that the ethanol will affect the patient and, thus, deserves attention.

Special caution should be taken with those patients at higher risk (alcoholism, liver disease, epilepsy). Special care should also focus on others drugs the patient may take that might interact with ethanol.

Patients should be advised not to drive or use machines soon after the chemotherapy treatment has been given and to inform the staff of any ethanol-related effect.

When assessing new formulations, pharmacists should also consider the ethanol content apart from the convenience of dilution.

### Materials and Methods

Acceptance was evaluated. At 24–48 hours, the patient’s medical record (Osabide global) was reviewed. Dose adjustment report’s was made in writing in the patient’s medical record (Osabide global). At 24–48 hours, the acceptance was evaluated.

### Results

A total of 618 hospitalised patients were included in the study (16 had a CRCL < 10 ml/min, 342 a CRCL between 10 and 30 ml/min and 309 a CRCL between 30 and 50 ml/min).

899 (14%) of 6,248 prescriptions were considered non-adjusted and were informed (27 were advices and 113 not evaluated because patient’s discharge).

Fifty one per cent of the interventions were accepted.

Antibiotics were 26% of the interventions, anticoagulants in 39%, benzodiazipines in 18%, antiemetics in 6% and digitals in 5%.

### Conclusions

Pharmaceutical care plays an important role in the drug treatment of patients in renal failure.

The implementation of the project has been well received among clinicians.

No conflict of interest.

### Evaluation of Dose Recovery from Tablet Manipulation for Enteral Tube Administration

**Abstract**

**EVALUATION OF DOSE RECOVERY FROM TABLET MANIPULATION FOR ENTERAL TUBE ADMINISTRATION**

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**Background**

Liquid formulations of medicines are required for administration through enteral feeding tubes (EFTs). Due to the limited availability of liquid medicines, crushing or dispersing tablets is frequently undertaken by nurses, carers and patients using a variety of different methods. The most accurate method of tablet manipulation has not been determined.

**Purpose**

To determine the best method of tablet manipulation through comparison of dose recovery.

**Materials and Methods**

Naproxen was selected as the model drug as no liquid formulations are available. The tablet was prepared using one of 6 methods identified from a previous survey: Dispersing in a syringe, dispersion in a medicine pot, crushed and dispersed using a crushing syringe, crushed and dispersed using a crushing device, crushed and dispersed in a pestle and mortar or crushed using two spoons. The resulting dispersion was filtered using an 8 Fr polyurethane EFT (Corpak) into a receiving flask; repeated 6 times for each method. Dose recovery was determined using HPLC. Excel and statistical software was used for data analysis.

**Results**

Tablet dispersion in the barrel of a syringe produced the highest dose recovery. All other methods delivered a dose outside the BP acceptable range of 95–105%. Full results in table 1.

**Conclusions**

Dispersion in the barrel of a syringe did not significantly affect dose recovery. This study demonstrates that methods currently in use may deliver an insufficient dose; further research is required using different medicines and the effect of dispersion particle size on tube blockage.

### Evaluation of Gentamicin Therapy for Elderly Hospitalised Patients

**Abstract**

**EVALUATION OF GENTAMICIN THERAPY FOR ELDERLY HOSPITALISED PATIENTS**

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**Background**

New guidelines for the use of aminoglycosides were published by French National Health Authority in March 2011 [1]. They recommended 3–5 mg/kg/d for 48–72 h. Before, aminoglycosides doses were reduced in line with the creatinine clearance, which is frequently reduced in elderly patients.

**Purpose**

To determine whether aminoglycoside treatment conformed to the guidelines. If not, the risks are a reduction in antibiotic effectiveness and the development of bacterial resistance among a vulnerable population.

**Materials and Methods**

Elderly patients hospitalised in an acute geriatric unit or in a follow-up and rehabilitative care ward were included in a retrospective study with 2 inclusion periods: 3 months