c. All prescriptions signed
d. All prescriptions dated
e. Insulin delivery device specified

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) post-chart initiation in 2012 (P = 0.007). Ward-based clinical pharmacists were 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.

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No conflict of interest.

GRP-102 INTEGRATION OF MEDICINES RECONCILIATION INTO AN ELECTRONIC PRESCRIBING PROGRAMME

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Background Reconciliation is the process of assessing a listing of the patients' previous medicines with the current prescription. Around 46% of medicines errors in hospitals are reconciliation errors.

Purpose To evaluate the effectiveness of a method of integrated medicines reconciliation in an electronic prescribing programme (EPP).

Materials and Methods Prospective study of 22 months.

Within 24 hours of admission, a nurse records the patient's usual medicines in the EPP.

The programme requires the doctor, before prescribing, to review the recorded home medicines. The programme suggests reconciliation for each drug, and the doctor must indicate if he accepts it. The home medicine automatically goes to the hospital prescription if the doctor accepts the suggestion, or he can suspend the drug or accept the therapeutic interchange that the programme offers him.

In the case of a drug that is not available in the hospital or for which there is no therapeutic equivalent, the doctor must decide if he suspends it or if he asks the patient to bring it from his home, in which case the medicine is sent to the Pharmacy department to repackage and dispense through a unit dose system.

All hospital beds were included in the study (450).

Results About 65% of the patients were on drug treatment when they were admitted to hospital.

- The average number of drugs per patient was 3.5.
- Home medicines reconciliation at admission was performed in 95% of patients admitted.
- We found only 9.6% of discrepancies: of which 91.4% were justified. Of the unjustified discrepancies: 7% were due to mistakes in the record of the home medicine or unregistered drug, 1.4% home of medicines were suspended without justification and there were 0.2% unjustified duplications.
- Reconciliation at discharge was only performed in 20% of the patients, since the programme does not yet require the doctor to do it.

Conclusions The implementation of medicines reconciliation in the EPP ensures it is done and reduces the discrepancies to 9.6%.

No conflict of interest.

GRP-103 INTEGRATION OF ORAL ANTICANCER DRUGS INTO STANDARDISED COMPUTERISED PHYSICIAN ORDER ENTRY SYSTEMS

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Background Oral anticancer drugs still contain some of the most critical issues in terms of right use and compliance. Patients need to be advised and guided concerning dosing schedules, risks and important supportive measures. Package sizes distributed by the pharmaceutical industry often contain more doses than one patient needs especially for short-term stays in the hospital.

Purpose Our goal was to dispense patient-individual unit doses of oral anticancer drugs based on individual computerised prescriptions.

Materials and Methods For this purpose we implemented evidence-based treatment regimens in the prescription software to prevent errors and support the use of standardised treatment plans. Additionally patient information leaflets were created. The first drugs to be computerised in this way were capecitabine and temozolomide.

Results Individualised dispensing of oral anticancer drugs allows more extensive pharmaceutical care of these patients. In view of the risks described above oral anticancer drugs have to undergo a pharmaceutical plausibility cheque and the amount has to be found suitable according to the treatment regime before dispensing. Moreover, the available instructions for use e.g. treatment schedules including supportive measures and the patient information brochure improve the information flow and the safe use.

Conclusions Due to the positive feedback from the operators we are extending the procedure to all oral anticancer drugs.

No conflict of interest.

GRP-104 INTERACTIONS BETWEEN MEDICINAL GASES AND OTHER MEDICINAL PRODUCTS: DEVELOPMENT OF A HOSPITAL DRUG DATABASE

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Background Deliberation no. 56/CD/2008 from the Portuguese Authority of Medicines and Health Products (INFARMED) approves the regulation of medicinal gases set out by Decree-Law no. 176/2006, which considers them as medicines for human use. This Deliberation addresses the manufacture, packaging, labelling, package leaflet, technical management, transportation, distribution, marketing, supply and home delivery of medicinal gases. In this context pharmacists play a proactive role by providing essential information about the proper use of these medicines.

Purpose To develop a database of medicinal gases that allows hospital pharmacists to detect medicinal gases/other medicinal product interactions and validate medical prescriptions in a quick, safe and effective way.

Materials and Methods Review of the summary of product characteristics (SPC) of all medicinal gases currently available in Portugal and consultation with the manufacturers of medicinal gases and analysis of responses. A literature review was also performed, through research and analysis of articles obtained from PubMed