safety. It promotes compliance and contributes to the prevention of errors, by systematically analysing patient’s medication and detecting discrepancies. Discrepancy is defined as the difference between the patient’s usual medication and the one that is prescribed at each moment of care transition.

**Purpose** Characterisation of the medication reconciliation and pharmacotherapeutic review performed by the clinical pharmacist at the orthogeriatric unit of a central hospital over a 12 month period.

**Material and methods** Retrospective, observational study conducted from January to December 2017. Medication reconciliation and pharmaceutical review were performed at the hospitalised patient’s admission to the orthogeriatric unit. The Beers and STOPP/START criteria were used to evaluate potentially inappropriate medications in older people. Pharmaceutical intervention was performed when the discrepancies were not according to the bibliography, and their acceptance by the clinical team was evaluated. Data was recorded and treated in Excel version 15.3.3.

**Results** Thirty-one patients were included with a median age of 83 years. Of those, 68% were female. A total of 249 drugs were analysed (7.7/patient) and 146 discrepancies identified (4.7 discrepancy/patient). The most common discrepancy was ‘omission’ (n=120; 82%). The pharmacotherapeutic group with the greatest number of discrepancies was the ‘cardiovascular system’ (n=33; 30%) and the largest number of interventions (29%) was also in this group. A total of 80 interventions were performed and the most frequent was ‘drug introduction’ (59%). The pharmaceutical interventions acceptance level was 78%.

**Conclusion** Medication reconciliation and pharmacotherapeutic review in the orthogeriatric unit improved pharmaceutical and physician communication and cooperation, allowing the optimisation of this patient’s therapy.

**REFERENCE AND/OR ACKNOWLEDGEMENTS**


No conflict of interest.

4CPS-205  **ENOXAPARIN DOSE ADJUSTMENT IN THE ELDERLY – THE INTERVENTION OF THE CLINICAL PHARMACIST**

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10.1136/ehjpharm-2019-eahpconf.354

**Background** Enoxaparin dose adjustment in the elderly is essential because its bioaccumulation may cause bleeding events. The high number of elderly protamine administrations in our hospital raised our awareness. The evidence on pharmaceutical interventions (PI) supporting dose adjustment of enoxaparin is almost nonexistent.

**Purpose** Assessing the need, acceptance and results of PI in the adjustment of enoxaparin doses prescribed to elderly inpatients.

**Material and methods** Protamine administration retrospective study (January–March 2018) followed by a 2 month prospective longitudinal study (May–June). Prospective study inclusion criteria: inpatients ≥65 years (internal medicine ward) on enoxaparin for treatment or thromboprophylaxis with acute kidney injury (AKI) or chronic kidney disease (CKD). Data were collected from electronic patient records. Patients were continuously monitored by calculating creatinine clearance (CrCl) (Cockcroft Gault formula). CrCl <30 ml/min or borderline (30–45 ml/min) led to verbal or electronic PI. Weight adjustments were also considered. The need for protamine use and the occurrence of bleeding events were monitored.

**Results** In the retrospective study, nine patients (77.9±11.9 years) needed protamine for partial reversal of bleeding events due to enoxaparin, eight of them had CrCl <45 ml/min. In the prospective study were included 35 patients out of 87 (40.2%) (79.9±8.8 years; 54.3% women; 60.0% AKI, 38% CKD; 51.4% on treatment doses, 48.6% on thromboprophylaxis). On average, pharmacists monitored CrCl during 7.4 days out of 9.2 days of treatment. There were 17 PI in 12 patients (75% CKD): seven dose adjustments by CrCl <30 ml/min; six dose adjustments to weight; and four alerts by borderline CrCl. The acceptance rate was 70.6%. The physicians took 1.1 days to electronically adjust the prescribed dose. No protamine was administered during this period.

**Conclusion** PI were relevant in avoiding bleeding events in a growing geriatric population. Collaboration between the clinical pharmacist and medical staff brings improvements in elderly pharmacotherapy.

**REFERENCE AND/OR ACKNOWLEDGEMENTS**


No conflict of interest.

4CPS-206  **IMPACT OF PHARMACEUTICAL INTERVENTIONS IN PARENTERAL NUTRITION**

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10.1136/ehjpharm-2019-eahpconf.355

**Background** The role of pharmacists in parenteral nutrition (PN) management differs between hospitals. In our case, pharmacists are not limited to PN compounding and distribution. For instance, for more than 20 years, pharmacists have been supporting the calculation of patients’ basal metabolism (PBM) and developed protocols for a gradual introduction of PN in order to avoid refeeding syndrome (RS).

**Purpose** To evaluate pharmaceutical interventions (PI) in PN, its acceptance and impact.

**Material and methods** Prospective study including patients on PN, March to September 2018. Data were collected through communication with nurses/physicians or from electronic records. Prescriptions were electronically validated daily. PBM was calculated by the Harris–Benedict formula. All interventions and relevant clinical data were recorded and analysed.

