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

No conflict of interest.

4CPS-207 SCREENING FOR PAINFUL DIABETIC NEUROPATHY
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Background Neurological complications are common in diabetics 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 ± 15.3 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 ULTER: 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, designation 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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Background In the last 10 years, many target molecules have been discovered and confirmed in non-small cell lung cancer (NSCLC). Tyrosine kinases are cellular enzymes necessary for cell division and proliferation, and their over-expression in lung cancer is a key factor in the development and progression of the disease. Tyrosine kinase inhibitors (TKIs) are an increasingly important group of drugs in oncology, and for NSCLC they are today the treatment of choice. Lately, the search for new TKIs has intensified in order to improve efficacy and selectivity.

Purpose The goal of this study was to evaluate the outcomes of patients treated with new TKIs for NSCLC, with particular attention to the evaluation of adverse events and drug interactions.

Methods We performed a retrospective analysis of patient data from a single institution over a period of 10 years. We collected demographic data, clinical characteristics, and treatment outcomes for all patients who had received new TKIs for NSCLC. We also recorded any adverse events and drug interactions observed during treatment.

Results A total of 200 patients were included in the study. The most common TKIs used were crizotinib, sunitinib, and sorafenib. The most common adverse events observed were skin toxicity, fatigue, nausea, and diarrhea. Drug interactions were also frequent, particularly with neuroleptics and antiemetics.

Conclusion The outcomes of patients treated with new TKIs for NSCLC are generally good, with a high response rate and a relatively low number of adverse events. However, drug interactions are a concern and need to be carefully managed to ensure patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.
Background Information technologies’ development and their integration in healthcare processes brought a major role in data generation to the pharmacy department. This massive data, also known as BIG DATA, is a powerful resource to initiate the measurement of healthcare outcomes related to dispensed drugs.

Purpose To access the main health outcomes of patients who received new tyrosine kinase inhibitors (TKI) and to develop a tool which provides real-life information based on the hospital environment to support the clinical decision.

Material and methods Every patient’s data was collected from the electronic medical records, from 2013 until 2017. For each patient, we recorded the outcome, the performance status and the duration of the treatment. The main analysis outcome was the overall survival (OS). The survival analysis was done using IBM SPSS Statistics.

Results Of the estimated glomerular filtration rate + patients, the majority received Erlotinib (n=42), either as second/third lines (n=30) or first line (n=12). The number of patients who took Gefitinib was smaller than Erlotinib (n=4). All the ALK + patients were treated with Crizotinib (n=5).

The observed median survival was 20.3 months for TKI in the line (n=21) and 3.2 months for the second/third lines (n=30), with p<0.001. The median OS for Erlotinib in the first line was 21.3 months and 2.8 months for patients in the second/third lines. For Crizotinib, the observed median OS was 13.8 months, with an 18 month follow up. The sample was too small for the Gefitinib survival analysis.

Conclusion There is a major difference in the OS of TKIs used in the first versus second and further lines, which was expected since these patients present a higher ECOG PS than the first-line group. This study shows that the real-world data, even with small samples in single-centre studies, can be similar to clinical trials data, as our OS with Erlotinib is nearly identical to the one reported in the OPTIMAL study.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-211 IMPACT OF THE ELECTRONIC PRESCRIPTION IN AN EMERGENCY DEPARTMENT
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Material and methods All the CTs with at least one IMP was taken at home and opened in the pharmacy department of a university hospital on 1 January 2018 were included in this retrospective study. A checklist of eight criteria deemed essential to inform the patient regarding his treatment was created in accordance with the regulations.

Results A total of 93 CTs were evaluated, 35% were institutional CTs. Eleven per cent (n=10) of the prescriptions contained none of the listed criteria. For each criterion, the proportion of prescriptions including the information was 83% for dosage, 69% for product’s conditioning, 43% for treatment’s duration, 25% for time of taking, 19% for intake, 5% for storage temperature, 2% for adverse reactions and 0% for drug interactions. Eighty-eight per cent (n=82) of the evaluated CTs were oral IMP and 30% (n=25) were chemotherapies.

Conclusion The most frequent information on prescriptions is the dosage and the packaging of the IMP. At the other end, information on what to do in case of adverse events and drug interactions are rare or non-existent. The pharmacist has an important and essential role in dispensing pharmaceutical advice for CT. A collaboration between services and pharmacy is planned in order to establish a standard prescription for CTs with specific information. Improving the quality of prescription information will optimise the safety of IMP taking.

REFERENCE AND/OR ACKNOWLEDGEMENTS

No conflict of interest.