

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

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.

#### 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 thromboelastometry.

**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

No conflict of interest.

#### 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 ANTICHOLINERGIC RISK IN CHRONIC COMPLEX PATIENTS

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