Conclusion This study systematically and rigorously identified a set of 31 items which are important for assessing pharmaceutical complexity. This information can then be used for the development and refinement of future and current pharmaceutical complexity screening tools that can aid more efficient targeting of hospital clinical pharmacy services.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-198 CLINICAL EXPERIENCE WITH DALBAVANCIN IN A TERTIARY HOSPITAL

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Background Very limited labelled indications have been approved for the newer antimicrobials and extensively drug-resistant gram-positive bacterial infections that are a clinical challenge.

Purpose Data on the clinical uses, efficacy and safety of dalbavancin, a novel lipoglycopeptide, in real life is scarce, thus we sought to describe our clinical experience.

Material and methods Descriptive study of patients treated with dalbavancin from June 2016 to September 2017 in a tertiary hospital in southern Spain.

Results Twenty-two patients were involved. Demographics, microbiology, therapy characteristics, adverse events and clinical outcomes are described in Table 1. Eighty-six per cent were used under off-label indications in patients who had tried and/or failed other therapies.

Abstract 4CPS-198 Table 1

DEMOGRAPHICS	n (%)	TREATMENT	(%)
Age	69.6 (46–85)	DAL administered following hospitalisation	77.3%
Male	59.1%	Previous antimicrobials for actual episode	100%
DIAGNOSES		**Switching to DAL**	
Osteoarticular infections	45.5%	Discharge	64.7%
		Resistant pathogens	22.7%
		Drug-induced toxicity	13.6%
Bloodstream infections	22.7%	Difficult vascular access	9.1%
Acute bacterial skin and skin structure infections	13.6%	Drug-drug interactions	4.5%
Endocarditis	13.6%	**DAL initial – weekly doses**	
		1,000–500 mg	63.3%
MICROBIOLOGY		750–350 mg	4.5%
Samples available	90.9%	1,500–1,500 mg	4.5%
S. aureus	54.5%	1,500 – single dose	27,3%
MRSA	58.3%	**DAL number of doses:**	
CNS	27.3%	2	36.4%
Methicillin-resistant CNS	66.7%	single	31.8%
E. faecalis	4.5%	≥5	27.3%
E.faecium	4.5%	**ADVERSE EVENTS**	
OUTCOMES		Infusion site reaction	4.5%
Success treatment	95.2%	Others	0

Conclusion Further evidence beyond labelled indications is urgently needed. Despite the limitations, in our clinical practice, the use of dalbavancin under multidisciplinary antimicrobial stewardship team supervision appears to be a promising, safe and effective option for adult patients who have tried and/or failed other therapies due to multidrug-resistant gram-positive organisms and/or may offer added safety and potential cost reductions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-199 ASSESSMENT OF MEDICATION RECONCILIATION IN CHRONIC COMPLEX PATIENTS

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Background Transitions in care put the patients at risk for medication error as a result of poor communication and information loss. Medication reconciliation (MR) was conducted to record the best possible list of all the medications patients were taking upon admission. Reconciliation errors are an important cause of morbidity and have a predominant role in hospitalised patients, specifically in chronic complex patients (CCP).

Purpose To assess a programme of MR at admission and at discharge implemented in a CCP and their degree of acceptance by the physician.

Material and methods A prospective study was made from January to June 2018. All patients that at admission to hospital were classified as CCP were included (palliative patients were excluded). At admission to the hospital, the pharmacist carried out an interview with the patient/guardian, review of clinical history and the patient's current medication list (PCM).

This complete and accurate list was registered in the clinical history and compared with the PCM registered by the physician. Medication discrepancies were analysed and communicated.

A registry was made of all the unjustified discrepancies detected, reconciliation errors, pharmaceutical interventions carried out, type and acceptance. At the time of discharge, the reconciliation report was made consisting of the following information: current treatment of the patient at discharge, interactions and recommendations for the patient.

Results A total of 66 patients' CCP were admitted (51.5% female and 48.5% male), mean age 84.9 years (±5.9 SD). Fifty-five (84%) patients were reconciliated at admission. The mean number of medication lines were 10.7. The following were detected: 54 unjustified discrepancies,and 0.98 medication error/patient (46 omissions, four contraindicated medications, two different doses, one wrong medication and one start medication not prescribed), of which 45 were accepted (83%). At discharge, 41 reports were made (62.1%) and 32 interactions were detected. The rest of the reports at discharge were not carried out due to: 12 (18.2%) were exitus during admission and 13 (19.7%) for other reasons.

Conclusion A pharmacist MR is an effective procedure in identifying and resolving medication errors. The degree of acceptance of pharmacists' interventions by the prescriber was

high. Detection of the omission of chronic treatments was the most frequent pharmacists' interventions recorded.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

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4CPS-200 USE OF PROHEMOSTATIC DRUGS IN MASSIVE HAEMORRHAGE EPISODES

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Background Prohemostatic drugs are those used in the treatment or prevention of the haemorrhagic phenomenon, by stimulating the mechanisms that increase haemostasis or by stopping those that inhibit it endogenously.

