

months), who were given oral chloral hydrate, 50 mg/kg, for sedation before MRI. The study was limited to children who weighed 25 kg or less. Sedation was considered successful when MRI studies were completed and at least 95% of the images had few or no motion artifacts.

Results The overall length of time to achieve sedation ranged from 8 to 30 min (13.5 ± 11.33 min); the overall mean duration of sedation ranged from 10 to 45 min (29.5 ± 5.02 min); and the overall mean length of time to return to normal activity was 30 min to 3 hour (47.3 ± 16.2 min). Other studies reported that chloral hydrate was more effective than midazolam in facilitating the completion of painless imaging studies, although it has a longer onset and duration, and reported minimal adverse events (the only side effect observed was vomiting in 15% of children).^{1 2} On the pharmaco-economic side, the hospital preparation of the CHS 5% in a bottle of 100 ml costs €1.85. The direct cost to prepare the sedation is €0.37 for each child of 20 kg versus €1.24 for sedation of the child with the same weight by Midazolam.

Conclusion The low adverse events for CHS, and the much lower cost of its use to induce sedation for a short time has made CHS our preference for sedation in infants and children undergoing MRI in our hospital.

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No conflict of interest.

4CPS-167 STUDY OF THE USE OF TAPENTADOL

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Background Tapentadol is a potent analgesic with opioid agonist properties of the μ receptor and additional properties of inhibition of norepinephrine recapture. It is indicated to control chronic intense pain in adults, which can only be treated adequately with an opioid analgesic.

Purpose To analyse and evaluate the use of tapentadol in a second-level hospital and describe the characteristics of patients who have been treated.

Material and methods Observational, descriptive study. All episodes of treatment with tapentadol in the hospital since 1 January 2017 (date of its introduction in the pharmacotherapeutic guide) until 1 October 2018 were included. Patient variables (sex, age, dose, indication and service in which they were admitted) were retrieved from the electronic medical records (Diraya) and all data related to tapentadol posologies (dosage and frequency) were reviewed through the prescriptions of patients using Silicon, the electronic prescribing system. All data obtained were included in a database designed for this study.

Results During the period of our study 50 patients were treated, 44% males with an average age of 66.9 (44–86) years and 56% females whose average age was 66.7 (29–87) years. The most prescribed dose was 50 mg/12 hours (60%), followed by 100 mg/12 hours (28%), 200 mg/12 hours (6%), 150 mg/12 hours (4%) and finally 25 mg/12 hours (2%).

Regarding the prescription of tapentadol in terms of pathologies, it was emphasised that 52% of patients suffered herniated discs and/or vertebral fractures, 30% chronic pain, generalised polyarthritis and fibromyalgia, 10% cancer pain, 6% chronic tension headaches and/or migraines, while only 2% suffered from advanced Parkinson's disease.

The medical services that made these prescriptions were: 44% internal medicine, 38% orthopaedic surgery and traumatology, 12% neurology, 4% urology and 2% palliative care.

Conclusion The use of tapentadol is more frequent in females than in males. Respecting ages, they are very similar in both sexes.

The highest doses belong to patients with oncological pain.

The prescription of tapentadol was mainly for non-oncological pain (90%) and, within it, the pathologies mainly treated were spinal injuries (herniated discs and/or vertebral fractures).

Orthopaedic surgery, traumatology and internal medicine were the main prescribers.

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4CPS-168 POSTOPERATIVE PAIN MANAGEMENT AND PAIN REFERRED BY ADULT PATIENTS 24 HOURS AFTER SURGERY AND ONE MONTH AFTER DISCHARGE

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Background Inappropriate pain management during the surgical process could lead to worse surgery outcomes and quality of life. Hospital pharmacists should develop strategies to improve pain management.

Purpose To describe postoperative pain treatment, the proportion of patients who referred moderate-severe pain 24 hours after surgery and 1 month after discharge, and number of visits to the primary care physician, the emergency room (ER) or re-admissions related to postoperative pain during the first month after surgery.

Material and methods An observational, descriptive, prospective study was conducted from February to September 2018. Inclusion criteria: adult patients admitted to surgery departments 24 hours after surgery. Collected variables: demographic, pharmacotherapeutic and clinical. The intensity of the pain was measured by the numerical verbal scale (NVS). The frequency of patients with moderate-severe pain ($NVS \geq 4$) was calculated at 24 hours after intervention and 30 days after discharge.

Results

- One-hundred and thirty-three patients (59% males) were recruited (median age 62.7 years, interquartile range 52.0–72.3).
- One-hundred and seventeen patients (88.0%, CI 95%: 82.4% to 93.5%) were prescribed an analgesic around-the-clock.
- Ninety-eight patients (73.7%, CI 95%: 66.2% to 81.2%) were prescribed acetaminophen, dipyron or a NSAID around-the-clock. Thirty-eight of them (38.8%, CI 95%: 29.1% to 48.4%) were prescribed a potent opioid as a rescue, whereas 28 of them (28.6%, CI 95%: 19.6% to