

3MPP is a useful treatment option for patients who are adequately treated with the 1 monthly formulation of paliperidone palmitate (PP) but who may benefit from longer dosing intervals.

**Aim and objectives** To assess the appropriateness of 3MPP prescriptions and the effectiveness of treatment in our centre.

**Material and methods** This was an observational retrospective study of patients with a 3MPP prescription between January 2018 and July 2020. The variables used to evaluate appropriateness were the number of switches from PP to 3MPP, dosage and administration time. Effectiveness was evaluated by recording treatment interruptions, dose variations and switch back to PP. Data were extracted from an administrative database and collected in Excel.

**Results** 38 patients were included, 23 men (60.5%), with a mean age of  $50 \pm 14$  years. The dosages of 3MPP were: 175 mg in 5 patients (13.2%), 263 mg in 6 (15.8%), 350 mg in 18 (47.4%) and 525 mg in 9 (23.7%). In 30 patients (78.9%), the 3MPP prescription was appropriate. The number of switches was 35/38 (92.1%): 3 patients received a first prescription of 3MPP without a previous prescription of antipsychotic depot drugs from our centre. An appropriate dosage was selected in 33/35 patients (94.3%): 1 patient switched from PP 100 mg to 3MPP 263 mg and another from PP 150 mg to 3MPP 263 mg. An appropriate administration time was selected in 35/38 patients (92.1%): 1 patient took the drug every 4 months and two patients received only one administration of 3MPP. In total, six patients interrupted treatment (3 in 2019; 3 in 2020). Dose variation of 3MPP during treatment occurred in 2 patients: 1 switched from 3MPP 350 mg to 525 mg and the other from 3MPP 263 mg to 350 mg. Two patients returned to treatment with PP.

**Conclusion and relevance** Most of the 3MPP prescriptions were appropriate. This treatment has been shown to be effective in this setting where clinical diagnosis and therapeutic choice are not simple and medication adherence is a clinical challenge. The intervention of the pharmacist by auditing prescriptions is important to further increase appropriate treatments in these patients.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

### 4CPS-345 MANAGEMENT OF BRONCHIOLITIS IN HOSPITALISED CHILDREN

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10.1136/ejhp-harm-2021-eahpconf.177

**Background and importance** Bronchiolitis is a common cause of hospitalisation in infants. Clinical guideline recommendations are based on supportive treatment. Pharmacological treatment is reserved for severe cases

**Aim and objectives** To analyse the prescription of recommended drugs used for the treatment of bronchiolitis in bronchiolitis patients under the care of the paediatric service (PS).

**Material and methods** A retrospective observational study was conducted in a regional hospital. We selected drugs recommended by paediatrics guidelines. Bronchiolitis inpatients with any of these drugs prescribed by the PS during January

2020 were included. Data collected were: demographics, length of admission, respiratory syncytial virus (RSV) test results, bronchiolitis treatment, oxygen therapy, oxygen saturation, respiratory rate, wheezing, accessory muscles use and antibiotic therapy. Bronchiolitis treatment was classified according to its therapeutic activity: bronchodilators: epinephrine, salbutamol, and ipratropium; glucocorticoids: methylprednisolone and prednisolone; and hypertonic serum (SH). Patients were classified according to the Wood-Downes severity scale (WDS) and the prescribed treatment. The data were collected from the electronic prescription programme and digital medical records.

**Results** 48 patients were included, 25 (52%) females, mean age 3 months (0.77–11). Average stay was 4 days (1–7). 34 (70%) patients were positive for RSV and 2 (5%) were also positive for influenza A virus. Patients classified according to the WDS scale and mean number of drugs during admission were: patients with a mild condition 8 (16%), 2.25 drugs; patients with a moderate condition 23 (47%), 2.08 drugs; and patients with a severe condition 17 (35%), 2.64 drugs. Drugs during admission for all patients included: 3 (6%) patients were treated with palivizumab previously, 2 in the previous season and 1 in the current season; 6 (12%) were treated with antibiotic therapy alone or in combination (6 (100%) clavulanic amoxicillin, 3 (50%) ampicillin, 1 (2%) cloxacillin and 1 (2%) cefotaxime); 46 (95%) patients were treated with SH; 35 (73%) with adrenaline; 18 (37%) with salbutamol; and 14 (29%) with corticosteroid therapy. 35 (73%) inpatients received oxygen therapy during admission and the mean PO<sub>2</sub> on admission for these patients was 94%. Mean PO<sub>2</sub> at admission for patients who did not receive oxygen therapy was 96%.

**Conclusion and relevance** There were no differences between patient severity and number of prescribed drugs. The study highlighted the prescriptions of salbutamol and adrenaline despite the limited evidence of use in bronchiolitis. In our study, oxygen therapy was applied when oxygen saturations were above recommendations. The treatment used in bronchiolitis should be reviewed, promoting a rational use of the drug and therapies based on evidence, avoiding over medication.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

### 4CPS-346 EVALUATION OF THE IMPLEMENTATION OF 'INHALER INTERVIEWS' DURING MEDICATION RECONCILIATION IN THE PNEUMOLOGY SERVICE

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10.1136/ejhp-harm-2021-eahpconf.178

**Background and importance** At the request of the pneumology specialists, we managed to set up medication reconciliation in the service. Taking advantage of this new activity, we proposed to evaluate patients' ability to use their inhalers.

