Furthermore, a drug list was designed to facilitate routine work (with a link to www.dosing.de), as well as an information leaflet listing those drugs used in our hospital that either required dose adjustment or should not be used in cases of renal impairment.

Conclusion An increase in patient safety by means of intervention was achieved in 114 of the 154 cases, limiting patient assessment to GFRs of 10–30 ml/min (in accordance with KDIGO classification 4). This would correspond to a work-efficient intervention rate of 51% (about seven medication errors per day). After successfully presenting our results to the board of management and at the chief physicians' conference meeting, the decision was taken to continue to provide this everyday form of clinical service despite our limited human resources situation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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NP-008

STABILITY OF CEFTOLOZANE/TAZOBACTAM IN SOLUTION AS INFUSION FOR PROLONGED OR CONTINUOUS APPLICATION

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Background Ceftolozane is a novel cephalosporin and commercially available in combination with the beta-lactamase inhibitor tazobactam under the brand name Zerbaxa. Cephalosporins exhibits, like all betalactams, a time-dependent antibacterial action. The concentration of the antibiotic at the site of infection should exceed the MIC of the underlying pathogen for at least 60%–70% of the dosing interval. According to the German prescribing information, Zerbaxa is administered as a short infusion in sodium chloride 0.9% or glucose 5%. However, clinical studies suggest that prolonged or continuous infusion of beta-lactam antibiotics can improve therapy success, especially in intensive care patients.

Purpose At present, there is insufficient data on the stability of ceftolozan/tazobactam in infusion solution for continuous infusion. German product information provides data on the stability under conditions of cooling (2°C–8°C) and light protection. Therefore, a stability test was carried out for 24 hours under real-world conditions.

Material and methods Solutions of ceftolozan/tazobactam (20/10 mg/L and 10/5 mg/L) in sodium chloride 0.9% and glucose 5%, respectively, were stored at room temperature for 24 hours without protection from light. Concentrations of ceftolozan/tazobactam were analysed at the start of the experiment and 1, 4, 8 and 24 hours thereafter using high-performance liquid chromatography with UV detection. In addition, at each analysis time point the solutions were visually examined and the pH values were determined.

Results Ceftolozan/tazobactam concentrations were stable for at least 24 hours (>98.5% of baseline) at both concentrations regardless of the used carrier solution. Visual appearance and pH values remained unchanged.

Conclusion Zerbaxa is stable in sodium chloride 0.9% and glucose 5% at room temperature for at least 24 hours and is therefore suitable for prolonged or continuous infusion.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

NP-009

PATIENTS' PERSONAL TREATMENT MANAGEMENT IN A UNIVERSITY HOSPITAL

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Background Patient's personal treatment (PPT) management in a hospital is a problem potentially responsible for incidents such as medical duplications that can lead to serious consequences (especially with oral anticoagulants), treatment omissions and dosages. The management of PTT is not subject to legal/national regulation in Belgium or institutional regulation in our hospital.

Purpose The primary objective was to establish an inventory of management practices of PTT in our hospital by conducting interviews with inpatients and nurses. The secondary objective was to propose an institutional regulation for the control and administration of PTT.

Material and methods The state of play was realised in 22 care units from 5 October to 4 November 2016. PTT management was evaluated by a pharmacist with a survey (patient/responsible nurse) based on a review of the literature.

Results Into the targeted care units, 47% (195/410) hospitalised patients were included. Of 410 patients hospitalised into the targeted care units, 195 patients were included. Sixty five per cent (102/195) had the usual treatment and brought their own drugs into hospital. Among the 289 drugs brought by patients, 71% of drugs (206) were registered in the hospital's drug formulary and were administered.

Conclusion PPT management in a hospital is problematic in terms of safety and quality, and concerns an important part of patients' treatment, as confirmed by this study. Communicating the results to the different stakeholders is a first step in this process of continuous improvement of quality. An institutional regulation standardising and securing PTT management practices must be drafted, taking into account reality in the field. Other proposals are under study: verification of compliance by nurses, identification of PTT, information to the patient to prevent the use of PPT in parallel with treatment administered by nursing staff, and sensitisation of patients and visitors to these practices.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

NP-010

WHAT IS THE EFFECT OF INTERPROFESSIONAL STUDENT PLACEMENTS IN PRIMARY CARE? A RETROSPECTIVE PRE-POST STUDY

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Background The Centre for Interprofessional Workplace Learning (TVEPS) offers an interprofessional learning experience in primary care for health students in their final years of study.