The most common RE was omission of drugs (81%) followed by different dose, regimen or route (14%). According to the Anatomical Therapeutic Chemical Classification, the main groups involved in the RE were benzodiazepines with 36% of the RE, HMG Co-A reductase inhibitors (11%), cardioselective beta blockers (7%), proton pump inhibitors (4%), antidepressants selective serotonin reuptake inhibitors (3%), and insulins and analogues (3%). Regarding the severity of errors, 100% reached the patient without damage (severity C).
Conclusion Medication reconciliation by a pharmacist in the ED is an effective procedure to identify and resolve medication errors.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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5PSQ-161 SECURING STORAGE OF HIGH-RISK MEDICINES IN A CARE UNIT: WHERE ARE WE NOW?

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Background In our country, a Platform for Continuous Improvement of Quality of Care and Patient Safety has set the following target for hospitals: by the end of 2018, 100% of high-risk medicines (HRMs) will be correctly identified and stored in a pilot unit according to the established procedure.
Purpose To evaluate, through a monthly audit, the compliance with the tidying procedure of HRMs established in the pilot unit.
Material and methods The internal medicine ward was the pilot unit chosen for this work. The tidying procedure of HRMs implemented in this unit includes: the withdrawal from the unit of all concentrated electrolytes; the storage of each HRM in a labelling area on which appears an HRM symbol in addition to the usual drug information; the HRM storage in a zone marked 'HRM', except insulins, narcotics and infusions which are respectively stored in the refridgerator, the narcotic chest and the infusion cabinet; and the remoteness of HRMs 'Look Alike – Sound Alike' from each other. One week after the HRMs tidying of the unit by the pharmacist, monthly audits were started and were carried out once a month, on Wednesdays, from June 2018 to October 2018. In addition, awareness information was posted every 2 months on the medicine cabinet of the unit. Compliance results were analysed using χ^2 and t tests for, respectively, all HRMs and HRMs classes.
Results The compliance for all 44 HRMs stored in the unit (64%–73%) was not significantly different between the different audits ($p>0.05$). No statistically significant differences ($p>0.05$) between the five audits were observed for insulin (43%–50% compliant), narcotics (100% compliant) and infusions (0% compliant): for the HRMs stored in the marked zone (67%–89% compliant), the difference between the months was not significant either, except between July (89% compliant) and August (67% compliant), where a significant decrease in compliance was observed ($p<0,05$). This decrease was associated with a lack of awareness action between these 2 months.
Conclusion This work highlighted the improperly stored HRMs and showed that more awareness-raising actions need to be carried out to improve their tidying in a care unit.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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5PSQ-162 ABSTRACT WITHDRAWN