Information to nurse care services was delivered by a pharmacy intern and a public health nurse after each insertion and during changes in dressings. Medical criteria (indications, complications, catheter operating times and removal reasons) and handling criteria (evaluation sheet by installers) were listed.

Results Mean age was 74 ± 15 years (G1) and 70 ± 17 years (G2). There were seven successful insertions and three failures due to venous access difficulties in G1; there were eight insertions in G2. Midlines were placed by anaesthetist (94% of cases) for antibiotic therapy or nutrition.

Median catheter use duration was 7 (2–24) days for G1 and 15.5 (1–65) days for G2. The reasons for withdrawal were: end of treatment (28.6% G1, 37.5% G2), accidental withdrawal by the patient (28.6% G1, 12.5% G2), thrombosis (14.3% G1), clogged catheter (12.5% G2), death (12.5% G2) and worsening of health (14.3% G1).

Positive opinions were expressed regarding the length of the catheter (100% G1 vs 33% G2) and ease of installation (86% G1 vs 67% G2). Comments were made for G1 (“rigid guide”) and for G2 (“complexity of handling a peel-away sheath”); 80% of installers who tested both devices preferred the Smartmidline.

Conclusion and relevance The various clinical situations and small number of patients made the medical criteria not relevant to make a choice. The handling criteria and practicality of the Smartmidline, as evaluated by caregivers, led to its recommendation. To secure its use, a hygiene protocol has been implemented in the hospital. To facilitate the interface between hospital and community carers, instructions for patients, doctors and pharmacists have to be reinforced.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

Section 3: Production and Compounding

3PC-001 COMPATIBILITY AND STABILITY ASSESSMENT OF A SODIUM GLYCEROPHOSPHATE FORMULATION MIXED IN BAGS FOR NEONATAL TOTAL PARENTERAL NUTRITION

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Background and importance At the end of 2018 there was a shortage and withdrawal from the market of D-fructose-1,6-diphosphate (Esafosfina), a phosphate source for the extemporaneous preparation of bags for neonatal total parenteral nutrition (TPN). Therefore, a solution of sodium glycerophosphate (Natriumglycerophosphat-Ampulle Fresenius) was imported from abroad. This solution is different because it contains L-malic acid as an excipient. No stability data on Natriumglycerophosphat-Ampulle Fresenius in TPN bags were found in the literature.

Aim and objectives To test the compatibility and stability of Natriumglycerophosphat-Ampulle Fresenius in TPN bags we prepared.

Material and methods Neonatal TPN formulations are customised: therefore, we identified three test formulations, with

varying concentrations of phosphate, calcium and magnesium (critical components), with and without lipids. Turbidity and pH controls were planned at appropriate time intervals (0, 24, 48, 72 and 96 hours after preparation) and under different storage conditions (room temperature, refrigerated and at 37°C). These controls were performed either with lipid free or with all in one formulations (all components, including lipids, are mixed in the same bag).

Results In lipid free formulations there was no formation of a precipitate at room temperature or under refrigerated conditions. The absorbance of the solutions at 600 nm (turbidity reading) remained below 0.010, which means no evidence of precipitation. There was precipitate formation under storage condition at 37°C (after 72 hours in test bags No1 and No2 and after 96 hours in bag No 3). The determining factors of the formation of this precipitate are alteration and degradation of the amino acids and the resulting pH reduction. In all in one formulations, we assessed stability with a microscope. Coalescence started in a bag 48 hours after preparation. Solution pH ranged from 5.5 to 6.5.

Conclusion and relevance Sodium glycerophosphate (Natriumglycerophosphat-Ampulle Fresenius) can be mixed with the usual components for neonatal TPN. In the test formulations there was no physical or chemical incompatibility. Lipid free formulations were stable for at least 96 hours. All in one formulations should be infused within 24 hours, especially if the amount of lipids is high.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

3PC-002 MICROBIOLOGICAL STABILITY TEST OF 15% TOPICAL RESORCINOL FOR QUALITY CONTROL

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Background and importance Hidradenitis suppurativa (HS) is an inflammatory skin disease that causes painful boils and abscess formation, especially localised in intertriginous areas. Resorcinol is a phenol derivate, and in topical self-treatment decreases the size and pain of HS lesions.

Topical 15% resorcinol is prepared as a pharmaceutical compound and there are no data in the current literature on the microbiological stability of formulations of topical resorcinol 15%. The European Pharmacopoeia (EP) established acceptance criteria (chapter 5.1.4) for microbiological quality control of the compound. Previous to the microbiological quality assay, the EP also established the necessity of a suitability test of the method.

Aim and objectives The objective of the study was to develop a microbiological growth assay to perform a microbiological stability test for quality control of this resorcinol formulation.

Material and methods The composition of the formulation of topical resorcinol 15% tested was: resorcinol 15 g, purified water 15 g, sodium metabisulfite 0.1 g and lanette base cream qs 100 g.

To determine the ability of microorganisms to grow in the formulation, several reference strains, according to the EP (chapters 2.6.12 and 2.6.13) were selected: *Pseudomonas*