

16 would be assessed, considering the main response variable as a 50% reduction in the Eczema Area and Severity Index (EASI), EASI-50. In addition, the intensity reduction of the pruritus according to the Numerical Rating Scale (NRS) as well as the variation in the quality of life according to the Dermatology Life Quality Index (DLQI).

Results The baseline EASI, NRS and DLQI values were respectively: 23, 6 and 23. Three days after first administration, the patient suffered from headache, low-grade fever and intense itching. One month later lesions were clearer and smaller, but the patient developed intense conjunctivitis requiring treatment with levocabastine. The EASI, NRS and DLQI values at week 16 were respectively: 7, 8.3 and 9. The EASI percentage reduction was 66%. Three months' later conjunctivitis persisted, not improved with antihistamines, and topical corticosteroids. In addition, the patient referred episodes of anxiety and erectile dysfunction. These AEs were reported to the Pharmacovigilance Centre. All this caused treatment discontinuation.

Conclusion Clinical improvement was evident, also quantitatively according to the used scales. Post-injection EAs are common in most patients. In this case, conjunctivitis was limiting and forced treatment suspension. EAs not described in the literature previously were found and associated with dupilumab, given the temporal match. According to subsequent experience with other patients, prophylaxis with artificial tears can be effective in the prevention of conjunctivitis, showing that dupilumab is an effective alternative in patients refractory to other therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-040 OPTIMISING OF ANTIBIOTIC PROPHYLAXIS AT CARDIAC SURGERY CLINIC

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Background Antibiotic prophylaxis (AP) plays an important role in the prevention of surgical site infections in cardiac surgery. Despite the availability of many guidelines, the daily practice of AP is still far from optimal.

Purpose The first aim of the study was to evaluate the management of rational AP by means of a pre-intervention audit. The second aim was to assess whether the clinical practice of AP was improved after pharmacists' interventions.

Material and methods Six parameters of AP (indication of AP, use of appropriate agent, proper initial dose, correct timing of first dose, perioperative redosing, adequate duration of AP) were evaluated by pharmacists during the pre-intervention audit at the Cardiovascular Surgery Clinic between March and April 2015. The data were obtained from medical records and the hospital information system. Based on the results of the pre-intervention audit and regional requirements, the local guidelines (LG) for AP were updated by microbiologists and pharmacists according to the Surgical Antimicrobial Prophylaxis Guidelines of American Society of Health-system Pharmacists. Two years' later a post-intervention audit was performed where implementation of new LG were assessed by measuring

the same six parameters as the pre-intervention audit. The results of both audits were compared at 50 cardiac surgeries.

Results AP was used in all indicated surgeries during the pre-intervention and post-intervention audit. Incorrect antibiotics were used in 11 per cent of all surgeries in the pre-intervention audit, while all antibiotics were appropriately chosen in the post-intervention audit. Appropriate initial doses were given in only 2 per cent in the pre-intervention audit compared with 92 per cent in the post-intervention audit. The correct timing of AP was increased from 76 per cent to 96 per cent after the implementation of new LG. Perioperative redosing was given in none of the indicated cases in the pre-intervention audit compared with 100 per cent after intervention. AP was prolonged for more than 48 hours in 51 per cent in the pre-intervention audit versus 18 per cent in the post-intervention audit. The number of surgeries where all parameters were in accordance with the guidelines was increased from 0 per cent to 80 per cent after interventions.

Conclusion Poor acceptance of international guidelines was identified during the pre-intervention audit. The clinical practice of AP was improved after pharmacists' interventions.

REFERENCE AND/OR ACKNOWLEDGEMENTS

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4CPS-041 IMPLEMENTATION OF AN EMPIRICAL ANTIBIOTIC TREATMENT GUIDE: IMPACT ON ANTIOTIBIC PRESCRIPTION IN AN EMERGENCY DEPARTMENT

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Background An empirical antibiotic treatment guide (EATG) was implemented in our hospital in January 2017. This guide was developed by the antimicrobial stewardship team, composed of infectious disease specialists, microbiologists and pharmacists. The aim was to optimize the antibiotic prescription, avoiding the use of antibiotics associated with resistance development, such as quinolones, third-generation cephalosporins and carbapenems.^{1,2}

Purpose To evaluate changes in the antibiotic consumption and their costs, after the EATG implementation in the Emergency Department of our hospital.

To analyse changes in the antibiotic prescription profile after this implementation.

Material and methods Retrospective study from 2016 to 2017 in a third-level hospital. The antibiotic consumption data and its costs in 2016 (pre-intervention) and 2017 (post-intervention) were compared. The data were obtained from the hospital pharmacy management programme (antibiotic treatment during the stay in the emergency room) and the primary care management programme (prescription at discharge). Antibiotic consumption is transformed into defined daily doses and adjusted to emergencies attended (EMERG) (data provided by the Admission Service).

The analysis was done in an Excel table 1 and statistical comparisons were performed with Fisher's exact test provided