3 or more PIDs. 70.9% were psychotropic drugs. 53.7% of them were initiated by doctors working in our hospital, 86.4% of which by a senior doctor versus 13.6% by a resident.

**Conclusions** This study shows that a significant proportion of PIDs are initiated in our hospital. To improve practise, pharmacists have to make doctors aware of PIDs and suggest therapeutic alternatives before treatment is started. If PIDs are prescribed, pharmacists should formulate pharmaceutical interventions.

We will add this criterion to our trigger tool which selects high-risk prescriptions.

No conflict of interest.
Results In 2010, adherence to the five key elements was only seen in 3% of prescriptions (n = 68), with an increase to 74% (n = 54) after implementation of the programme. Hospitals found to have specified the insulin device in 81% (n = 42) of those prescriptions incorporating a device.

Conclusions By incorporating the five key prescribing elements in a specifically designed insulin chart, a statistically significant improvement in insulin prescribing was seen. Individual pharmacists also demonstrated a significant contribution in improving prescribing safety of this high-risk medicine, with an ultimate reduction in error potential and decreased risk of patient harm.

References

No conflict of interest.