

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.

REFERENCE AND/OR ACKNOWLEDGEMENTS

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4CPS-207 SCREENING FOR PAINFUL DIABETIC NEUROPATHY

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Background Neurological complications are common in diabetes 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 ($\geq 4/10$). 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

http://www.eahp.eu/sites/default/files/files/ejhp-2013-000276_Single_PDF.pdf

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4CPS-208 CHOOSING THE RIGHT WOUND DRESSING FOR THE RIGHT PRESSURE ULCER: THE DEVELOPMENT OF A COLOUR-BASED CHART HELPING HEALTHCARE PROVIDERS

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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

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4CPS-209 OUTCOMES RESEARCH ON NEW TYROSINE KINASE INHIBITORS FOR NON-SMALL CELL LUNG CANCER

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