Results We obtained 346 records related to the DRGs selected: 101 (29%) ADRs and Testing Oral Exposure to Drugs, 91 (27%) poisoning, 20 (6%) drug abuse, 7 (2%) reactions to foods and 97 (28%) unspecified events. It was possible to identify the drug involved in only 51 records: antibiotics, NSAIDs, chemotherapy agents, local anaesthetics, opioids and immunoglobulin were the agents mainly reported. Only 2 cases had been reported to the Pharmacovigilance Office and entered in the Italian National Pharmacovigilance Database.
Conclusions Our survey shows a mismatch between the ADRs documented in the hospital discharge records and those actually reported to the hospital's Pharmacovigilance Office, highlighting the problem of under-reporting. The data could be useful for implementing measures to raise awareness among health care professionals and to spread the culture of drug safety.

No conflict of interest.

GRP-189 UPGRADING A VITAMIN K ANTAGONIST CONSULTATION PROGRAMME: IDENTIFICATION OF NEW ORAL ANTICOAGULANT (NOAC) PRESCRIPTION PARTICULARITIES

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[1]AG Caffin, [2]V Algalarrondo, [2]S Dinanian, [1]A Rieutord, [1]R Haddad, [1]C Courtin. *[1]Hôpital Antoine Béclère, Pharmacy, Clamart, France; [2]Hôpital Antoine Béclère, Cardiology, Clamart, France*

Background Our pharmacy department performs 150 Vitamin K antagonist (VKA) patient consultations annually. New oral anticoagulants (NOACs) are expected to replace VKAs in most of their indications. The variety of drugs and the different therapeutic schemes depending on the indications can be extremely hazardous. The NOAC marketing authorization (MA) came along with a European risk management plan.
Purpose To assess the prescription particularities of NOACs, further to the extension of their indication in cardiology in the management of atrial fibrillation (European Society Of Cardiology Guidelines in 2012).
Materials and Methods A retrospective study of NOAC prescriptions was performed from January 2011 till July 2012 to identify the main departments prescribing them and to evaluate the indications. Secondly, we questioned 2 cardiologists to determine the needs of patients and other healthcare practitioners for information about these treatments.
Results An increase in NOAC prescriptions was observed: 25 in 2011 and 41 in 2012 (7 months). The main prescribing departments were cardiology and orthopaedic surgery with respectively 48 and 12 patients. 18 prescriptions (2011) vs. 8 in 2012 did not match the recommendations. This was mainly due to prescription anticipating the MA in cardiology. Information needs identified by the cardiologists concerned prescription (switching from VKA-NOAC, effects of medicines altering the haemostasis and changing the dose required, perioperative management for optimal safety if the patient needs surgery or invasive procedures). The patient also needs to be informed (knowledge of the treatment, awareness of the risk of haemorrhage, self-medication and clinical surveillance of any bleeding).
Conclusions This preliminary research shows that it is necessary to supervise NOAC prescriptions and inform patients, to ensure these new treatments will be used properly. It allowed us to design a standard protocol for prescribing and monitoring NOAC. Our anticoagulant consultation programme will include these needs and NOAC patient consultation will be offered from January 2013.

No conflict of interest.

GRP-190 USE OF TRANQUILLISERS AND RESTRAINT IN A FRENCH TEACHING ACUTE CARE HOSPITAL

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[1]N Curatolo, [2]B Colombier, [3]T Chinet, [4]O Goeau-Brissonniere, [2]L Teillet, [1]F Lemercier, [2]S Moulias. *[1]Hôpital ambrsoie Paré, Pharmacy, Boulogne Billancourt, France; [2]Hôpital ambrsoie Paré, Geriatrics, Boulogne Billancourt, France; [3]Hôpital ambrsoie Paré, Pneumology, Boulogne Billancourt, France; [4]Hôpital ambrsoie Paré, Vascular surgery, Boulogne Billancourt, France*

Background Major and minor tranquillisers can be used to chemically restrain a patient. Use of chemical restraint (CR) has been described mainly in long care settings but there is very limited information when considering acute care hospitals.
Purpose To study the prescriptions for major and minor tranquillisers in 3 clinical wards of a French teaching hospital and to determine if they can be considered CR.
Materials and Methods This prospective study took place over 2 weeks in 3 different wards: geriatrics, pneumology and vascular surgery. Tranquilizers were defined as anxiolytics (minor) and neuroleptics (major). Prescriptions were checked daily and for each patient with a tranquilliser, medical records were screened to determine whether it was newly prescribed. For every newly-prescribed tranquilliser the practitioner was asked the indication, if he considered his prescription was a CR and if the patient was being physically restrained.
Results 45.2% of the 137 patients included had been prescribed at least 1 tranquilliser. 54.5% of the 77 tranquillisers prescribed were introduced during the hospitalisation. Among those 42 newly-introduced tranquillisers, 9 (21.4%) were considered as CR by the prescribers. 6.6% of the patients included were chemically restrained, which is comparable with previous retrospective studies of restraint in acute care wards. The most frequently prescribed CR was alprazolam (55.6%) and the most frequent indication for CR was anxiety. In addition 88.9% of the CR drugs were prescribed 'when required' leaving responsibility for administration to nurses alone. None of the patients with tranquillisers had physical restraint.
Conclusions This is the first prospective study on restraint in an acute care hospital. CR is used for a minority of patients; however it is mostly prescribed 'when required'. Hence it should be used with the utmost care and prescribed with the most precise instructions in order to avoid misuse and risk of abuse.

No conflict of interest.

GRP-191 WOULD 50ML PREFILLED SYRINGES IMPROVE PATIENT SAFETY? OBSERVATION OF 960 INFUSIONS WITH A SYRINGE PUMP IN A MULTI-CENTRIC STUDY

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[1]F Schwarzenbach, [1]C Berteau, [2]F Urvoy, [1]PE Laurent. *[1]BD, Medical Affairs, Le Pont de Claix, France; [2]BD, Strategic Marketing, Le Pont de Claix, France*

Background Before infusion with a syringe pump, drug preparation requires often dilution and more steps compared to most other injection practises, thus involves risks for patients and Health Care Workers (HCWs). The literature indicates that prefilled syringes (PFSs) address these issues successfully but most data do not apply to intravenous infusions.
Purpose BD ran a multicentre study to evaluate the expected impacts of a new BD Sterifill 50 ml PFS on patient and HCW safety, comparing an infusion with a syringe pump using either the PFS or a conventional system (drug in ampoule, diluent, 50 ml syringe filled at time of use).
Materials and Methods 120 HCWs performed infusions in a randomised order, 4 with the new PFS, 4 with the conventional system, mimicking regular dobutamine preparation and infusion (250 mg/50 ml, 10 ml/h). For all 960 cases, an observer recorded any handling