Background Medication errors lead to higher morbidity, mortality and expenditure. The likelihood of mistakes is higher in the Emergency Department (ED).

Purpose To determine the incidence, the type of discrepancies and reconciliation errors (RE) upon admission to an ED, and the drugs involved.

Material and methods Prospective observational study, including patients admitted to the ED pending hospitalisation, during a period of 3 weeks (9–27 April 2018). The variables collected were: sex, age, number of home medications, number of discrepancies justified by the patient’s clinical evolution (DJ) and not justified requiring clarification (DNJ), type of RE detected according to the Consensus Statement of the Spanish Society of Hospital Pharmacy and drugs involved. Programme coverage indicator, quality prescription indicators and medication reconciliation process indicators were calculated. The medication reconciliation process (MRP) was carried out through a clinical interview with the patient/carer, and the data obtained from the electronic clinical history and the primary care electronic records.

Results MRP was performed in 61 of the 216 patients admitted (coverage rate of 28.24%). 55.74% were males, with an average age of 70.61±14.86 years (72.13%>65 years). The median of home medications was 8 (range 1–18). Ninety-three discrepancies were detected, of which 22.38% were DJ, while the remaining 77.62% were considered DNJ. The quality indicators of the prescription were determined, obtaining the following results: 57.38% patients with RE, 42% medications with RE and 1.20 RE per patient. Regarding quality indicators of the MRP, the detected RE were 58.33%, and were classified as moderate and 24.9% as severe interactions (2.2%) and 21 were exposed to four or more DDIs (2%). A total of 445 DDIs were recorded, 75.1% were classified as moderate (pharmacological effects must be controlled by individual dose adjustment or on the basis of drug plasma concentration) or severe (drug combination should be avoided in clinical practice).

Conclusion The RE affected more than half of the patients admitted to the ED. The most prevalent discrepancy was the omission of medication and the drugs most implicated were statins.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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5PSQ-165 QUALITY CONTROL OF INFUSIONS IN PATIENT-SPECIFIC PREPARATIONS FOR ONCOLOGICAL TREATMENT

Background Patient-specific preparations have become a central therapy concept in oncological treatment. The highly potent cytostatic agents are characterised by a narrow therapeutic range. Therefore, exact dosage is important, as lower amounts reduce the effectiveness and higher doses increase the risk of severe side effects. Compound confusion can even result in severe side effects. Therefore, exact dosage is important, as lower amounts reduce the effectiveness and higher doses increase the risk of severe side effects. Compound confusion can even result in severe side effects.