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.

**References**

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**  Individual 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 identify new medicinal products 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