**Aim and objectives** The objectives were to promote the correct use of inhalation devices and to ensure proper patient management.

**Material and methods** An initial work consisted of making an inventory of the inhalation devices. The Zéphir guide, a video tutorial on the use of inhalers, set up by the Société de Pneumologie de Langue Française (SPLF), enabled us to acquire the right gestures. In collaboration with the pneumologists, we determined the eligibility criteria for medication reconciliation by prioritising patients with COPD or asthma. During the intake interview, the RQESR 2019 (Quebec Respiratory Health Education Network) checklist for the use of inhalation devices allowed us to evaluate the patient's control of aerosol use. Interviews were carried out by the pharmacy intern.

**Results** In 2.5 months, we assessed 65 patients with an average age of 65.6 years. 49.2% of the patients had more than one inhaler at home. The average length of the patient interviews was 12.4 min. The shortest interview needed for mastering device use lasted 5 min whereas the longest, when extensive training was required, lasted 25 minutes. In 85% of patients, device use was compliant. Training was therefore offered to 15% of patients using a demonstration kit which was traced in the patient file. The positive points of this new activity were the multidisciplinary nature of the work carried out by healthcare professionals to help ensure the proper use of drugs, and detection and correction of device misuse. The limitations encountered were the difficulty in obtaining the devices and time required to receive them.

**Conclusion and relevance** Implementation of this activity has been gradual (training, development of medication reconciliation, research into new monitoring indicators). This work has also made it possible to carry out a more in-depth reflection, within the medical and pharmaceutical teams, with a view to optimising the range of inhalers and proposing user friendly devices or those not requiring hand-lung coordination.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

#### 4CPS-347 CLINICAL TRIAL DRUGS: DISPENSING OPTIMISATION FOR OUTPATIENTS OF A CANCER CENTRE

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10.1136/ejhpharm-2021-eahpconf.179

**Background and importance** According to national legislation, some medications are not available from the community pharmacy but only from the hospital pharmacy. Among these treatments are clinical trial drugs or investigational products. Pharmacists are expected to ascertain that patients or caregivers have gained clear and complete information. Our hospital has more than 600 beds and more than 7000 outpatients visiting a year; 70% are clinical trial outpatients.

**Aim and objectives** The objective of this study was to assess patient knowledge and counselling during dispensing of clinical trial products to improve clinical trial outpatient care.

**Material and methods** Outpatients receiving their medication from our hospital pharmacy participated in this study. An anonymous questionnaire regarding outpatient care was distributed to them. We focused in this study on clinical trial patient answers. The impact/effort matrix, a decision making tool based on the level of effort required and the potential impact

or benefits we will have, was used to determine the solutions to improve the situation. The study was conducted from February to June 2020

**Results** This study included 61 outpatients treated for cancer; 41 patients (68%) were treated with clinical trial drugs. 15% (9/61) were unaware of the product's status. One patient did not know about his inclusion in a clinical trial. Among the 41 clinical trial patients, 83% (34 patients) said that they never received an explanation about the clinical trial circuit and treatment dispensing. 95% (39/41) patients would like more support, such as posters, videos and more communication.

**Conclusion and relevance** This study showed that outpatients can be misinformed about their treatment, and that there was a lack of support for the patient. To improve this situation, firstly, we created a video to illustrate and explain what a clinical trial is and the course of the clinical trial patient. This video will be broadcast on TV in the waiting room. This solution is the easiest and fastest option to set up. An evaluation of the optimised service is planned in the near future.

The second step will be delivering clinical trial drug counselling.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

#### 4CPS-348 THE HOSPITAL PHARMACY IN THE CREATION OF CLEAN CIRCUITS IN THE FACE OF COVID-19

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10.1136/ejhpharm-2021-eahpconf.180

**Background and importance** The SARS-CoV-2 health crisis unleashed in Spain in March 2020 forced hospitals to urgently reorganise and adapt in an unprecedented way. One of the strategies carried out was the establishment of 'clean' circuits and hospitals from SARS-CoV-2.

**Aim and objectives** To describe the organisational changes of a pharmacy service of a SARS-CoV-2 'clean' hospital and to measure their impact.

**Material and methods** The study was carried out in an 86 bed hospital (non-COVID-19 use) dependent on a 652 bed university hospital (with care for COVID-19 patients), located in a different location, from 11 March, when the WHO declared the pandemic, to 21 June 2020, ending the state of alarm. The activity was compared with the same period in the previous year. Outpatient pharmaceutical care unit (OPCU) patient surveys were conducted to measure impact. The staff was temporarily reinforced with a specialist in the hospital pharmacy.

**Results** The following implementations were carried out:

- Opening of OPCU, with 886 dispensations to 448 patients, compared with 34 dispensations to 9 patients the previous year. 60 surveys were conducted, where 60% of patients expressed that had they had to travel to their usual hospital during the pandemic, they would not have collected their medication. Furthermore, 93% of patients said they felt safe in their visit to the new OPCU. Satisfaction evaluation was excellent (average 10/10).