Conclusion and relevance Pharmacy services met the demand of the hospital and associated residences with increased activity. Despite the situation, residency in a crucial stage of professional training, therefore changes must be faced in order to find the best way to meet the goals.

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

4CPS-005 EVALUATING PHARMACEUTICAL LOGISTICS AUTOMATED TECHNOLOGIES IN THE HOSPITAL SETTING: A HEALTH TECHNOLOGY ASSESSMENT (HTA) APPROACH

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Background and importance Automation of hospital medication management demonstrated advantages to wards manual systems, especially in error reduction, improving patient safety and ensuring drugs' traceability. Despite the existence of literature on benefits, no multidimensional evidence on automation of hospital medication management is available.
Aim and objectives The study aimed to demonstrate the value of four scenarios of automated technologies' introduction, with a comprehensive health technology assessment (HTA) approach, comparing: (1) manual dispensing, (2) presence of only centralised automated systems in the hospital pharmacy, (3) presence of only decentralised automated systems in the wards and (4) integration of scenarios 2 and 3 into a full solution, with electronic prescription.
Material and methods The HTA involved 50 healthcare professionals (pharmacists, nurses, decision-makers and other professionals) in four European countries in 2021. After a structured literature review, the nine domains of the EunetHTA Core Model were deployed using validated questionnaires (with a seven-item Likert scale). Differences among groups and scenarios were studied by ANOVA test. All analyses were conducted considering a level of significance equal to 0.05 and were performed using IBM SPSS software (Version 22.0).
Results Results from the efficacy and safety questionnaires showed that the presence of automation resulted in a decrease in dispensing errors (1.75, 1.20, 1.88, 2.19, respectively, for scenarios 1, 2, 3, 4; p value = 0.000) and consequently in adverse events (–2.13, 1.18, 1.71, 2.46, respectively, for scenarios 1, 2, 3, 4; p value = 0.000), especially if associated with electronic prescribing, confirming the literature findings. A low organisational impact of automation was registered (–0.71, 0.50, 0.49, 0.63, respectively, for scenarios 1, 2, 3, 4) due to a trade-off between technological change efforts and efficiency beneficial effects in the first year.

Ethical and social dimension results demonstrated a positive impact of automation (–0.93, 0.72, 1.03, 1.23, respectively for scenarios 1, 2, 3, 4; p value = 0.000) on patients' perceived quality of life.

The impact on drugs thefts and the identification of responsibility in cases of legal controversies were the most appreciated legal items.
Conclusion and relevance In a literature dominated by safety evidence on automated solutions, a complete HTA approach demonstrates its validity in communicating and demonstrating multidimensional and multidisciplinary values of hospital automated dispensing solutions.

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

4CPS-006 EVALUATION STUDY OF THE CHANGE IN ADMINISTRATION TIMING OF FIXED COMBINATION: NETUPITANT AND PALONOSETRON IN ONCOHAEMATOLOGIC PATIENTS WITH HIGH DOSES OF CARBOPLATIN

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Background and importance Chemotherapy regimens with carboplatin AUC ≥4 should receive an antiemetic prophylaxis based on a triple combination of drugs. In our hospital this prophylaxis is netupitant with palonosetron (NEPA (300/0.5 mg); Akinzeo) and dexamethasone. NEPA is administered 1 hour before the chemotherapy session, so patients must take it at home before coming to hospital, with the difficulties of adherence that this implies. We evaluated shortening NEPA administration time and receiving the dose in the hospital 15 min before the chemotherapy.
Aim and objectives To evaluate the effectiveness, in terms of no acute and delayed chemotherapy-induced nausea and vomiting (CINV), of the change in administration timing of NEPA from 1 hour to 15 min before the chemotherapy.
Material and methods Single-centre, national, open-label study conducted on 129 patients from February to May 2021. The control group (NEPA 0) included ambulatory patients having NEPA + intravenous dexamethasone 1 hour and 30 min before chemotherapy, respectively. Experimental group (NEPA 1) had NEPA + intravenous dexamethasone 15 and 30 min

Abstract 4CPS-006 Table 1

	NEPA 0	NEPA 1	*P*
Acute phase			
Vomiting			
No (%)	80 (98.9)	47 (100)	1
Yes (%)	1 (2.3)	0 (0)	
Nausea			
No (%)	76 (93.8)	40 (85.1)	0.122
Yes (%)	5 (6.2)	7 (14.9)	
Delayed phase			
Vomiting			
No (%)	77 (100)	44 (93.6)	0.052
Yes (%)	0 (0)	3 (6.4)	
Nausea			
No (%)	64 (38.1)	38 (80.9)	0.7487
Yes (%)	13 (16.9)	9 (19.1)	

before chemotherapy, respectively. Patients completed the MASCC Antiemesis Tool (MAT) questionnaire 24 hours and 120 hours after the chemotherapy session, to measure acute and late CINV, respectively. Differences in the proportion of acute and delayed CINV between NEPA 0 and NEPA 1 were analysed using Chi-square test.

