

Purpose Our objective was to identify modifiable factors related to inadequate AT in the EDOU by performing repeated point prevalence surveys (PPS).

Material and methods PPS of all antimicrobial prescriptions for non-trauma patients admitted to the EDOU were performed daily for 5 consecutive weeks starting in February 2015. The main outcome variable was the rate of inadequate ATs, when any of the following criteria were not optimal according to local guidelines. Data included demographics, clinical assessment performed by the prescriber (syndrome, source, severity at onset, type of acquisition), microbiological samples taken and antimicrobial prescriptions including the drug, dose and route of administration, if empirical or targeted, and mono or combination. Multivariate analysis was performed using logistic regression.

Results Overall, 406 ATs were analysed. The most frequent syndromes were pneumonia (24%), urinary tract infections (22%) and non-pneumonic lower respiratory tract infections (22%); 51.5% (n=209) AT were inadequate (26% of them: drug with a reasonable spectrum was prescribed despite not being recommended as first line, 45% antibiotic not needed, 25% 'inadequate spectrum' and 4% others). In multivariable analysis, microbiological samples before AT (OR: 1.9; 95% CI: 1.2 to 2.8; p=0.004), specification of the source of infection in patient's charts (OR: 2.0; 95% CI: 1.1 to 4.2; p=0.05) and severe sepsis or shock (OR: 1.9; 95% CI: 1.2 to 2.9; p=0.003) were independent predictors of adequate AT.

Abstract 5PSQ-102 Table 1

		% Global	% IN	P	Rr (95% CI)
Acquisition	Community healthcare	66.5	52	0.5	
	nosocomial	32.3	52	-0.4	
		1.2	60		
Samples taken	No	53.9	61	<0.01	1.5 (1.2–1.8)
	yes	46	41		
Combination therapy	Yes	13–5	53	0.9	–
	no	86–5	52		
Antimicrobial (mono)	P/T	11–7	59	0.05	
	Ertapenem levofloxacin	2–6	22	-0.3	
		14–3	40		

Conclusion Half of the prescriptions were inadequate using very strict criteria. Interventions aiming at improving antibiotic use in this Unit should include education and promotion of optimal clinical procedures for antibiotic prescribing. Quality indicators such as taken microbiological samples and the description of source of infection in the medical chart were predictors of better AT.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-103 PHARMACOLOGICAL STUDY OF HIV PATIENTS ENTERED INTO THE HOSPITAL

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Background HIV patients constitute a group of patients to whom strict control of their pharmacotherapy must be carried out. They have risk of interactions and their adherence to treatment is essential. A hospital admission can cause imbalances that affect the patient.

Purpose To study the main characteristics of HIV patients admitted to the hospital, analysing: reason for admission, virological and immunological status at admission, ART used during admission, possible drug interactions and adherence to treatment before and after admission.

Material and methods All patients diagnosed with HIV infection and admitted to the hospital during the period August 2017–December 2017 were selected. For each of them was checked: the medical history, the medical prescription during the admission and the dispensation records of the computer program of outpatient pharmaceutical care. Adherence to treatment was calculated in the 3 months before and after admission. A scientific literature search was performed to identify potential drug interactions.

Results A total of 48 patients were analysed. The causes of admission were very varied, highlighting cardiovascular (25%) and respiratory (14%). The ART was modified to 20% of the patients during the admission, mainly due to inefficiency and the appearance of resistances. In five cases, the patient did not take any antiretroviral treatment and was instituted at the time of admission. Patients had an average adherence before admission of 94%. However, after admission, the adherence of all patients was lower. Even in seven patients the adherence dropped more than 10%. Regarding drug interactions, 18 relevant clinical interactions were found. The most common were associations of protease inhibitors with benzodiazepines (12 patients). In three patients were detected combinations of drugs not recommended in the clinical practice guidelines because of increased risk of QT interval. This was the case of darunavir/salmeterol association.

Conclusion The hospital admission of HIV patients is mostly related to the poor virological and immunological status of the patient. Adherence is affected in some cases, which leads to an important adherence control after admission to this type of patient. The incidence of adverse effects is also important, as greater attention from the pharmacist is required.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3615262/>

No conflict of interest.

5PSQ-104 INVESTIGATING ERROR REPORTING RATES BY ALL PHARMACY STAFF IN THE PHARMACY DEPARTMENT OF A GENERAL HOSPITAL

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Background Errors, including near misses, occur in everyday practice. Our previous study in 2015 showed that using educational tools improves error reporting rates (ERRs).

The last year has shown a decrease in ERRs, suggesting the previous study's positive effect has not been maintained. Other studies have concentrated mostly on medication errors, and have not covered all errors made within the