In our centre, a massive transfusion protocol (MTP) was approved in November 2014, which included the approach to massive haemorrhage episodes (MHE) according to a decision diagram focused on thromboelastrometry.

Purpose To evaluate the use of prohemostatic drugs in patients who suffered an MHE.

Material and methods Retrospective descriptive observational study, including all the patients that suffered an MHE during the year 2016.

The data collected were demographic (sex and age), type of MHE, activation or not of the MTP, drugs used according to the MTP and doses used.

Results MHE were collected in 43 patients during 2016. The median age was 55 (21–84) years; 36.59% were female.

The types of MHE were obstetric 11.63%, surgical 34.88%, digestive bleeding 25.58%, polytraumatic 13.95% and others (haemorrhagic, septic, hypovolemic and haemodynamic shock) 13.96%.

MTP was activated in 36 patients (83.72%). The prescribed prohemostatic drugs were: fibrinogen in 58.14% of patients, tranexamic acid (TXA) in 48.84% and prothrombin complex concentrate (PCC) in 20.94%. Overall, 105 g of fibrinogen, 32.9 g of TXA and 9603 IU of PCC were used.

According to the type of MHE the following prohemostatic drugs were consumed:

- Obstetric: fibrinogen 14 g, PCC 600 IU and TXA 5 g (four, one and three patients respectively).
- Surgical: fibrinogen 64 g, PCC 7800 IU and TXA 13.5 g (11, four and five patients respectively).
- Digestive bleeding: fibrinogen 14 g, PCC 3 IU and TXA 4 g (four, one and two patients respectively).
- Polytraumatic: fibrinogen 7 g, PCC 1200 IU and TXA 5 g (three, one and four patients respectively).
- Others: fibrinogen 2 g (one patient), and TXA 2.4 g (one patient).

Conclusion Surgical haemorrhages were the most frequent type of MHE during the study period.

Fibrinogen was the most used prohemostatic drug in MHE.

The patients who presented a surgical type MHE were the ones who consumed more prohemostatic drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-201 ACCULTURATION OF PRESCRIBERS TO RECOMMENDATIONS ON THE MANAGEMENT OF CLOSTRIDIUM DIFFICILE INFECTIONS TWO YEARS' AFTER AN ANTIMICROBIAL STEWARDSHIP PROGRAMME IN A UNIVERSITY HOSPITAL

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Background According to the ECDC, there are 1 24 000 cases of *Clostridium difficile* infection (CDI) and 3700 attributable deaths per year in Europe. In our hospital, an antimicrobial stewardship programme (ASP) was implemented in 2015 with a multidisciplinary team. This preliminary study showed that only 23% of the prescriptions were initially in agreement with the international recommendations. A 30% rate of CDI relapse was observed.

Purpose The aim of this study was to evaluate the acculturation of prescribers to recommendations on the management of CDI 2 years' after an ASP.

Material and methods From November 2017 to September 2018 an observational study was held in a 1500-bed university hospital. Analysis by the pharmacy of all prescriptions as well as criteria of severity and risk factors of recurrence, were extracted from patients' files and biological laboratory results. In the case of non-compliance with the recommendations of the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), pharmacists intervened within 24 hours after the availability of laboratory results. Ten-day and 8 week follow-up of all patients was implemented to evaluate the recovery and relapse rate.

Results Fifty-one patients were included during this period (median age 59 years; sex ratio M/F=0.88). According to the ESCMID criteria, 78.5% of patients had risk factors of recurrence of those 66.6% of severe comorbidity and 23.5% of immunosuppression. 13.7% of cases had criteria of severity with 25.3% of death at 2 months. Risk factors of recurrence included in 49% of cases antibiotic therapies, 41.2% of proton pump inhibitors and 21.6% of transit inhibitors. This study also shows that 70.6% of prescriptions agreed with the ESCMID recommendations. Fourteen pharmaceutical interventions were realised and revealed 93% prescriber acceptance. Patient follow-up showed 95% of recovery at 10 days and 15% of relapse.

Conclusion This study shows an acculturation of prescribers to recommendations even long after the realisation of ASP. These actions made it possible to reach a good recovery rate and reduce the relapse rate. The multidisciplinary approach and the direct follow-up of prescribers by the pharmacy team is necessary to the success of good management of CDI.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-202 ANTICHOLINERGICAL RISK IN CHRONIC COMPLEX PATIENTS

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Background Numerous studies demonstrate the association between the use of anticholinergic medication and cognitive