extremely dangerous and on target. Pharmacists should manage CRS by ensuring the supply of tocilizumab, a monoclonal antibody against interleukin 6 indicated as an antidote, or by using situximab, off-label.

Results Currently, six patients are being treated with CAR-T cell therapy and safety outcomes are ongoing. All have had CRS reactions and received tocilizumab.

Conclusion and relevance Based on these results, the immediate availability of antidote and timely treatment of CRS reactions (mandatory activity for the pharmacist) is necessary to ensure the therapeutic and safety benefits for patients. The study shows the essential role of the pharmacist in covering the risks of this type of therapy and in reducing the seriousness of side effects in an innovative therapy such as CAR-T cells.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-090 PHARMACIST'S CONTRIBUTION TO IMPROVING CUSTOMER SATISFACTION AT HOSPITAL CARE UNITS

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Background and importance To improve the quality of its services and the satisfaction of its customers, our hospital's pharmacy has experimented with a weekly pharmaceutical presence in the operating room to collect and process pharmacy claims and complaints, which may improve communication between the pharmacy team and the operating room.

Aim and objectives To highlight the importance of a pharmaceutical presence at the care units through collection and processing of complaints at a pilot service: the operating room.

Material and methods To analyse the claims of the medical and paramedical staff collected during the weekly pharmaceutical presence in the operating room over a period of 1 month, and to assess measures undertaken for the treatment of these claims.

Results During the study period, 58 complaints were collected: 69% related to medical devices and 31% to drugs. Data processing revealed the following findings: most of the complaints concerned articles ordered but not yet delivered by suppliers (15%), available articles with limited quantity (14%), unavailable articles for which no requests were made (14%), articles that did not belong to our hospital nomenclature (12%), articles available at the central pharmacy but not available at the operating room pharmacy (10%) and articles for which the annual forecast quantity was already consumed (10%). Measures taken by the pharmacy team: relaunch suppliers for articles already ordered; increase endowments (within the limits of availability); propose indication limitations for articles with critical stock; ordering items whose annual forecast quantity was not totally consumed; proposed alternatives for articles that did not belong to our hospital nomenclature; endowment of the operating room pharmacy by the articles available at the central pharmacy and making special orders, with limited quantities, for articles for which the annual forecast quantity was already consumed.

Conclusion and relevance The pharmaceutical presence in the staff of the operating room has helped to better understand the needs of users in order to meet these needs within the limits of what is possible. In fact, the involvement of the pharmaceutical team in care units makes it possible to improve customer satisfaction and to increase the overall quality of therapeutic care.

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None.

No conflict of interest.

5PSQ-091 ANALYSIS OF POTENTIALLY INAPPROPRIATE MEDICATIONS IN CHRONIC COMPLEX PATIENTS AND IN PATIENTS WITH ADVANCED CHRONIC DISEASE IN THE EMERGENCY DEPARTMENT

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Background and importance The aging of the population implies a growing prevalence of chronic diseases and polypharmacy as well as drug related problems (DRP). Elderly patients have complex care needs that are difficult to carry out in the emergency department (ED) which may entail an increase in potentially inappropriate medications (PIM).

Aim and objectives To detect PIM in chronic complex patients (CCP) and in patients with advanced chronic disease (ACD) after a stay in the ED.

Material and methods A retrospective observational study was conducted in November 2018 in an ED of a second level hospital. Variables recorded were demographic data, cause of admission, CCP/ACD and treatment before/after the stay in the ED. STOPP-START criteria and the criteria of Chronicity Prevention and Care Programme (PPAC) of the Department of Health of Catalonia were used.

Results One hundred patients (50.9% men) were included with a mean age of 80.6±11.3 years: 84.7% were CCP and 15.3% had ACD. The main reasons for admission to the ED were acute bronchitis and low back pain. The average number of drugs prescribed per patient was 9.6 (3–18).

In this study, 242 PIM were detected in 90 patients (83.9% in CCP; 16.1% in ACD), an average of 2.7±1.4 per patient. Three quarters of PIM were because of chronic treatment. Sixty-three PIM were detected with the PPAC criteria, the most prevalent was '09: benzodiazepines and other hypnotics for ≥6 months'; 51 were START criteria (the most frequent being 'SA 6: ACEI in well documented heart failure') and 128 STOPP criterial (the main criterion being 'SD 5: Benzodiazepines for ≥4 weeks').

The PIM of 14 patients may have been related to the cause of admission to the ED, in particular due to falls and fractures. All had drug related falls prescribed in their chronic treatment.