanisms of diseases. For a proper use of artificial nutrition it is necessary to have an in-depth knowledge of the problems of malnutrition. For this reason, it is essential to have a multi-disciplinary approach in which the pharmacist connects different functions.

No conflict of interest.

**OHP-061 PARENTERAL NUTRITION: STANDARIZED PROCESS FROM PRESCRIPTION TO PREPARATION**

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**Background** The number of drugs used has increased in recent years. Some patients need an explanation of how to use their drugs and how to prevent medical errors. The pharmacy consultation centre in St. Ann University Hospital has offered a service for more than 11 years for in- and outpatients. They can consult pharmacists about their drug-related problems.

**Purpose** To analyse what the most frequent topics of consultations were in 2011 and 2012.

To find out how pharmacists provide counselling to patients by repeat cheque-up appointments.

**Materials and Methods** Patient records were examined retrospectively in 2011 and 2012 (January–September) looking at the number of visits, age and sex of patients, topics of patient questions. Pharmacists offered patients repeat cheque-up appointments to increase the compliance with recommendations.

**Results** The authors performed 85 consultations in the last two years for 47 patients (number of new patients: 25 in 2011, 22 in 2012). Median age was 64.5 years, 25 women and 22 men. Median