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 health-care 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.

Aim and objectives To analyse discrepancies between prescription and dispensing of medications, investigate influencing factors and design areas for improvement.

Material and methods A cross sectional, descriptive, observational, retrospective study was conducted of prescriptions and dispensations through ADCs. 60 treatments for patients admitted on 8 July 2019 were randomised. Those who had surgery for that day or were discharged were excluded. The following variables were collected: number of prescribed medications, and number of parenteral and oral medications prescribed. Medications with conditional posology and multidose presentations were excluded from the analysis. The prescriptions and dispensations of each patient were reviewed. Discrepancy was defined when the number of units dispensed by medication were different from the number of units prescribed in 24 hours. Three variables were defined: total discrepancies, by default and by excess. A treatment complexity index (ICT) was calculated that took into account the number of prescribed medications (score 1 (0–4), 2 (≥ 5 –9), 3 (≥ 10 –14), 4 (≥ 15)), the dosage (1 point for each prescribed medication every 24 hours, 2 points every 12 hours, 3 points every 8 hours and 4 every 6 hours) and the administration route (1 point—only oral medication, 2 points—only parenteral medication and 3 points—both routes of administration). The index was the sum of the three sections. The ICT was related to the discrepancies detected by Pearson's correlation. The data were extracted from the ATHOS prescription programme and the ADCs Dosys Software. Data were analysed with SSPS.V.20.

Results 40 treatments were reviewed. 68 discrepancies were found; 59 by default and 15 by excess. 30% of the treatments did not present discrepancies, 45% between 1 and 2, 20% between 3 and 4 and 5% ≥ 5 . 35% of the treatments presented an ICT between 1 and 14 (low), 60% between 15 and 28 (medium) and 5% > 29 (high). Correlation between ICT and total discrepancies was statistically significant ($r=0.614$, $p<0.01$).

Conclusion and relevance The discrepancy rate was high. The traceability of ADCs allowed us to identify areas for improvement. ICT can help identify those with the highest risk of discrepancies and establish measures to correct them.

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5PSQ-221 SAFETY PROFILE OF EXPERIMENTAL THERAPIES USED IN THE COVID-19 PANDEMIC BASED ON DATA FROM THE NATIONAL MINIMUM DATA SET

¹J Oterino Moreira*, ¹S Sanz Marquez, ¹L Carrasco Piernaveja, ¹E Zhan Zhou, ¹JJ Martínez Simón, ¹I Salvador Llana, ²S Lorenzo Martínez, ²MDC Morales Catalan, ¹I Plo Seco, ¹P Roldán Navarro, ¹M Pérez Encinas. ¹Hospital Universitario Fundación Alcorcon, Hospital Pharmacist, Alcorcon, Spain; ²Hospital Universitario Fundación Alcorcon, Quality Assurance, Alcorcon, Spain

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Background and importance In response to the COVID-19 pandemic, scientific societies and regulatory agencies quickly reviewed any available evidence to fill the therapeutic gap. In this context, many drugs were used with an uncertain benefit-risk profile that needs to be evaluated.

Aim and objectives To analyse the safety profile of experimental therapies that were used at the beginning of the COVID-19 pandemic.

Material and methods A retrospective observational study was conducted to analyse the safety profile of anti-COVID therapy accessible according to the protocols that were approved. Patients admitted with a COVID-19 diagnosis between March and May 2020 who had an adverse event (AE) coded in the discharge/death medical report were obtained from the National Minimum Data Set. The suspected drug was identified based on previous information. Those with AEs attributed to anti-COVID therapy were selected. The causal relationship was evaluated using Naranjo's algorithm (NA).

Results 141 AEs were coded in 105 patients admitted with a diagnosis of COVID-19. 60.3% were attributed to anti-COVID therapy in 66 patients with a median age of 72 years (95% CI 68 to 76), 62.1% men (37.9% women). AE severity was: 63.5% mild, 29.4% moderate and 7.1% severe. 23.5% of AEs did not require intervention, 37.6% required pharmacological treatment, 35.3% suspension of the drug, 2.4% close monitoring and 1.2% dose reduction.

Abstract 5PSQ-221 Table 1

AE	n (%)	Suspected drug	n	NA median (min–max)	Causal relationship
Gastrointestinal disorders	27 (31.8%)	Lopinavir/ritonavir	26	6 (3–7)	Probable
		Codeine	1	6 (6–6)	Probable
Blood glucose disorders	23 (27.0%)	Glucocorticoid	20	5 (3–7)	Probable
		Insulin	3	6 (3–3)	Probable
Hypertransaminaemia	15 (17.6%)	Azithromycin	6	5 (3–5)	Probable
		Lopinavir/ritonavir	3	4 (4–4)	Possible
		Hydroxychloroquine	3	3 (3–5)	Possible
		Interferon beta-1a	3	3 (3–3)	Possible
Anaemia/thrombopenia	5 (5.9%)	Heparin	3	9 (8–9)	Definite
		Tocilizumab	2	6 (6–6)	Probable
		Hydroxychloroquine	1	6 (6–6)	Probable
Skin disorders	4 (4.7%)	Interferon beta-1a	1	6 (6–6)	Probable
		Penicillin	1	6 (6–6)	Probable
		Contrast agent	1	6 (6–6)	Probable
Cardiac disorders	4 (4.7%)	Hydroxychloroquine	4	4 (3–4)	Possible
Metabolism disorders	4 (4.7%)	Lopinavir/ritonavir	3	6 (3–6)	Probable
Renal failure	2 (2.4%)	Contrast agent	2	3 (3–3)	Possible
Fever	1 (1.2%)	Interferon beta-1a	1	6 (6–6)	Probable

Conclusion and relevance NA established a probable drug–AE causal relationship for most events. Most AEs were moderate to mild in severity but 75% required medical intervention. Consequently, it is important to know the AE–drug relationship to ensure a favourable benefit–risk profile, especially for experimental therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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