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No conflict of interest.

4CPS-162 PHARMACEUTICAL INTERVENTIONS IN DRUGS PROVIDED TO THE OUTPATIENT HOSPITAL PHARMACY

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Background and importance Pharmacists are responsible for outpatient drug distribution. The aim is not just to provide the medication but also to prevent, acknowledge and resolve medication related problems (MRP). The value of pharmaceutical interventions (PIs) is reflected in adherence, healthcare education and promotion of quality of life in patient.

Aim and objectives To assess and characterise PIs performed in outpatients, their caregivers and other healthcare professionals.

Material and methods This was a retrospective longitudinal study conducted in all patients treated in the outpatient hospital pharmacy between November 2018 and August 2019. PIs were recorded and classified according to type, reason, time and outcome of the intervention.

Results During the study period, 663 PIs (n=38057 patients) were recorded. The specialties with the largest number of interventions were infectious disease (41.9%), oncology (26.5%) and gastroenterology (14.6%). The PI targets were patients (62.7%), caregivers (12.2%), physicians (22.9%) and other healthcare professionals (2.2%). We highlighted PIs related to therapeutic education (37.1%), verification/reinforcement of adherence (21.1%) and pharmaceutical consultation (7.4%). The most relevant reasons for PIs were new patient/new drug (44.5%), poor adherence (21.5%), incorrect intake/insufficient therapy knowledge (4.9%), wrong drug prescribed (4.1%) and suspected adverse drug reaction (1.1%). A total of 67.3% of PIs took 5–15 min and 19.1% >15 min. The acceptance rate of pharmaceutical recommendations was 92.9%.

Conclusion and relevance Pharmacists are essential when dispensing drugs, not only for providing information and therapeutic teaching, but also to actively detect MRP. Due to the high number of daily consultations performed (about 200 patients/day) and lack of human resources, it is likely that PIs are underreported. Communication between different health professionals is essential in the resolution of MRP, contributing to safety improvements and therapy optimisations. PIs had a high acceptance rate which demonstrates the importance and recognition of the pharmacist's role.

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4CPS-163 CLINICAL PHARMACIST RESIDENCE IN AN INTENSIVE CARE UNIT: SCOPE AND RELEVANCE

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Background and importance The clinical pharmacist ensures the effective and rational use of drugs through the application of technical and scientific knowledge. Residence in the intensive care unit (ICU) allows greater proximity to the patient and the multidisciplinary team, resulting in rapid and efficient support in all issues related to drugs.

Aim and objectives To describe and characterise the interventions developed by the clinical pharmacist residing in the ICU, and thereby demonstrate its added value, namely in pharmacotherapeutic follow-up and on the spot rapid and assertive support in a multidisciplinary environment.

Material and methods The clinical pharmacist's workplace was transferred to the ICU of a private hospital in Lisbon, with 12 inpatient beds. Over a 10 month period (November 2018 to August 2019), the unit had a monthly average of 165 inpatients, of which 115 (70%) were in postoperative recovery and 50 (30%) in a critical condition. All pharmaceutical interventions for critically ill patients were recorded (Excel file and/or BSimple software), categorised and analysed.

Results Nearly 79% of critically patients admitted during the study period were the subject of pharmaceutical interventions, performing a total of 394: 86 (17%) related to dose and dosage adjustments; 49 (10%) related to dilution/reconstitution; 46 (9%) were regarding training and preparation of technical and scientific support material; 44 (9%) related to route of administration; 40 (8%) related to logistics and supply issues; 30 (6%) were interactions, compatibility and stability; 27 (5%) were in the field of clinical nutrition; 19 (4%) were related to records of drug allergies; 18 (4%) were support in the establishment of guidelines based therapy; 13 (3%) were internal audits of narcotic drugs, blood products and emergency vehicles; 11 (2%) were clarification of questions on wound care material; 7 (1%) were requests for out of hospital medication; and 4 (1%) were therapeutic reconciliations.

Conclusion and relevance Residence of the clinical pharmacist in the ICU is fundamental for safe and effective use of drugs. The evidence presented in this study demonstrated the added value of providing a patient centred pharmaceutical service in a multidisciplinary and interdisciplinary team, adding value to the care provided by other health professionals. This proximity also allowed quick intervention in the resolution of various day to day pharmacotherapeutic and/or circuit related issues.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-164 A SAFE HANDLING HAZARDOUS DRUGS STRATEGY TO IMPROVE THE SAFETY OF HEALTH PROFESSIONALS: REDUCING EXPOSURE BY MEDICAL PRESCRIPTION REVIEW IN NURSING HOMES

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Background and importance The occupational risk due to exposure to hazardous drugs (HDs) has been a mounting concern to healthcare professionals, including in nursing homes.

Aim and objectives To study the impact of a strategy to improve safe handling procedures for HDs and to review medical prescriptions.

Material and methods A prospective multicentre study was conducted in 25 nursing homes (NH), 18 day care centres (DC) and 13 centres for people with intellectual disabilities (CPID), with 2500 healthcare professionals serving 7501 users. The intervention consisted of creating standardised work procedures and developing two training sessions for doctors and managers. Subsequently, HD treatments were reviewed according to INFOME (a Spanish HDs database) and different interventions were developed to withdraw, replace or reduce HD manipulation. Interventions were compiled and their acceptance was calculated.

