

5PSQ-218 HAEMORRHAGIC TRANSFORMATION AFTER MECHANICAL THROMBECTOMY ISCHAEMIC STROKE MANAGEMENT: OVERVIEW OF MEDICAL DEVICE VIGILANCE DECLARATIONS

R Arquevaux, C Polo, YE Nisse*, C Jacob, C Jolly, B Demore. *University Hospital of Nancy-Chru Nancy, Pharmacy, Nancy, France*

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Background and importance There are two techniques for ischaemic stroke (IS) management: intravenous thrombolysis (IVT) and mechanical thrombectomy (MT). Haemorrhagic transformation (HT) is a complication occurring in 30–40% of patients. A pharmacovigilance (PV) and/or medical device vigilance (MDV) report should be done if this side effect potentially involves drugs or medical devices.

Aim and objectives To assess the percentage of HT after IS management with MT; to evaluate declarations of MDV following HT post-MT; and to draw a flowchart to help healthcare professionals better report side effects after IS management.

Material and methods A retrospective study was done from May to July 2020 involving patients with MT after IS. Demographic data, clinical data and management techniques were collected. Then, a flowchart was drawn with Microsoft Visio software.

Results Over the study period, 31 patients were included (sex ratio 1.07, mean age 68 ± 10 years and mean BMI 25 ± 4.42 kg/m²). 29/31 patients had at least one risk factor to present a HT post-MT. The percentage of HT post-MT was about 39% (12/31): 5 HT post-MT only and 7 HT post-MT+IVT. All of these patients had at least one risk factor for HT. 4/5 HT post-MT only were reported in PV and 0 in MDV, and 3/7 HT post-MT+IVT were reported in PV and 0 in MDV. According to French law, 12 patients should have been reported in MDV and 5 in PV. The four patients who received MT only should not have been reported in PV because no drug was involved in the occurrence of the side effect. A flowchart to allow better reporting has been developed.

Conclusion and relevance The percentage of HT post-MT was similar to that in the literature. HT is difficult to assess and may be the result of IVT or MT, the natural history of stroke or influenced by risk factors. The number of reports done in MDV and PV after IS management post-HT was identified. There was a low rate of reports of side effects and some were reported to the wrong vigilance scheme. A flowchart was drawn to guide declarants. It will be validated and distributed in the hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-219 THE ROLE OF THE HOSPITAL PHARMACIST IN MONITORING DRUGS AND MEDICATIONS PRESCRIPTION IN THE HOME CARE SERVICE: A GUARANTEE OF APPROPRIATENESS

C Marella*, C Malpangotto, D Pezzella, M Giolito, A Martino, C Rasca, M Massa. *ASL Vercelli-Ospedale Sant'andrea, Hospital Pharmacy, Vercelli, Italy*

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Background and importance Among the skills of the NHS pharmacist, monitoring of medical prescriptions in terms of correctness and appropriateness is essential. Concerning home care services in Vercelli, family doctors visit patients at home once a week and require drugs and medications directly from the hospital pharmacy to guarantee a fast supply, more control and management of correctness and appropriateness.

Aim and objectives Referring to national regulations, the hospital pharmacy of Vercelli launched a programme of controls to ensure correct prescribing behaviour by family doctors for patients for the at home care service (ADI) to identify prescriptive anomalies and guarantee a correct and appropriate drug supply to patients.

Material and methods Pharmacists collected prescriptions drawn up by family doctors on a specific form and received between 1 July 2020 and 30 September 2020. Using a database, we registered and analysed the appropriateness of prescriptions in terms of posology, existence of any therapeutic plans for particular drugs, quantity required in each request to be coherent with the hospital protocol (maximum 30 days), presence of required drugs in the PTA (pharmaceutical formulary), and the patient's and doctor's individual data to be complete and readable.

Results For 623 prescriptions received, 58 (9.23%) resulted in at least one prescriptive anomaly: in 44 prescriptions the posology was not indicated, in 15 prescriptions the quantity of drug required exceeded 30 days of therapy, 8 prescriptions contained drugs not in the pharmaceutical hospital formulary and 6 prescriptions presented other types of anomalies (doctor/patient not identifiable, any indication of quantity required, unreadable drug, etc). During UCAD (District Activity Coordination Office) meetings with family doctors, pharmacists presented the results obtained, asking them to correct their prescribing behaviour. Doctors who reiterated their mistakes in different requests were contacted directly to discuss individual cases.

Conclusion and relevance While wanting to analyse the prescriptions in a similar period of time (next 3 months), the results obtained in the first 2 weeks of October (85 correct prescriptions out of 86 received) showed how the intervention of hospital pharmacists, in collaboration with the professionals involved in patient care, can lead to an improvement in prescribing behaviour, to protect the patient's health, the appropriateness of the use of drugs and the management of resources.

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5PSQ-220 DISCREPANCIES BETWEEN PRESCRIPTION AND DISPENSING OF MEDICATION IN AUTOMATIC DISPENSING CABINET

¹E Prado-Mel*, ²H Rodríguez-Ramallo, ²C Gonzalez-Florencia. ¹Hospital Universitario Virgen Del Rocío, Pharmacy Service, Seville, Spain; ²Virgen Del Rocío University Hospital, Pharmacy Service, Seville, Spain

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Background and importance Automatic dispensing cabinets (ADCs) allow us to trace medications dispensed by patients. This also detects areas of improvement in the quality of care.