

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

No conflict of interest.

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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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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

satisfaction of caregivers on this presence because few data are available on this issue. However, it seems important to better understand the expectations of staff and to target pharmaceutical activities to help improve the management of patients admitted to the emergency department.

Aim and objectives Our objectives were to collect caregivers' opinions on the role of the pharmacy intern as well as on the clinical pharmacy, regarding reorganisation of the pharmacies in international non-proprietary name (INN).

Material and methods A questionnaire was submitted to the 52 day nurses during a 10 day period in April 2018. The questionnaire had two parts: one concerning the activities of the pharmacy resident and their relevance to the improvement in patient care and another about the new pharmacy organisation and the role of the pharmaceutical team in helping caregivers to use it.

Results A total of 71% of day nurses answered the questionnaire: 92% were strongly satisfied with the pharmaceutical team's availability for answering their questions or helping them with treatments; 86% were strongly satisfied with the information given about the new organisation in INN and the equivalence table developed; 80% agreed that storing drugs based on INN was better even if it was harder; 100% strongly agreed that clinical pharmacy activities (medication reconciliation, pharmaceutical analysis) improve patient safety; and 96% thought strongly or very strongly that the pharmaceutical presence allowed better continuity of treatment.

Regarding transmission of information from the pharmacy (medicine shortages, new references) only 46% were very satisfied, and 8% were unsatisfied. Opinions were more divided for reporting side effects related to care or drugs: only 35% were strongly satisfied, 8% not enough and 19% did not have an opinion.

Conclusion and relevance The satisfaction of caregivers on the relevance of the presence of a pharmacy resident on the emergency ward was good overall. However, they considered that the transmission of information from the central pharmacy and the reporting of iatrogenic events were insufficient. The next step is to work on this to keep improving nurses' satisfaction.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-204 MEDICINE RECONCILIATION AT HOSPITAL DISCHARGE

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Background and importance It has been proven that an updated pharmacotherapeutic report means improvements in patient safety and system efficiency.

Aim and objectives To describe and analyse medicine reconciliation errors (MRE) and to determine awareness of prescribers of keeping the treatment report updated at medical discharge.

Material and methods This was a prospective study over a period of 17 weeks, involving all inpatients from the internal medicine ward (IM), cardiology ward (CAR) and oncology ward (ONC), for 8 weeks, 6 weeks and 3 weeks, respectively. Variables collected were age, sex, number of new medications, number of discrepancies not justified requiring clarification,

type of MRE, communicated MRE and number of acceptances, and number of patients that received pharmaceutical care at discharge. On admission, data were collected by the pharmacist from an interview with the patient. All detected discrepancies were communicated to the physician to modify and update the treatment before discharge. The pharmacist conducted a final interview, where all modifications and new drugs were explained. Updated treatment and discharge reports were given after resolving patient doubts.

Results A total of 151 patients were analysed with a mean age of 75±13 and 46.3% were women. The number of not justified discrepancies identified were 116, corresponding to IM 58.6% (68), CAR 27.6% (32) and ONC 13.8% (16). Classification of the discrepancies: dosage error 30.2% (35); not indicated or contraindicated for current clinical situation 24.1% (28); omission error 22.4% (26); commission error 16.4% (19); mistaken drug 1.7% (2); incomplete prescription 1.7% (2); and duplicity 3.4% (4). A total of 104 discrepancies were communicated and discussed with the physicians: 49% (51) of the discrepancies were accepted and 31.1% (47) of the discharge reports were incomplete, which means the dosage or duration of treatment and changes established were not included. New drugs were started in 74.8% of inpatients and pharmaceutical care was offered to 80.5% (91) before discharge.

Conclusion and relevance The pharmacist integration has facilitated the acceptance of pharmaceutical interventions and has prevented MRE on discharge, where the most prevalent one was dosage discrepancy. This has raised awareness among all professionals about the importance of updating the medical history. All concerns about discharge medication were resolved in almost 80% of discharges.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-205 ASSESSMENT OF THE PALATABILITY OF ANTIBIOTIC ORAL SUSPENSIONS: A LITERATURE REVIEW

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Background and importance Non-adherence to a full course of antibiotic occurs in approximately 25% of paediatric patients. The child's refusal to take the drug is the second most common reason for non-adherence. Palatability is the third most important antibiotic feature for parents after effectiveness and safety.

Aim and objectives To review the literature for assessments of the palatability of antibiotic oral suspensions to inform physicians in their daily practice and consequently improve adherence.

Material and methods A systematic literature search was conducted in August 2019 in the Pubmed database. A study was eligible for inclusion if it reported an assessment of the palatability of one or more antibiotic suspensions with any assessment scale among adults and/or children. The lowest score was for poor palatability and the highest for excellent palatability. Study characteristics, population demographics and palatability assessments were extracted. For comparison purposes, all results are expressed on a 10 point scale. Averages were calculated for paediatric and adult populations.