

Healthcare Products, serious cases of hypercalcaemia have been reported in children and adults associated with the use of cholecalciferol.

Aim and objectives To analyse the adequacy of cholecalciferol prescriptions in inpatients to detect medication errors.

Material and methods A retrospective observational study was conducted from January 2018 to July 2019 in a second level hospital, which included patients who had prescriptions of cholecalciferol during their hospital admission.

The following variables were recorded sex, age, pathology, indication, prescribed dose, vitamin D levels to define the degree of deficit, medication error (yes/no) and type of error, and prescribing service.

Data were obtained from the electronic clinical records (Diraya) and electronic prescribing software (Prisma).

Results Forty-six patients (56.5% women) were included, with a median age of 71.5 years (range 23–87). The most frequent pathologies presented by the patients were: renal insufficiency (26%), digestive pathologies (19.6%), thyroid disorders (13%) and joint pathology (10.9%).

Cholecalciferol was prescribed for vitamin D deficiency in 38 (82.6%) patients and as a prevention in 8 (17.4%). In 28 (60.9%) patients the dose of cholecalciferol was prescribed according to the summary of product characteristics, with a median of 400 IU. In 38 (82.6%) patients serum levels of vitamin D were available at hospital admission: 22 (57.9%) had a mild deficit, 11 (28.9%) had a severe deficit and 5 (13.2%) had levels within the range. Eighteen (39.1%) medication errors were detected, the most frequent were overdose (50%), non-indication (33.3%) and administration frequency (16.7%). The most prescribing services were endocrinology (26.10%), primary care physician (21.7%) and internal medicine (15.2%).

Conclusion and relevance The causes of non-adequacy of prescriptions in our patients corresponded to cholecalciferol overdose and incorrect indication. An area of improvement in the prescription of cholecalciferol has been detected. We will carry out an interdisciplinary protocol for the use of cholecalciferol with the services involved. In addition, prescriptions with medication errors will be communicated to the physicians (through telephone calls or messages) to avoid serious cases of hypercalcaemia and inadequate supplementation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-006 PARENTERAL NUTRITION IN A NEONATOLOGY INTENSIVE CARE UNIT: DURATION AND COMPLICATIONS

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Background and importance Parenteral nutrition (PN) can be used in any malnourished child or anyone at risk of malnutrition. In preterm newborns, it should be started in the first hours of life, although this artificial technique is not exempt from a series of complications related to its use.

Aim and objectives To analyse the use, prescription time and incidence of complications of PN in a neonatology intensive care unit (ICU).

Material and methods A retrospective descriptive study on the use of PN in the neonatology ICU in our hospital was performed in 2018. Demographic data, birth weight, prescription/reason for suspension, total number of PNs developed, type of nutrition, number of prescription days, metabolic complications (MC) (out of range glucose and triglyceride levels) and electrolytic complications (EC) (out of range ions) were collected from the electronic medical records and PN software.

Results Sixty-one patients (56% male, 44% female) were included in the study: 497 PN were prescribed, all central, and motivated by prematurity (97%), sepsis (1.5%) and oesophageal atresia (1.5%). Causes of cessation were transition to venoclysis (79%), oral nutrition via a nasogastric tube (8%), enteral nutrition via a nasogastric tube (6.5%), death (5%) or loss of central venous line (1.5%).

The number of days PN was given was <3 (n=7), 4–7 (n=21), 8–11 (n=18), 12–15 (n=8) and >15 (n=7). Mean duration in preterm infants by weight was 9.5 days (≤1.5 kg, n=31) and 8 days (>1.5 kg, n=28).

Out of range analytical determinations were observed in 116 cases. The average altered parameters in premature infants according to weight were: 2 (≤1.5 kg) and 0.9 (>1.5 kg). The average alterations according to duration were: 0.5 (≤5 days), 1.5 (5–10 days) and 3 (>10 days).

Alterations were detected in 41 patients (67%); 65.5% only developed EC and 36% only MC. The most frequent were hypernatraemia (31%) in EC and hyperglycaemia (24.5%) in MC (also being the earliest).

Conclusion and relevance The main reason for prescription of PN in neonates was prematurity. The main reason for cessation was a switch to venoclysis. Usage time was slightly longer in those with a lower birth weight. For alterations, the most frequent was hypernatraemia and the earliest hyperglycaemia.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-007 THE PHARMACEUTICAL GOVERNANCE OF LOW MOLECULAR WEIGHT HEPARINS: APPROPRIATENESS ANALYSIS

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Background and importance Since 2017, in our region, low molecular weight heparins (LMWH) used off-label for prophylaxis and the treatment of venous thromboembolism in pregnancy, oncology and for bridging therapy (bridging therapy in patients who must suspend antivitamin K drugs for surgical manoeuvres) are supplied by private pharmacies on behalf of the local health authority (LHA).

Aim and objectives To verify the economic and clinical impact of the new regional provisions on our health district.

Material and methods We evaluated LMWH prescriptions (ATC B01AB) paid to the National Health Service (NHS) of our health district (about 164 000 inhabitants) related to the period January 2017 to December 2018. We analysed