Background and importance Inappropriate use of drugs in elderly patients has health consequences for the patient and for the health system.

Aim and objectives The main objective was to review medication in older adults, especially potentially inappropriate medications (PIMs) using the screening tool of older persons’ prescriptions (STOPP). The secondary objective was to assess the possibility of detecting prescription errors by the pharmacist in community pharmacies and in primary care, through the use of the electronic prescription.

Material and methods A descriptive cross-sectional study was conducted at a tertiary hospital. We included patients aged over 75 years who have been admitted as inpatients to an internal medicine department for 60 days. Study variables were: age, sex, prescription drugs to hospital discharge, electronic prescriptions and PIMs according to the STOPP criteria (2014).

Results 55 patients were selected, with an average age of 84.47 ± 4.96 years and a male/female ratio of 0.89. 437 prescriptions were analysed. Regarding the number of prescribed drugs per patient: 27.27% (n=15) patients were prescribed 0–4 drugs; 41.82% (n=23) 5–9 drugs; and 30.91% (n=17) ≥10 drugs. Analysing PIMs according to the STOPP criteria (2014): 187 PIMs (42.79%) were detected. 163 PIMs (87.17%) could be detected by electronic prescriptions. In the group of patients with 0–4 prescribed drugs, 19.25% (n=9) patients were prescribed 0–4 drugs; 41.82% (n=23) 5–9 drugs; and 30.91% (n=17) ≥10 drugs. The most common PIMs were: concomitant administration of two drugs of the same class 14, 97% (n=28); and any medication prescribed longer than that indicated 12.29% (n=23).

Conclusion and relevance The results of the study showed a significant number of PPIs and a profile of polymedicated patients (≥5 prescribed drugs), associating polypharmacy with an increase in the number of PIMs. Therefore, there is a need to analyse and correct inappropriate medications and discrepancies in medical prescriptions to hospital discharge in our elderly patients. For this, the hospital pharmacist is a key element. In addition, the intervention of pharmacists from pharmacies and health centres who can verify the electronic prescription is possible and can make an important contribution.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest.
Background and importance The introduction of the pharmacy based central intravenous additive service (CIVAS) enabled the batches production of ready-to-administer, non-hazardous intravenous drugs by using the robotic system APOTECAunit. The clinical benefits in terms of a higher quality aseptic process, reduced medication errors and increased quality control testing have been demonstrated.

Aim and objectives The aim of the study was to evaluate the impact of the fully automated CIVAS on the working efficiency of the wards by measuring the time saved in daily nursing practice.

Material and methods The study was conducted over 3 months with data collected before and after introducing the CIVAS. Overall, three wards were analysed: inpatient haematology (IH), cardiac surgical (CS) and infectious diseases (ID). The nursing staff was observed daily for 4 weeks. Different direct activities (procurement of drugs and medical devices, including direct activities (intravenous drug preparation) and indirect activities associated with the following intravenous drugs supplied per ward: thasone, the average working time spent on managing intravenous drugs was calculated per full-time equivalent (FTE), and 15% from drug interactions. Hydroxychloroquine was the most frequently involved drug, probably because of the limited experience and wide spectrum of interactions, followed by antimicrobials such as ceftriaxone and azithromycin, used widely in respiratory tract infections.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest

4CPS-385 IMPACT OF FULLY AUTOMATISED CENTRAL INTRAVENOUS ADDITIVE SERVICE (CIVAS) ON DAILY NURSING PRACTICE
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Background and importance In a third level hospital, a new telematics pharmaceutical care consulting programme was implemented with later delivery of medication from the outpatient unit of our hospital to a specialty medical centre.

Aim and objectives To analyse the implementation of the new programme and to evaluate the satisfaction of the patients.

Material and methods A descriptive retrospective study was conducted from May 2019 to April 2020. An action protocol was developed which included: inclusion criteria, telematics pharmaceutical care consultation and a method for preparing and sending the medication. An external courier service was hired, with direct delivery and integrated into a platform (patients, treatment and traceability). Incidents were recorded: medication collection, preparation of the medication and teleconsulting. We developed a survey to evaluate patient satisfaction (11 questions evaluated on a numerical scale from 1 to 5. It included the evaluation of the dispensing process (15 points), the teleconsultation (20) and the general project (20), with a maximum score of 55 points). We collected data on: the person to whom it was performed, demographic variables, time spent collecting the medication and treatment.

Results Up to April 2020, 80 patients were included. Incidents included: 4.44% of medication collection, 2.09% of preparation of medication and 0.26% of teleconsultations. The satisfaction survey was carried out on 70 patients (27.1% of persons authorised to collect the medication), average age 51.5±17.8 years, 57.1% men. 51.4% were working, 4.3% were studying, 40% were retired and 4.3% were unemployed. 82.5% lived in the same town as the specialty medical centre and 17.5% in nearby towns. 57.1% had been attending our hospital for more than 5 years. 68.6% were biological drugs, 7.1% drugs for multiple sclerosis, 5.7% antibacterials, 4.3% growth hormones, 2.8% antivirals and 11.5% others. Satisfaction was rated with an average of 14.6 points for the dispensing process, 19.4 for the teleconsultation and 19.7 for the overall project, with a total of 53.7 points.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest