Conclusion and relevance The development of age appropriate and acceptable paediatric dosage forms is a complex and challenging process, as it is necessary to consider children's acceptability and preferences for different formulations as well as the use of adequate excipients in this population. In our hospital, about one-third of the oral liquid preparations, the most adequate in paediatrics, are SP.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

3PC-051 CIRCUIT TO PREPARE AND CONDITION ORAL HAZARDOUS MEDICINES

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Background and importance Current recommendations from the National Institute for Occupational Safety and Health (NIOSH) require hospitals to ensure the safety of hospital workers when handling hazardous drugs (HD).

Aim and objectives To design a circuit to prepare and condition oral HD in a pharmacy service (PS).

Material and methods The HD included in the hospital documented by the NIOSH were selected, as well as those that due to their structure, mechanism of action and toxicity were similar to some HD or that some dangerous characteristic reflected in their data sheet.

Using Farmatools (electronic PS prescription) and electronic medical record programmes, the HD were identified by adding HD or HD-RR (if reproductive risk) to their description, and recommendations for their preparation and administration were incorporated in the file for each HD (this information was integrated into the nursing pharmacological activity sheet where they register the medication administered to patients).

Labels were designed to identify HD boxes in the PS.

The following 'observations on the dispensation' were defined and included in Farmatools:

Solid drugs: repackaged in blister, fractionated and repackaged in blister, dosed in capsule and repackaged in blister. Solid drugs administered by tube or for patients with swallowing problems: tablet packaged in syringe, crushed tablet and repackaged in syringe, powder repackaged in syringe, dosed and powder repackaged in syringe.

Liquid drugs: solution/suspension repackaged in syringe.

A guide was prepared for the administration by tube or for patients with swallowing problems (possibility of disintegrating or diluting in water, volume and time required, need to crush, etc).

Results Identification and recommendations from the computer programmes have allowed the location of the HD treatments in the PS to dispense them prepared, and nurses can differentiate them when necessary. With the pharmaceutical validation of the prescription, the most appropriate pharmaceutical forms were adapted and the corresponding observation was selected for each prescribed HD. Generating a 'treatment location list according to observations', which facilitates Farmatools, has allowed PS personnel to determine the relationship, pharmaceutical form and conditioning of the prescribed HD that have to be prepared.

Conclusion and relevance Changes in computer programmes have allowed the design of a circuit to prepare and condition oral HD and improve the safety of hospital workers.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

3PC-052 HAZARDOUS MEDICINES IN A PAEDIATRIC HOSPITAL

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Background and importance According to the European Commission, every year more than 20 million workers in Europe are exposed to carcinogenic, mutagenic, reprotoxic hazardous drugs, including cytotoxic drugs.

Aim and objectives To review the safety of handling hazardous drugs in our paediatric referral hospital, according to the national guidelines included in the 'technical document on hazardous medicines, preventive measures for their preparation and administration'(TDHM), published on 2016 by the Spanish National Institute for Safety and Hygiene at Work.

Material and methods Medicines included in our pharmacy formulary labelled as hazardous were identified, listed and classified into three groups according to the proposed model of the National Institute for Occupational Safety and Health (NIOSH). We categorised each group in two according to the route of administration (parenteral/oral). Those administered orally were divided according to their need for reconstitution or manipulation before administration. Also, we noted if drugs were currently prepared in the pharmacy department (PD).

Results (Figure 1).

Routes groups	1	2	3
Drugs	40	45	17
Parenteral administration	All prepared in PD*	9	11
		7 prepared in PD	8
		1 Bag ready to administer	2 2 bags ready to administer
		1 A. ampoule prepared out of PD due to the product stability *	5 B. prepared out of PD*
Oral administration	5	8	3
	All compounded as oral liquid formulations	5 Compounded as oral liquid formulations	C. All prepared out of PD*
		1 Reconstituted in PD*	
		2 D. reconstituted out of PD*	

Abstract 3PC-052 Figure 1

Conclusion and relevance After analysing our hazardous medicines handling protocols, we found that there is still room for improvement. We describe the actions planned for each drug group:

- Requesting compounded intravenous products to be stored in vials instead of ampoules would allow preparing them using enclosed systems.
- Regarding the five parenteral route group (three hazardous medicines currently prepared by nurses), three could be prepared in the PD and, for the remainder, an accurate handling protocol could be developed to ensure utilisation of the enclosed systems for their preparation.