

4CPS-201 IDENTIFICATION OF HAZARDOUS DRUGS AND PROCESS IN A UNIVERSITY HOSPITAL

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Background and importance Occupational exposure to hazardous drugs (HD) can cause damage to health in exposed healthcare professionals, so protective measures must be taken.

Aim and objectives To identify HD included in the pharmacotherapeutic guide (GFT) of our hospital and dangerous situations to subsequently develop a safe work procedure for workers.

Material and methods We conducted a systematic review of publications in the past 10 years in humans in the database PubMed using as MESH terms: hazardous drugs, safe handling and occupational exposure, and combining related descriptors. Inclusion criteria were a list of medications from the GFT of our hospital. The comparator was a list established by the National Institute for Occupational Safety and Health (NIOSH), year 2014.

Results The main variable studied was identification of HD: 274 drugs with active ingredients classified as HD were detected in our GFT. In addition, despite not being in the NIOSH listings, acenocoumarol was considered a HD due to its similarity to warfarin (list 3 NIOSH). Therefore, 275 medications were included. Of these 275 drugs, corresponding to 151 active substances, 92 were included in list 1 (antineoplastic medicine), 26 in list 2 (non-antineoplastic drugs that meet at least one hazard criteria), 26 in list 3 (drugs that pose a risk to the reproductive process that may affect men/women who are actively trying to conceive, and pregnant women/breastfeeding period, but that do not pose a risk to the rest of the staff) and 7 according to the medication's datasheet. The second variable studied was identification of processes that cause a risk to the safety of workers in contact with HD. Four processes were found: reception, transport and distribution, preparation and treatment of waste, which in the absence of specific preventive measures cause a risk to the safety and health of workers.

Conclusion and relevance The identification of MP is a key aspect to avoid occupational risks and ensure the safety of the healthcare professional. Recent research identified dangerous situations and established an association between occupational contamination and levels of exposure to antineoplastic drugs, with the training and information of the health worker in MP matters being a crucial aspect.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-202 NUTRITIONAL RISK EVALUATION IN INSTITUTIONALISED ELDERLY PATIENTS IN A PUBLIC NURSING HOME

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Background and importance Malnutrition and/or involuntary weight loss increases the risk of mortality and disability,

decreasing quality of life. Nutritional status is an independent predictor of mortality per year, especially in the institutionalised elderly patient.

Aim and objectives To determine the prevalence of nutritional risk and malnutrition in institutionalised elderly patients in a public nursing home (NH) and make recommendations about use of enteral nutrition (EN).

Material and methods All institutionalised patients in a public NH were selected. The main variable was the classification of patients according to the risk of malnutrition using the abbreviated nutritional screening tool MNA-SF (mini nutritional assessment), validated in elderly patients in different settings, and clinical interview. Patients were classified into three groups: normal nutritional status, risk of malnutrition (with or without weight loss) and malnutrition (with or without weight loss). As secondary variables, we made recommendations about use of EN based on the MNA-SF, and the types of EN recommended were recorded. The sources of information used were the electronic prescription programme for demographic data and nutritional information was obtained through clinical interview.

Results Between 29 August and 12 September 2019, 86 of 92 patients institutionalised in a public NH (93.5%) were nutritionally assessed: 52.3% were men (45/86) and mean age was 78.6 years (53–101). It was possible to weigh 53.5% of the patients (46/86) while the rest of the patients were assessed through calf circumference. The average BMI was 26.3 kg/m². We found that 48.8% of patients were classified as normal nutritional status (42/86), 33.7% as a risk of malnutrition (29/86), of whom 7 patients had weight loss, and 17.4% were classified as malnutrition (15/86), of whom 4 patients had weight loss. EN use was recommended in 20 patients (23.3%), all of them classified as malnutrition (with and without weight loss) or as risk of malnutrition with weight loss. The types of EN recommended were: hypercaloric-hyperprotein (n=12), normocaloric-hyperprotein (n=6), hypercaloric-normoprotein (n=1) and normocaloric-normoprotein (n=1). In addition, recommendations were made about the periodicity based on the MNA-SF, according to nutritional risk classification.

Conclusion and relevance The prevalence of nutritional risk and malnutrition in a public NH reached approximately half of the patients, according to the abbreviated MNA-SF scale. The use of a validated scale showed that protein malnutrition associated with minimum weight loss was the major alteration in institutionalised elderly patients in a public NH and, therefore, hyperprotein formulas were recommended the most often.

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4CPS-203 NURSES: WHAT DO YOU THINK ABOUT A PHARMACEUTICAL PRESENCE IN THE EMERGENCY WARD?

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Background and importance In November 2016 a pharmacy resident arrived in the emergency ward to implement clinical pharmacy. A year and a half later, we wanted to measure the