The data collected included patient demographics, diagnosis and antifungal prescribed (dose, route, duration), appropriateness of the prescription, recommendations made and its rate of acceptance.

**Results** Sixty-four patients were included: 65.6% men, mean age 70.2 (SD 17.4) years, 4.6% allergic to beta-lactams and 17.2% from a nursing home. The most common diagnoses were community acquired pneumonia (17.2%), respiratory tract infections (15.6%) and urinary tract infections (15.6%); 84.4% of patients were hospitalised. The empirical antifungals most prescribed were meropenem (28.1%), levofloxacin (17.2%) and amoxicillin–clavulanic (15.6%).

In 84.4%, patients were asked for cultures before starting antibiotic therapy. Inappropriate prescriptions according to the protocol accounted for 48.4%. Of these, 45% were excessive (either on spectrum or dose), 32% were insufficient and 22% were given to patients that had no infection.

We made 80 recommendations: 41.0% to continue treatment, 18.6% to discontinue treatment, 18.6% to decrease the spectrum, 13.8% to increase the spectrum, 5.0% to change to oral route and 2.5% to decrease the dose. The acceptance rate was 93.8%.

**Conclusion and relevance** Even though a high ratio of prescriptions were considered inappropriate, a large percentage of the recommendations were accepted, which shows that our intervention was well received by the clinical staff. This could be explained by the involvement of a multidisciplinary group and direct interaction with physicians. Such an educational approach might be highly effective in improving future antibiotic prescriptions in the ED.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

**4CPS-056**

**PROPER USE OF ANTI FUNGALS: IMPLEMENTATION OF OPERATIONAL MULTIDISCIPLINARY TEAMS DEDICATED TO ANTI FUNGALS**

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**Background and importance** There is an urgent need to establish the proper systemic use of antifungals because of drug resistance and a limited therapeutic arsenal. In June 2018, we created two operational multidisciplinary teams, each comprising a pharmacy resident and an infectious diseases specialist. With prescription assistant software and a data gathering document, residents analysed and validated prescriptions daily. They reappraised each case with the infectious diseases specialist once a week.

**Aim and objectives** To produce a summarised report of the analyses on antifungal prescriptions. This report allowed us to measure the performance of the newly created operational multidisciplinary teams.

**Material and methods** All antifungal prescriptions given to adults, oral and intravenous, were analysed in a prospective way from 18 June 2018 to 1 March 2019. The data gathered were patient identity, antifungal prescriptions (molecule, start date, posology and administration route), antifungal indication, patient biological check-up, and clinical and biological proofs. For each prescription, we evaluated the relevance of the indication and the overall compliance with the prescription.

**Results** A total of 653 prescriptions were analysed for this study, relating to 383 patients. On average, residents analysed...