5PSQ-085 MEDICATION ERRORS AND PHARMACEUTICAL INTERVENTIONS FOR DRUGS ADMINISTERED BY FEEDING TUBE

P Aldave Cobos*, A Rodríguez Esquíroz, J Polo Garcia, L Ulacia Epelde, G Pinilla Lebrero, A Egües Lugea, JJ Elizondo Armendáriz. *Compleho Hospitalario of Navarra, Pharmacy, Pamplona, Spain*

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Background and importance Enteral nutrition (EN) through a feeding tube is a frequent method of nutrition support in the hospital environment. This method of delivering nutrition is also commonly used for administering medications when patients cannot swallow safely. An incorrect administration may alter the efficacy and/or adverse effects of the drug, and could even compromise patient safety.

Aim and objectives To detect potential medication errors in patients receiving EN and drugs at the same time by enteral feeding tube and to describe pharmaceutical interventions and acceptance rate.

Material and methods A prospective study was conducted in a tertiary level hospital between September and October 2019. All prescriptions of drugs administered by enteral feeding tube were assessed. Patient demographics, number of prescriptions analysed and administration data (route, pharmaceutical form) were collected. Pharmaceutical interventions were carried out through the validation programme and by telephone. The acceptance rate of the performed interventions was also evaluated.

Results Forty-eight patients with an enteral feeding tube were included, 27% were women and mean age was 61 years (range 32–85). A total of 174 prescriptions of drugs administered by tube were assessed and 37 medication errors were detected: 16.22% were drugs that cannot be administered by tube and 83.78% were physical incompatibilities between drugs and EN. A total of 46 interventions were performed. The interventions were: to avoid simultaneous administration of EN and medication (67.39%), to change pharmaceutical form (4.35%), to change the route (6.52%), to propose a therapeutic alternative due to incompatibility between the medication and the tube (13.04%) and to advise about the correct administration of hazardous drugs (8.70%). All of the interventions (100%) were accepted by doctors and nurses.

Conclusion and relevance Successful drug delivery through enteral feeding tubes requires careful selection and appropriate administration of drug dosage forms. Pharmacists play an important role in making recommendations about handling medications and selecting the most suitable pharmaceutical form to administer through an enteral tube. This leads to a reduction in the risk of medication errors, improving the effectiveness and safety of the treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-086 MANAGEMENT OF A CONTAMINATION EPISODE IN A PARENTERAL NUTRIENT MIXTURE PREPARATION UNIT

R Bettayeb*, M Durand, J Leenhardt, R Mazet, MD Desruet, P Bedouch. *Grenoble Alpes Hospital and University Centre, Isère, Grenoble, France*

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Background and importance Sterility of parenteral nutrition mixtures is verified by anaerobic and aerobic seeding of preparations incubated for 5 days (BACTEC). In May 2019, an aerobic sample was positive for BGN *Pseudomonas putida* on a bag for adult parenteral nutrition (PN). The product batch involved patients followed at home.

Aim and objectives The objective was to present the acute management of this incident, the investigations carried out to identify the origin of the contamination and the corrective actions implemented.

Material and methods *Acute incident management*: (i) patient identification, patient and physician information; (ii) substitution to ready to use PN; (iii) analyse samples of the day's production; (iv) inform the health services, department heads, the regional health agency and the establishment's management; and (v) quarantine the laboratory and suspend sterile preparation activities during investigations.

Investigations conducted in multidisciplinary collaboration (pharmacists, biologists, hygienists, quality division, hospital direction): (i) visit to the laboratory by the hospital hygiene service; (ii) surface sampling, analysis of microbiological and particulate monitoring over the last 30 days; and (iii) chronology of the production day: analysis of the batch file and survey of the unit's agents.

Results Twenty-two bags of adult NP were contaminated by two environmental germs: *Pseudomonas putida* and microbacterium species. Three bags were partially administered over a period of 17 hours: patients were asymptomatic. No paediatric NP bags were contaminated.

The chronology of the incident and bacteriological investigations made it possible to identify a single source of contamination: the single channel automated compounding device allowing the addition of lipids to the bags. However, it was not possible to distinguish whether the origin came from a sterile medical device or from a batch of contaminated lipids.

Conclusion and relevance This episode attests to the effectiveness of bacteriological controls carried out on NP preparations (BACTEC). A 24 hour release period for NP bags between production and dispensing of PN bags and a pharmaceutical operational on-call to manage this type of alert have been set up. To satisfy the nutritional needs of newborns, we are studying the development of an ultrafast sterility test of the PN samples in order to release the preparations within 8 hours.

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5PSQ-087 SEVERE MALARIA: 3 YEAR REVIEW OF INTRAVENOUS ARTESUNATE USE IN A UNIVERSITY HOSPITAL

[1]M Bouriaud*, [2]T Perez, [1]J Saillard, [3]P Fremaux, [1]B Largeau, [1]JF Huon, [1]L Flet, [1]M Tching-Sin. *[1]Hd-Chu, Pharmacy, Nantes, France; [2]Aphm-Chu, Pharmacy, Marseille, France; [3]Chu, Pharmacy, Poitiers, France*

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Background and importance Since 2011, the French drug agency has sponsored an expanded access programme to make Malacef (artesunate) available for the treatment of severe malaria. This drug has not yet been approved by European and US pharmaceutical agencies, while it is available in China and several African countries.

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