Results A total of 58 656 lines of treatment were analysed, resulting in 2732 HDs (4.7%) in 2394 users without the ability to self-administer their medicines: 7.6% HDs in group 1, 43.1% HDs in group 2 and 49.3% HDs in group 3. For HDs, 41.1% required handling for preparation and administration: 8.5% in group 1, 36.7% in group 2 and 54.8% in group 3. The most frequent drugs were risperidone (22.6%), acenocoumarol (22.3%), valproic acid (8.9%), clonazepam (7.4%), spironolactone (7.0%), carbamazepine (4.7%) and paroxetine (4.3%) which accounted for 75.0%. A total of 584 interventions were made (percentage acceptance): 86 (69.8%) withdrawn as not need, 103 (29.1%) replaced, 369 (39.0%) switched to another drug presentation which required less manipulation, 9 (55.5%) optimised administration frequency, 9 (33.3%) optimised drug schedule and 8 (0.0%) changed pharmaceutical form. Global acceptance was 42.0%. After the intervention there were 1924 HDs: 9.0% in group 1, 25.5% in group 2 and 65.5% in group 3. HDs were reduced by 29.6% due to risperidone and paliperidone which were no longer considered dangerous by NIOSH during the study period (83.0%), withdrawals (7.4%), lost (5.9%) and replaced with other non-HDs (3.7%).

Conclusion and relevance The exclusion of risperidone and paliperidone has meant a significant reduction in the prescription of HDs in nursing homes. This particular prescription review, supported by standardised procedures, individual interventions and training, also contributed to the adequacy of HD prescriptions. The pharmacist is a key advisor in HD safe handling strategies, including in nursing homes.

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No conflict of interest.

4CPS-165 ANALYSIS OF ANTIBIOTIC CONSUMPTION IN A NURSING HOME

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Background and importance Some studies have concluded that antibiotic consumption in nursing homes is more elevated than in the community. However, in our area, it is not well known. Inappropriate use of antimicrobials is one of the most important problems of drug misuse because it can lead to a major incidence of antimicrobial resistance.

Aim and objectives To analyse antibiotic consumption in a nursing home and to compare it with antimicrobial consumption in our community.

Material and methods An observational study was carried out from July 2018 to June 2019 in residents of a nursing home (30% dependents and 70% in social exclusion). The variables recorded were number of residents per month, global defined daily dose (DDD) of antibiotics (ATC J01-J02)/1000 residents/days, DDD of amoxicillin-clavulanic acid/1000 residents/day, DDD of quinolones/1000 residents/day and DDD of fosfomicin trometamol/1000 residents/day. These results were compared with the available data from primary care.

Results The mean number of residents was 89 (87–101).

The global DDD/1000 residents/day was 80.8 (third trimester 2018), 56.5 (fourth trimester 2018), 101.6 (first trimester 2019) and 82.4 (second trimester 2019).

The DDD of amoxicillin-clavulanic acid/1000 residents/day was 15.1 (third trimester 2018), 8.4 (fourth trimester 2018), 26.7 (first trimester 2019) and 15.9 (second trimester 2019).

The DDD of quinolones/1000 residents/day was 30.4 (third trimester 2018), 13.6 (fourth trimester 2018), 12.6 (first trimester 2019) and 2.8 (second trimester 2019).

The DDD of fosfomicin trometamol/1000 residents/day was 1.9 (third trimester 2018), 0 (fourth trimester 2018), 0.6 (first trimester 2019) and 2.3 (second trimester 2019).

The global DDD/1000 inhabitants/days in primary care was 14.1 (third trimester 2018), 15.9 (fourth trimester 2018) and 15.4 (first trimester 2019).

The DDD of amoxicillin-clavulanic acid/1000 inhabitants/day was 5.5 (third trimester 2018), 5.5 (fourth trimester 2018) and 4.3 (first trimester 2019).

The DDD of quinolones/1000 inhabitants/day was 1.2 (third trimester 2018), 1.3 (fourth trimester 2018) and 2.2 (first trimester 2019).

The DDD of fosfomicin trometamol/1000 inhabitants/day was 0.4 (third trimester 2018), 0.4 (fourth trimester 2018) and 0.3 (first trimester 2019).

Conclusion and relevance Global antibiotic consumption in the nursing home was approximately six times higher than in primary care, mainly due to the prescription of quinolones. Antimicrobial stewardship programmes are necessary to improve the use of antibiotics in this population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-166 ANALYSIS OF THE MAINTENANCE RATE OF LONG ACTING INJECTABLE ANTIPSYCHOTIC TREATMENT IN OUTPATIENTS

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Background and importance Long acting injectable antipsychotics have emerged to improve adherence and reduce the risk of relapse in patients with psychiatric disorders.

Aim and objectives The aim was to evaluate the maintenance rate of long acting injectable antipsychotics in real life.

Material and methods A retrospective observational study was conducted from April 2017 to April 2019 in outpatients in