Conclusion and relevance Omeprazole is a well-tolerated drug, but when used for prolonged treatment it can cause serious problems, so its evaluation is decisive to correct a possible misuse of the drug. This analysis reveals that 45% of the center’s patients do not meet the appropriate criteria for the use of omeprazole.

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

Abstract 5PSQ-112 Table 1

**Abstract 5PSQ-112**

**HIDDEN HARM? ASSESSING MAGNITUDE AND COSTS OF INTRAVENOUS THERAPY ADMINISTRATION ERRORS VIA SMART PUMP REPORTS**

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**Background and importance** Most reviews of intravenous therapy administration error have been undertaken in critical care. In our study wireless pumps gave access to smart pump library log data from lower acuity areas of care such as oncology infusion centres, labour and delivery, and medical-surgical wards. Analysis of the magnitude and costs of errors in these areas has previously been lacking.

**Aim and objectives** To establish likely incidence of moderate and catastrophic intravenous therapy administration error via ‘good catch’ data in areas outside of critical care, to identify and classify the medications involved and to estimate likely costs of these errors.

**Material and methods** A review of 3,025,414 dose error reduction system protected infusions from adult units outside of critical care across the Middle East for the volume of averted dose/duration errors was undertaken, and a recognised grading of ‘moderate’ and ‘catastrophic’ was applied. Projected savings from errors prevented was assessed against current intensive care unit (ICU) bed and medical ward costs in the Gulf region and an average length of stay extension identified from the current literature.

**Results** Catastrophic errors averted would cost, conservatively, US$114,503 per 10,000 infusions delivered. The average 1000 bed hospital delivery = 750,000 infusions per annum.

**Conclusion and relevance** The study identified an incidence rate above those in many published studies; this may be because we ‘cast the net wider’ and because in the areas studied there was limited clinician experience of administration of some of the medications. Competency is difficult to maintain with limited exposure to a task. The presence of insulin, potassium preparations, and cytotoxics in our results is in line with other studies. The cost savings indicate the potential value of smart intravenous technology being deployed in every part of the hospital.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**


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**Abstract 5PSQ-116**

**MEDICATION-RELATED FOLLOW-UP OF OLDER PATIENTS AFTER HOSPITAL DISCHARGE: A MULTICENTRE RETROSPECTIVE CHART REVIEW**

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**Background and importance** The discharge of older hospitalised patients is critical in terms of patient safety, and is partly related to transfer of information about medications from hospitals to the next healthcare provider in primary care. There are to our knowledge no previous studies evaluating information transfer and follow-up, at patient discharge, in a setting where a shared electronic health record (EHR) is used.

**Aim and objectives** To evaluate the prevalence of patients for whom hospitals sent adequate requests for medication-related follow-up at hospital discharge, the proportion of patients revisiting hospital because of inadequate information and follow-up requests, and the possibility of an association between medication reviews performed during hospitalisation and inadequate follow-up requests.

**Material and methods** We conducted a retrospective chart review. The study population was randomly selected from a cluster-randomised crossover trial which included patients 65 years or older admitted to four hospitals during 2017–2018. Our study was conducted in regions using a shared electronic health record between hospital and primary care. Each patient assessed with respect to the adequacy of the request for follow-up. For patients with inadequate requests, data about unplanned hospital revisits were collected, and an assessment made whether the inadequate requests had contributed to the revisits. The association between medication reviews and inadequate requests was analysed with a Chi-square test.

**Results** A total of 699 patients were included. The patients’ mean age was 80 years; an average of 10 medications were prescribed on hospital admission. The hospitals sent adequate requests for 418 (60%) patients. Thirty-eight patients (14%) had a hospital revisit within 6 months of discharge related to