

3PC-053 NEW FORMULATIONS FOR THE TREATMENT OF ANTI-NEOPLASTIC AND RADIOTHERAPY-INDUCED MUCOSITES

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Background The most common side effects of chemotherapy or radiotherapy are linked to systemic toxicity and toxicity towards rapidly growing cells. In the latter category, oral mucosites, which are quite disabling for patients, occur in 15%–40% of patients treated with conventional chemotherapy, in 70%–90% in those treated with TCSE and in 80% of those who receive radiotherapy for neck or head cancers. Because of pain and difficulty in eating due to mucositis, 16%–32% of these patients require recurrent hospitalisation. Obviously, this side effect bears heavily on the budget of the Italian healthcare system.

Purpose To deal with these challenges, hospital pharmacists working with other health professionals have developed new formulations.

Material and methods After researching the latest information on Galenic formulations in large literature databases,¹ the hospital pharmacists evaluated currently available products and proposed new formulations. Once they prepared the formulations, they developed leaflets for each formulation to be given to the patient and caregiver. Treatments were provided for mucosites assigned a score from 0 to 3 on the WHO scale.

Results Of the formulations proposed, the hospital pharmacists adopted six solutions and one gel. Up to August 2017, the only one they produced was a formulation of lidocain and metilprednisolone. Subsequently, they added formulations of Ialuronate-Aloe (30% of the formulations provided) and Miso-prostole-artificial saliva (11%), followed by Benzydamine and Supersatura (a solution containing sulphates and chlorides). In July 2018, Doxepin and Bicarbonate formulations were prepared, while the use of lidocain and metilprednisolone continued (36%).

Conclusion The new formulations were introduced to maintain and increase oral hygiene, limit the risk of infections, moisturise the oral cavity and relieve pain, all things that were not achievable with the previous formulations.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

3PC-054 ADDED VALUE FROM AN INFORMATION AND COMMUNICATION TECHNOLOGY- ASSISTED INTERVENTION IN A TOTAL PARENTERAL UNIT OF A PAEDIATRIC HOSPITAL PHARMACY

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Background Given the need for customised total parenteral nutrition (TPN) formulations addressing infants and children, their preparation constitutes an everyday practice for paediatric hospitals' pharmacy departments, forming a time-consuming, complex and error-prone procedure.

Purpose To identify the benefits following the integration of an ICT-assisted intervention of prescribing and preparing 12 per day TPN formulations (365 days/year), in a 400-bed paediatric hospital.

Material and methods In order to achieve a thorough comparison, all steps of pre- and post-established procedures of TPN formulations' preparation were investigated in terms of time and human resources' consumption. Safety issues, medical staff's satisfaction and improved communication between the hospital pharmacy and actual point of care, were taken into consideration, as well.

Results During the first semester of 2018, the previous manually-held prescription procedure of ordering TPN formulations was incorporated into the main hospital pharmacy's information system (HPIS). This intervention resulted in a 35% reduction in pharmacists' implementation time for controlling and finalising TPN prescriptions, while an overall 80% decrease in total preparation time, was observed. The elimination of the transcription step of the procedure decreased interpretation and calculation errors' occurrence. Legible prescriptions, entered at patients' bedside, are automatically transferred to the main HPIS, while all the information concerning the final TPN formulation is available even on doctors' mobile phones through Quick Response Codes labelling.

Conclusion Technology-enabled care interventions can assure faster and safer preparation of TPN formulations as well as eliminating unnecessary and error-prone steps in the procedure. Additionally, apart from saving crucial time for healthcare professionals, an essential information exchange is supported through the integration of patient medication records (kept at the HPIS) with the TPN record (kept at the compounding device's information system).

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3PC-055 CYTOTOXIC AGENTS: SKIN TESTS FOR THE DIAGNOSIS OF DRUG HYPERSENSITIVITY

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