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 (50%), non-indication (33.3%) and administration frequency (16.7%).

**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**

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