Purpose The aims of this study were to evaluate the impact of this screening on drug therapy and to estimate the time required for pharmacists to analyse and manage SRDRP.

Material and methods PharmaClass performed a real-time detection of all hospitalised patients (approximately 900 beds) in whom SRDRP occurs. During 6 months (February–July 2018), the clinical pharmacist analysed the detected SRDRP and, if necessary, called the prescriber to suggest treatment modifications. The following indicators were measured: number of SRDRP detected, pharmacist interventions accepted by the physician (and acceptance rate), refused (R) or not applicable (NA). The required resources were quantified in pharmacist-time per day.

Results After elimination of false positives due to interfacing problems, of 986 SRDRP, 808 (82%) were not clinically relevant, 50 (5%) were resolved before pharmacist intervention and 128 (13%) were addressed. One-hundred and four (87%) proposals were accepted and implemented (16 R and eight NA). On average, pharmacists spent 1 hour 20 min per day on the analysis of about 10 SRDRP (9.8) and intervened about once a day (0.85).

Conclusion MediScreen allowed us to adapt treatment and prevent the occurrence of adverse drug events in 104 situations that would not otherwise have been identified. This new activity required a reallocation of time spent on clinical activities. For some queries (to identify a particular drug-related problem), the specificity should be improved to reduce the rate of non-clinically relevant SRDRP. For those identifying a specific drug at risk, sensitivity is a more appropriate endpoint than specificity. The focus on queries of high criticality and the pharmacist’s verification of the clinical relevance of SRDRP contribute to the high acceptance rate (87%). After this first step with a limited number of queries, alerts for less critical situations will be developed in order to optimise the treatment of patients seen during interdisciplinary visits.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

NP-012 STANDARDISATION OF ANALGESIA AND SEDATION INFUSION SOLUTIONS IN PAEDIATRIC PALLIATIVE PATIENTS RECEIVING END-OF-LIFE CARE AT HOME

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Background Parenteral medication administration by continuous infusion has become a common practice in end-of-life home care settings because portable infusion pumps are well tolerated and maintain more nearly constant drug plasma levels.

Purpose To ensure safe and quality home care in paediatric patients nearing end-of-life in the community setting, by establishing a standard operating procedure based on elaboration by dose banding.

Material and Methods First, most commonly used drugs and administration routes reported in the paediatric palliative care literature were identified. Second, a literature review was performed in order to assess the compatibility and stability of drug solutions prepared under aseptic conditions in polyvinyl chloride medication cassette reservoirs. Finally, a drug library...
IMPLEMENTING THE EUROPEAN STATEMENTS OF HOSPITAL PHARMACY IN ITALY: RESULTS OF A WORKING GROUP

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A new MR-scanning technology, hyperpolarisation, for the quantification of metabolic processes with an extremely high sensitivity enables physicians early detection of treatment effects in e.g. cancer and diabetes. A so-called Pharmacy Kit is used in the hyperpolarisation process and consists of a specially designed packaging with tubes, vessels and filters containing the contrast agent and buffer solutions. The objective for the hospital pharmacy was to manufacture Pharmacy Kits complying with Good Manufacturing Practice (GMP), though neither packaging nor two of the raw materials conformed to European standards.

What was done? A research team at the MR Centre (MRC) wished to set up a production of Pharmacy Kits, but had no prior experience with, or licence to, manufacture drugs. Thus, the hospital pharmacy was asked to participate in the development of such a production.

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