PIPs are a real problem in the elderly. Pharmacists’ contribution to their systematic detection can improve safety and promote the rational use of medicines.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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5PSQ-154 INCIDENT REPORTS VERSUS DIRECT OBSERVATION TO IDENTIFY MEDICATION ERRORS AND RISK FACTORS IN HOSPITALISED NEWBORNs

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Background Medication errors (MEs) are frequent in hospitals, and newborns are particularly exposed. Identification and understanding the causes and risk factors associated with MEs will help to improve the effectiveness of medication.

Purpose First, we aimed to compare the rate of MEs highlighted through voluntary incident report and direct observation. Second, we aimed to identify risk factors that contributed to the occurrence of MEs, in order to implement interventions to reduce their occurrence and improve effectiveness of medication.

Material and methods This study was carried out in the 12-bed neonatal intensive care unit (NICU) of our University Hospital. All MEs occurring during drug prescription, preparation or administration in the NICU and voluntarily reported by carers in our incident reporting system from June to September 2010 and from August to November 2012 were analysed and compared with MEs detected prospectively through direct observation by a clinical pharmacist. Direct observation and voluntary incident reporting were compared in terms of the number of MEs identified, error type, severity and other variables related to MEs. Poisson regressions were performed to identify risk factors for MEs. Different outcomes were considered: number of prescription errors, number of preparation errors, number of administration errors and total number of MEs. For each outcome, the following explanatory variables were included in the analysis: year, birthweight, gestational age, severity of the disease, mode of ventilation and number of drugs prescribed per patient.

Results A total of 164 patients were included in the study. Ultimately, 383 MEs were identified by the clinical pharmacist, and two MEs were declared by carers. Prescription errors accounted for 38.4%, preparation errors for 16.2% and administration errors for 45.4%. Incorrect rate of administration (21.9%), incorrect timing of administration (18.3%), dose omission (10.4%) and improper dose (8.1%) were the most frequent errors observed. The two variables significantly related to the occurrence of MEs were gestational age <32.0 wk (p=0.04) and number of drugs prescribed (p<0.01).

Conclusion Cares underreported the true rate of MEs in our NICU. The risk of MEs is increased in newborns<32.0 weeks and increases with the number of drugs prescribed to each patient.

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Impact of Anticholinergic Burden, Quantified by Anticholinergic Risk Scales, on Cognitive and Functional Status and Falls in Patients with Multimorbidity: A Preliminary Study

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Background Taking multiple drugs with anticholinergic risk (AR) can adversely impact cognition and function. There are scales that rank the anticholinergic activity by the mean of the anticholinergic burden (AB) of the treatment, which is the sum of the score for each anticholinergic drug.

Purpose This study investigated the influence of AB on cognition and function in patients with multimorbidity over 65 years.

Material and methods This was an observational and retrospective study of patients with multimorbidity over 65 years. Changes in cognitive and functional performances, assessed using the Pfeiffer and Barthel test, respectively, between 3–15 months, were collected. AB was assessed with the anticholinergic burden calculator (http://www.anticholinergicscales.es/), which contains 10 scales. Included patients had to be treated with at least one drug included in at least one scale for at least half of the period and patients with severe dementia and/or Alzheimer’s disease were excluded.

Results One-hundred and seventy-seven patients were included in preliminary analysis (84±7 years, 62% females). The average number of drugs taken per patient was 10±4. The average number of drugs with AB was 4±2. We identified 77 and 41 patients with a change in cognitive disorder (CD) (44%) and functional disorder (FD) (23%), respectively, and 23 patients (13%) suffered falls.

Conclusion We found a high percentage of patients with multimorbidity over 65 years with deterioration of cognitive and functional function when they have taken anticholinergic drugs. Moreover, there are wide differences among the scales’ scores. It is necessary for a more exhaustive analysis of the results to determine which scales correlate better with DC and DF in these patients.

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5PSQ-158 Interest in Medication Reconciliation and Establishment of a Prioritisation Score in a Vascular Surgery Department

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Background Patients in the vascular surgery department (VSD) are under several medications, with a high risk of medication error. Medication reconciliation (MR) could help to prevent the risk of a drug iatrogenic issue. Checking the whole admission prescriptions is difficult for pharmacists because of high turnover in the surgery department. Patients with a high-risk error in admission prescription had to be identified.

Purpose The aim of this study was to evaluate the interest of MR in a VSD and to identify a prioritisation score to target patients who should benefit from MR.

Material and methods This study was conducted between February and September 2018. Several sources were collected to identify a list of patients’ current medications, by one pharmacist. Comparing this list with hospital prescriptions allowed the identification of divergences. Three classes of divergences were