**Results** The study included 69 patients (65.5±16.6 years; 68.1% males). There were 66 PI in 126 prescriptions (52.3%), with an acceptance rate of 90.2%. PBM and rate infusion calculation represented 54.5% of all PI. Suggestions for special protocols due to the high risk of RS were 3.3% of PI. During the study, only one patient developed RS. The main prescription error was incorrect NP bag selection so consequently, 18.4% of PI were prescribed bag adjustments.
Alerts to physician NP electronic prescription discontinuation represented 9.8% of PI. In 2016–2017, the waste in supplemented bags with expired date resulted in a loss of €526/year on average. The reason for this waste was verbal NP discontinuation. These alerts, together with a better communication with nursing teams, resulted in zero waste. Other PI were: electrolytic imbalances corrections (5.4%), scheduling of NP suspension days (4.3%), hydric imbalances adjustments (2.2%) and correction of prescribed lipid supplements (2.2%). All standard bags were supplemented in a laminar flow chamber. Only one patient presented central venous catheter (CVC) infection with positive blood culture. In the homologous period of 2013–2014, when the bags were supplemented in the wards, the number of CVC infections was six.

Conclusion Pharmacists are key elements with a recognised value of their interventions (90.2% acceptance rate) which improved the adequacy and safety of PN concerning metabolic- and catheter-related complications.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-207 SCREENING FOR PAINFUL DIABETIC NEUROPATHY
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10.1136/ehjpharm-2019-ehahpconf.356

Background Neurological complications are common in diabetic patients and mainly result in peripheral neuropathy.

Purpose The aim of this study was to detect PDN in a diabetic population and describe the factors associated with this complication.

Material and methods This is a descriptive and analytical study of a total of 90 diabetic patients who were hospitalised or consulted between June and August 2018 in the endocrinology department of our hospital. For screening we used the DN4 questionnaire. This questionnaire is divided into four questions representing 10 items to check. For each patient we counted a score. If the score was greater than or equal to 4/10, the test was positive. For patient information we used a pre-established record card.

Results The study population had a mean age of 54.3±15.35 years, a sex ratio (M/F) of 0.84 and was predominantly composed of type-2 diabetics (88%). Thirty patients screened positive on the DN4 (≥4/10). PDN was not associated with age (p=0.412), sex (p=0.549) or type of diabetes (p=0.111). It was associated with high blood pressure (p=0.007), insulin (p=0.003) and metformin (p=0.022).

Conclusion The DN4 questionnaire is a simple tool that facilitates the recognition of painful diabetic neuropathy, which is a frequent and sometimes disabling complication of diabetes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-208 CHOOSING THE RIGHT WOUND DRESSING FOR THE RIGHT PRESSURE ULCEL: THE DEVELOPMENT OF A COLOUR-BASED CHART HELPING HEALTHCARE PROVIDERS
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10.1136/ehjpharm-2019-ehahpconf.357

Background Pressure ulcers (PUs) are a complex problem that affects many patients in every hospital ward. The main goal of healthcare providers is to treat patients’ major diseases, leading often to an underestimation of PUs. Thanks to a multidisciplinary group led by a hospital pharmacist, every year a course is organised to train nurses in recognising and managing PUs, and to improve the appropriate use of wound dressings. Over the years, many types of wound dressings have been developed and are now available: they differ in material, technology and use. Healthcare providers could be given a tool helping them choose among the different products available.

Purpose The objective was to develop a tool that could help nurses in choosing the right dressing for the right PU, leading to a better treatment of PUs.

Material and methods We collected all the wound dressings available in our hospital and identified, for each dressing, destination of use and mechanism of action. We set up an easy chart characterised by a colour-code that identified the different stages of a PU and for each stage we selected the most suitable dressing. Starting from the internal procedure PRAO85 and thanks to the collaboration of the whole group, a schematic diagram was developed, to facilitate the decision-making process.

Results A total of 22 different kinds of wound dressings are available in our hospital: we set up a colour-based diagram that collects all the dressings. It is based on four colours, representing the principal kinds of lesions:

- Yellow (slough, fibrine);
- Red (granulation tissue);
- Green (infected lesion);
- Black (necrotic tissue).

Each wound dressing used in our hospital was then associated with one of the previous colours, lesions’ staging and medications to be used in conjunction with. All this information is represented in a pivot table. The diagram was printed as a poster to be easily available to healthcare providers during wound rounds.

Conclusion Thanks to our multidisciplinary group, the awareness of all healthcare providers is growing. The ongoing collaboration is providing fundamental tools to improve the quality of wound care. A colour-code system can improve the appropriate use of dressings. Continuous collaboration allows hospital-based standardised criteria to prevent and treat PUs.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-209 OUTCOMES RESEARCH ON NEW TYROSINE KINASE INHIBITORS FOR NON-SMALL CELL LUNG CANCER
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10.1136/ehjpharm-2019-ehahpconf.358

Background INHIBITORS FOR NON-SMALL CELL LUNG CANCER