There were two general sessions in the hospital and eight group training sessions for doctors (1–2 per unit/medical sub-speciality). Individualised training was done on demand and not counted. A total of 110 hospitalisation beds (65 general paediatrics/31 paediatric surgery/14 ICU) were included in the EAPP and 100% of prescriptions were validated by pharmacists.

Twenty-two protocols were designed to standardise prescriptions, mainly in the paediatric surgery and onco-haematology areas. Eighty-two fixed concentration intravenous infusions were designed for prescription/administration of drugs in the ICU, detailing the preparation, conservation, stability, and dosage and administration regimens.

**Conclusion and relevance** The EAPP was successfully implemented in the paediatric hospital with a high degree of standardisation and validation of pharmaceutical prescriptions, which will improve patient safety and decrease medication errors. In future studies, we intend to analyse this positive effect.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**


No conflict of interest.

**6ER-022 PERCEPTION OF RARE DISEASES AND ORPHAN MEDICINES**

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10.1136/ejhpharm-2020-eahpconf.457

**Background and importance** In recent years, there has been a notable increase in awareness about rare diseases (RDs) and interest in research and development of orphan medicines (OMs).

**Aim and objectives** The aim of this project was to assess knowledge, perception and experiences of the public and healthcare professionals (HCPs) regarding RDs and OMs, such as accessibility of OMs.

**Material and methods** Two questionnaires were developed and validated. The public questionnaire was shared on social media platforms. The questionnaire for HCPs was distributed to different pharmacies and clinics in all districts of Malta and uploaded online. An anonymous random sample of 50 patients with RDs were recruited to complete the questionnaire via the National Alliance for Rare Diseases Support Malta (NARSDM).

**Results** A total of 229 people completed the public questionnaire. Respondents were aged 18–77 years and 28 respondents were patients with RDs.

- 5 of 28 patients faced problems when accessing OMs.
- 85 of 229 respondents knew or were related to someone with an RD.
- 143 of 229 respondents were aware of the RDs organisations.
- 223 respondents desired more awareness of RDs.

73 HCPs completed the questionnaire, including 62 pharmacists, 8 general practitioners and 3 community nurses. Respondents’ years of practice varied from 1 to 36 years.

- 39 respondents had encountered a patient with an RD at a point in their career.
- 56 respondents identified the definition for RD as ‘A disease that affects 1 in 2000 patients in the EU’.
- 47 respondents wished to see the ORPHA code system being used in hospitals.
- 23 respondents agreed that these drugs should benefit from the same incentives that OMs do.

**Conclusion and relevance** The fact that 18% of patients with RDs had problems in accessibility shows there is need to improve the accessibility of OMs. Although awareness of the RD organisations was significant (62%), RD organisations should try to achieve greater awareness. Lack of awareness of RDs perceived by 97% of respondents indicates that HCPs, such as pharmacists, have a role to play to increase awareness. As regards HCPs, a significant suggestion was to include the ORPHA code in hospitals (64%).

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.
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No conflict of interest.

IMPACT OF AN ORAL NUTRITION PROTOCOL IN PATIENTS TREATED WITH ELECTIVE RADICAL CYSTECTOMY: A LONG TERM FOLLOW-UP

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10.1136/ejhpharm-2020-eahpconf.459

Background and importance Before we implemented an oral nutrition protocol, parenteral nutrition (PN) was standard of care after elective radical cystectomy (RC) patients in our hospital. PN is expensive, with often metabolic and infectious complications.

Aim and objectives The main objective of this study was to explore the impact of the introduction of an oral nutrition protocol on catheter-related bloodstream infection (CRBSI) incidence. Besides, length of stay and parenteral nutrition (PN) associated costs were compared.

Materials and methods In this large retrospective case-control study, before (PN group) and after the implementation of the oral nutrition protocol (since March 2010), two cohorts of 549 patients who underwent an elective RC were included. A central venous catheter was present in every patient, which is standard of care. The incidence of a CRBSI, the length of stay and PN associated costs were compared.

Results In both the control (June 2000–March 2010) and the case (March 2010–December 2017) group, an equal number of 549 patients were included. CRBSI was reduced from 22 (4%) to 10 (1.8%) (p=0.031).

The median length of stay between both groups, 20 [17 – 25] days before vs. 17 [14 – 21] days after the implementation of the oral nutrition protocol, also differed significantly (p<0.001).

Implementing the oral nutrition protocol resulted in a parenteral nutrition associated cost saving of € 470 per patient.

Conclusion and relevance This large follow-up study showed that an oral nutrition protocol is associated with a reduction in CRBSI. Besides, postponing PN in favour of oral nutrition enhances recovery and is associated with cost savings. In conclusion, we believe that the clinically relevant results of our study are confirming that oral nutrition should be standard of care in elective regular RC patients.

MEDICATION SAFETY IN PATIENTS TREATED WITH ORAL ANTITUMOR AGENTS: A PROSPECTIVE, RANDOMISED INVESTIGATION TO IMPROVE PATIENT SAFETY AND WELL-BEING BY INTENSIFIED CLINICAL PHARMACEUTICAL/PHARMACOLOGICAL CARE

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10.1136/ejhpharm-2020-eahpconf.460

Background and importance During the last few years, prescription rates of oral anticancer drugs have increased rapidly. Because of the independent intake of these highly complex