Results A total of 129 patients participated in the study: 82 patients received NEPA 0 and 47 patients NEPA 1 (Table 1). 66 (51.2%) were female with a mean age of 66.5 years. The most frequent diagnosis was lung cancer (n=83, 64.3%). No statistically significant differences (p value >0.05) were found in either acute or delayed CINV, so both treatments can be considered similar in terms of efficacy. 13 patients started in NEPA 0 and then moved to NEPA 1; the results of the intrapatient study showed that developing CINV is more related to personal features than to NEPA administration timing.

Conclusion and relevance The change of NEPA administration timing has showed similar effectivenessto the standard one. It has beneficial implications for patients, as it allows NEPA to be administered at onco-haematological day hospital before the chemotherapy session rather than having to be taken at home. Simplifying the antiemetic prophylaxis regimen for patients is expected to increase adherence while maintaining treatment effectiveness.

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

4CPS-008 THE ROLE OF THE PHARMACIST IN THE MANAGEMENT OF INTRAVENOUS FLUIDS AND ELECTROLYTES IN ADULT PATIENTS

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Background and importance Many patients in our hospitals require intravenous (IV) fluid therapy to avoid or address imbalances of either fluid and/or electrolyte balance. One in five patients who receive IV experience increased morbidity or complications relating to fluid administration. The National Institute of Clinical Excellence (NICE) recommend that fluid prescribing should be treated with the same consideration as that of medication, and that it is the responsibility of the multiprofessional team.

Aim and objectives To ascertain the current role of hospital pharmacists in the management of IV fluids and electrolytes.

To determine the advantages and limitations of existing training on IV fluids and electrolytes.

To explore potential roles for pharmacists in relation to the management of IV fluids and electrolytes.

Material and methods In July 2021 a pre-piloted 20-item questionnaire developed was emailed to all pharmacists working in secondary care in (n=739). A mix of multiple-choice, Likert-style as well as free-text questions were included. Descriptive statistics were used. Free-text comments were evaluated using thematic analysis.

Results A total of 198 pharmacists responded, representing a 27% response rate. Just over half the respondents had experience managing IV fluids (54%) but only 3% defined themselves as 'very experienced' in this area. Most respondents do not review IV fluids (71%). In relation to a desire to learn how to review IV fluids, 84% of respondents expressed a desire to learn, 7% were already actively learning and 9% felt no desire to learn this skill. Most respondents (65%) were not confident in their ability to support junior doctors in the prescribing of IV fluids; however, 65% of respondents completely agreed or agreed that the pharmacist has a role in the management of fluids at ward level, with 67% agreeing that the pharmacist has a role in the prescribing of IV electrolytes and 65% in the prescribing of IV fluids.

Conclusion and relevance Pharmacist respondents believe that pharmacists have a role in the management of IV fluids and electrolytes; however, most have identified a gap in their knowledge and skills. There is also a need to resource this additional task appropriately so that other roles of the pharmacist are not neglected.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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4CPS-011 ASSESSMENT OF KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING ANTIBIOTIC RECONSTITUTION AMONG HEALTHCARE PROFESSIONALS IN 12 SOUTHEASTERN EUROPEAN HOSPITALS: A MULTICENTRE CROSS-SECTIONAL STUDY

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Background and importance Preparation and administration of intravenous medicines, especially antibiotics, have many steps or aspects that are usually interrelated, which makes these medicines most commonly involved in medication errors in hospitals.[1] Therefore, it is important to focus on contextual aspects of antibiotic use in hospitals especially in terms of antibiotic reconstitution/dilution.

Aim and objectives The aim of this study was to explore the knowledge, attitudes and practices (KAP) regarding antibiotic reconstitution/dilution among healthcare professionals in 12 Southeastern European hospitals.

Material and methods The study was conducted using interviewer-administered questionnaires or self-administered questionnaires mailed to healthcare professionals. Information on demographic characteristics and KAP regarding antibiotic reconstitution/dilution were collected from May to September 2021.

Results More than 90% of physicians consult pharmacists for advice concerning stability of reconstituted antibiotics, incompatibilities with other medicines or solvents, or preparation and administration of parenteral antibiotics for special patient groups. Conversely, medical nurses/technicians consult with