Aim and objectives To study the nationwide treatment policies of therapeutically dosed LMWHs in renal impairment in hospitals.

Material and methods An 11-item survey was distributed to clinical pharmacists nationwide between June 2020 and March 2021. Primary outcome was the hospital dosing regimen for therapeutically dosed LMWHs in renally impaired patients. Secondary outcomes were the proportion of hospitals that used anti-Xa monitoring and the anti-Xa target range used. Descriptive statistics were used to analyse the data.

Results The survey was completed by 56 of the 69 (81%) hospital organisations nationwide. Of the included hospitals, 91% applied a fixed-dose reduction at the start of the LMWH treatment in renally impaired patients (71% reduced if estimated glomerular filtration rate (eGFR) <50 mL/min and 20% if eGFR <30 mL/min). The majority (64%) of hospitals applied a dose reduction of 25% if eGFR 30–50 mL/min and of 50% if eGFR is <30 mL/min. Anti-Xa levels were not routinely monitored in renally impaired patients in 43% of hospitals, while 20% of hospitals monitored anti-Xa if eGFR <50 mL/min, 25% if eGFR <30 mL/min and 12% with other eGFR cut-off values. Target ranges of 1.0–2.0 IU/mL (once-daily dosing) and 0.5/0.6–1.0 IU/mL (twice-daily dosing) were used in 69% of hospitals that monitored anti-Xa.

The most commonly applied treatment regimen was dose reduction if eGFR <50 mL/min without anti-Xa monitoring, regardless of the type of LMWH.

Conclusion and relevance This study demonstrates substantial nationwide diversity in the treatment policies of therapeutically dosed LMWHs in renal impairment in hospitals. The most commonly used treatment regimen in hospitals is to apply a fixed dose reduction if eGFR <50 mL/min, without anti-Xa monitoring. This treatment regimen is not yet described in LMWH treatment guidelines in renally impaired patients and should be explored in future research.

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

5PSQ-008 ASSESSMENT OF PATIENT-CONTROLLED ANALGESIA (PCA) PRACTICES IN A PUBLIC HOSPITAL
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Background and importance PCA pumps help patients manage their pain by guaranteeing them autonomy, while lightening nursing workload. In this context, the prescriptions must contain the information necessary for secure programming (background dose, bolus, inter-dose, etc.) leaving no possibility for interpretation. This project was founded in response to repeated adverse event reports concerning patient-controlled analgesia (PCA) (8 reports between 2017 and 2020 with a majority of overdoses requiring care).

Aim and objectives An assessment of the prescription and monitoring of PCA is carried out with the aim of having a database in order to standardise the method of prescription using a multidisciplinary working group.

Material and methods Information is collected through an interview of the health executive of each department using a semi-structured interview with stakeholders, cognitive interviews with future respondents, and a feasibility test. The novel MedHipPro-Q showed emerging validity and appeared feasible. It was able to identify problem areas that could be addressed by the planned clinical pharmacist intervention.

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Conflict of interest No conflict of interest