

Material and methods A 3 month prospective study (February 2018 to April 2018) to analyse the effectiveness of pharmacist-physician communication channels.

Effectivity was determined by the % acceptance of the interventions.

Channels chosen were: Through direct communication with the physician.

Electronic communication using the Farmatools program.

Interventions were performed following inadequate prescription, dosage, omissions and duplicates of STOPP/START and Beers criteria.

The target population on which the study was conducted were polymedicated patients in an internal medicine service.

Results The medications found in the prescriptions were mainly: nonsteroidal anti-inflammatory drugs (22.1%) antibiotics (22.1%), insulins (19.5%), proton pump inhibitors (10.1%), low-molecular weight heparin (9.4%), digoxin (8.7%) and others (8.1%).

Through direct communication with the doctor, the prescriptions of 125 patients over 65 years of age were studied, and pharmacist-physician verbal intervention was performed in 35 of them (28%). 74.3% (n=26) of them were accepted by the physician.

Through electronic communication, interventions were performed in 221 patients. Analysing the record of the electronic interventions carried out, only 28.8% (n=62) were accepted.

Conclusion Pharmacist-physician interventions carried out by clinical pharmacists are fundamental for a reduction of PIPs.

Direct pharmacist-physician communication provides a greater degree of interventions acceptance rather than electronic intervention.

Adding clinical pharmacists to clinical services could help to reduce PIPs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-262 PLACE OF CLINICAL PHARMACIST IN THE MANAGEMENT OF PATIENTS UNDERGOING BARIATRIC SURGERY

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Background Obesity is a major national public health concern, with a prevalence of 15%. Among these patients, bariatric surgery procedures can be proposed, by sleeve gastrectomy or gastric bypass. Considering potential comorbidities of obesity (diabetes, arterial hypertension) many specialists are involved.

Purpose Our pharmacy department decided: to develop a pharmaceutical healthcare pathway in bariatric surgery for inpatients and outpatients; and to evaluate the relevance of medication reconciliation in this specific surgery.

Material and methods During the 3 month study period, the pharmacy department organised medication reconciliation in collaboration with the digestive surgery ward, and highlighted endpoints (including short-term stay at hospital) in the healthcare pathway of bariatric surgery where the pharmacist could be helpful.

All patients undergoing bariatric surgery could be included for medication reconciliation. The number and

type of discrepancies between admission medication and reconciled updated medication were reported, considering the particulars of medication management in surgery wards (such as switching oral by the IV route, usual peri- and post-operative management of anticoagulant, antihypertensive drugs).

Results The clinical pharmacist was integrated in initial information meetings for patients (including the organiser nurse, dietitians and a psychologist), which allowed him/her to answer questions from patients, collect their prescriptions and contact specialists, general practitioners and community pharmacists. The pharmacist received the surgical programme and planned admission reconciliation on day -1 before surgery. Forty-eight or 72 hours following surgery, the pharmacist explained the post-operative treatment and instructions with the patient (vitamin supplementation for life, crushing tablets during 45 days, contraindication for non-steroidal anti-inflammatory drugs and effervescent tablets). The community pharmacist received an informative leaflet and a mail was sent to the general practitioner and specialists detailing discharge medication reconciliation and proposing medication alternatives for non-crushing tablets.

Concerning the relevance of medication reconciliation: 51 patients had reconciled medication, 33% showing at least one discrepancy (17/51). 32/47 total discrepancies were unintended with 21/32 of omitted medication and 10/32 dosage error.

Conclusion Integrating clinical pharmacy in the healthcare pathway of bariatric surgery is relevant, with a gain in care management both for inpatients and outpatients. This activity fits with national/regional indicators referring to the healthcare pathway for obesity.

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4CPS-263 ANALYSIS OF CLINICAL PHARMACIST INTERVENTIONS CARRIED OUT IN AN INTENSIVE CARE UNIT

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Background The clinical instability of patients in intensive care units (ICU), makes them subject to drug-related problems (DRP) that may have an impact on the efficacy and safety of treatments.

Purpose To analyse clinical pharmacist interventions (PIs) carried out over DRP registered in an ICU.

Material and methods This prospective and descriptive study was carried out in 1 month (15 t May to 15 June) in an ICU of 18 beds in a tertiary hospital. PIs were detected by a resident pharmacist in his ICU period during the validation of physician orders. The variables of this study were: demographic data (sex, age); type of medical intervention; degree of response (accepted if they changed the physician order or rejected if the change was not accepted); and the drugs used.