

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.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

#### 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.<sup>1</sup> 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

their colleagues (up to 56.10%) rather than asking pharmacists for information concerning antibiotic reconstitution/dilution (up to 36.90%). More than 53% of 565 healthcare professionals considered the database within the hospital information system to be the most trusted source of information. Electronic resources, such as e-journals, online databases and websites, were the least trusted information source by more than 61% of healthcare professionals. The study revealed that knowledge depends on the educational level, since physicians had a higher percentage of correct answers (52.05%–88.10%) in comparison to medical nurses/technicians (33.33%–68.42%). Furthermore, there was a statistically significant difference in knowledge level among healthcare professionals from different hospitals.

**Conclusion and relevance** The study indicates the need for a database within the hospital information system regarding antibiotic reconstitution/dilution in order to decrease the inappropriate preparation and administration of parenteral antibiotics in hospitalised patients. Moreover, it is important to raise awareness about this issue as a part of the everyday practice of hospital pharmacists. There is a need to introduce specific training on preparation and administration of parenteral antibiotics among healthcare professionals in hospitals.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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#### 4CPS-013 MERGING THE MEDICATION RECONCILIATION AND THE HOSPITALISATION REPORT TO FORM THE LIAISON LETTER IN A DEPARTMENT OF OTOLARYNGOLOGY

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**Background and importance** Since 1 January 2017, the liaison letter (LL) has been mandatory (Decree No. 2016–995, 2016). To optimise patient care and allow better coordination between health professionals we wanted to merge the hospitalisation report (HR) and the medication reconciliation (MR) to form a common document LL. We first implemented this document in May 2020 for digestive surgery and in December 2020 for orthopaedic surgery. Since March 2021 we continued this implementation in otolaryngology.

**Aim and objectives** The objective was to assess changes in practice and satisfaction among hospital staff (HS) in the otolaryngology department.

**Material and methods** A prospective observational study was conducted from 1 March to 1 April 2021, including all otolaryngology patients with an overnight hospital stay, to identify which document (MR, HR or LL) was created. Information about the patients was also collected in a table. A survey with eight questions was distributed to collect knowledge, use and satisfaction with the HS.

**Results** The data collection included 42 patients: 21 males and 21 females. The median age was 61.5 range (17–89) years.

The average length of stay was 4.77 (range 1–16) days. Surgeries were scheduled in 10% of cases. The main reasons for hospitalisation were parotidectomy, laryngectomy and thyroidectomy. For these 42 patients, 18 HR, 1 MR and 33 LL were created.

Of the 45 questionnaires sent to HS, we received 30 responses. 90% of the HS stated that they knew about the MR, and 47% used it. 90% had been aware of the LL (by verbal and written communication). 43% of them were informed by a pharmacist. 90% considered that the presentation of the LL is satisfactory. 87% of HS were satisfied with this creation and 83% said they had not encountered any difficulties.

59% of doctors found this implementation very useful, 27% indispensable and 14% somewhat useful. 75% of doctors said they use the LL frequently; 17% rarely consider using it and 8.5% said they never use it.

**Conclusion and relevance** HS are mostly satisfied by this new communication tool. However, this study shows the difficulty in changing practice since duplication of documents was observed. A remote assessment would allow a conclusion to be reached about the robustness of the use of the LL.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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#### 4CPS-014 CLINICAL RELEVANCE OF PHARMACISTS' INTERVENTIONS IN THE ACUTE WARD

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**Background and importance** Clinical pharmacists assist physicians in the medication process when performing Clinical Pharmacist Services. Clinical pharmacist interventions (PI) to medication-related problems are conveyed to the physician through pharmacist notes in the patient record. The attending physician will accept and act on the interventions found to be clinically relevant. Previous studies have measured the acceptance rate of PI, and found varying rates from low to high, but not always reflecting on the reason for the resulting rates.

**Aim and objectives** The purpose of this study was to investigate the clinical relevance of the PI assessed by the attending physician.

**Material and methods** Clinical pharmacists at acute wards in Region Zealand, Denmark perform Clinical Pharmacy Services including medication history, medication reconciliation and medication review.<sup>1</sup> Data for this study were collected during the period January–February 2020. After concluding the pharmacist note in the patient record, the written interventions were copied to a separate sheet of paper, excluding patient- or physician-specific data. The attending physician was asked to assess each intervention for clinical relevance/significance using the Eadon score.<sup>2</sup> The Eadon classification ranges from 1 (Intervention is harmful to the patient's well-being) to 6 (Intervention is potentially life-saving). The physician made the assessment in private and returned the sheet in a sealed mailbox for later analysis. The analysis took place after the end of data collection to avoid affecting the PI during the project period. At the end of the study period, the mailbox was opened and data manually transferred to Microsoft Excel for descriptive statistics.