

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 inpatient 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 effectiveness to 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 multi-professional 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.

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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