Abstract 5PSQ-209 Table 1

Anticholinergic scale	Patients with AB	Mean AB score	Mean anticholinergic risk
Anticholinergic cognitive burden scale	62.8% (n=98)	2.1	Medium
Anticholinergic risk scale	32.1% (n=50)	1.8	Medium
Chew's list	51.9% (n=81)	2.1	Medium-low
Anticholinergic drug scale	55.1% (n=86)	2.4	Medium
Anticholinergic activity scale	50.6% (n=79)	2.6	Medium
Anticholinergic load scale	54.5% (n=85)	1.8	Medium-low
Clinician rated anticholinergic scale	51.3% (n=80)	1.9	Medium
Duran's scale	54.5% (n=85)	1.9	Medium
Anticholinergic burden classification	41.0% (n=64)	3.7	High
Drug burden index	72.4% (n=113)	1.2	High-medium

Conclusion and relevance Patients included were heavily poly-medicated, often with drugs with anticholinergic activity.

Most anticholinergic scales estimated at least a medium anticholinergic risk, predicting a relatively high risk for anticholinergic adverse events. This work highlights the differences in anticholinergic scales when estimating the anticholinergic risk and its capacity to recognise this risk in the studied population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-210

RETROSPECTIVE EVALUATION OF THE DOCUMENTATION OF ALLERGIC AND IDIOSYNCRATIC ADVERSE DRUG REACTIONS IN THE CONTEXT OF THE REQUIREMENTS CONCERNING A CLINICAL DECISION SUPPORT SYSTEM

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Background and importance Allergies should be visible on all patient specific pages or screens of the electronic medical record in the hospital information system. The computerised physician order entry system must have a tiered severity rating for allergies based on the patient's reaction to the drug. Limiting alert fatigue from drug intolerances that are not true allergies and providing clear warnings to staff during medication order entry is crucial for a clinical decision support system (CDSS).

Aim and objectives This study analysed the current practice of documentation of information associated with allergic or idiosyncratic adverse drug reactions (ADRs) in patients admitted to the department of dermatology in order to improve documentation of allergy information and establish a CDSS. The secondary objective was to examine the adherence of follow-up appointments for verification of potential ADRs to improve organisational procedures.

Material and methods Medical reports and entries from patients admitted to the department of dermatology over 4

years due to an ADR were retrospectively reviewed. 611 were considered eligible. A subpopulation of 190 ADR related cases was reviewed to examine adherence to follow-up appointments.

Results In 23.2% (n=142) of patients, the documentation was incomplete: in 1.6% (n=10) the tested alternative drug was not entered, in 5.6% (n=34) the verified allergy/intolerance was not documented and in 16% (n=98) both were missing. In 28.8% (n=90), when patients got a permanent allergy pass a corresponding entry was made with the brand name and not with the international non-proprietary name. In 53 (27.9%) of 190 cases, patients with follow-up appointment recommendations did not keep their appointment at the department of dermatology's outpatient clinic to verify the concern. If patients had to arrange the appointment on their own (n=51), 49.0% (n=25) did not keep their appointment. Only patients with follow-up in the allergy unit of the department were documented completely in the drug allergy/intolerance field.

Conclusion and relevance Any patient's allergy information entered into the information technology system must be accurate to allow for clinical decision support screening. Both potential and verified ADRs should be documented, but they must be clearly distinguishable. Fixed appointments improve adherence of follow-up appointments for verification of potential ADRs.

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5PSQ-211

MEDICATION ERRORS RELATING TO SIMILAR OR MISLEADING MANUFACTURER SPECIFIC DRUG PACKAGING AND LABELLING

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Background and importance Pharmaceutical packaging is often associated with medication errors. The so-called 'lookalikes' and 'soundalikes' are especially challenging. While some countries have already tackled this problem and introduced appropriate legislation, no initiatives have yet been taken in Austria.

Aim and objectives This study aimed to analyse the pharmaceutical packaging of the university hospital pharmacy's product portfolio for similar or misleading manufacturer specific drug packaging and labelling to determine whether there are security gaps in this regard.

Material and methods The recommendations of the 'soundalike-lookalike' (SaLa) working group founded by Swiss hospital pharmacists were used as criteria. Also, cases of near misses reported in CIRSmedical.at were evaluated.

Results 1139 secondary and 1102 primary packaging for solid oral preparations, and 474 secondary and 653 primary packaging for parenteral preparations were assessed. The main risks were in the primary packaging of parenteral products, such as no ink used to increase security (76.4%), missing specification of the total amount of active substance (32.6%) and concentration per volume (30.3%) or multiple concentration indications (16.5%). Of a total of 522 reports on CIRSmedical, 35 were relevant for the evaluation. CIRSmedical's