Background and importance The use of telepharmacy technology allows pharmacists to provide clinical pharmaceutical services to patients who need regular services during the COVID-19 pandemic while maintaining distance and minimising face-to-face meetings.
Aim and objectives To analyse the implementation of a telepharmacy system in a tertiary hospital as a pilot project during the COVID-19 pandemic.
Material and methods Prospective observational study conducted from March 2020 to May 2021 in the Outpatient Unit (OU) of the Pharmacy Service of a tertiary hospital. Telepharmacy was implemented by selecting patients who agreed to participate in this project. A circuit was established in which the pharmacist carried out pharmaceutical care to collect relevant information on the pharmacological treatment of the patients, validated the treatment and proceeded to carry out the hospital dispensing, followed by the dispatch of medication to the Pharmacy Office closest to the patient's home. Once the medication had been dispensed, the hospital pharmacist performed pharmacotherapeutic follow-up telephone consultations to check that everything was correct.
Results During this period, 5878 patients attended the OU, 2875 (48.9%) were selected to benefit from the implementation of telepharmacy because of their advanced age, mobility problems, vulnerability due to their disease, and distance due to living in a rural area. 33 515 hospital dispensations were done, 15 500 (46.2%) were dispensed through the telepharmacy system, with an average of 6 hospital dispensations per patient.

The largest number of patients served by the telepharmacy system were from Neurology (363, 14.6%) with 2136 dispenses (18.0%), followed by Rheumatology (348; 14.0%) with 1832 dispenses (15.5%), in third place was Dermatology (191; 7.7%) with 889 dispenses (7.5%) and in fourth place Pneumology (112, 4.5%) with 792 dispenses (6.0%). The average number of dispensations per month at OU was 2700, of which 1500 were face-to-face and 1200 were shipments.
Conclusion and relevance The implementation of telepharmacy has been a new challenge for the Pharmacy Service. It has proved to be a helpful tool to facilitate pharmaceutical care and hospital dispensing of medicines during the pandemic, avoiding face-to-face visits.

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

4CPS-192 IMPACT OF THE SARS-COV-2 PANDEMIC ON THE USE OF ANTIFUNGALS IN AN INTENSIVE CARE UNIT IN A THIRD-LEVEL HOSPITAL

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Background and importance With the arrival of SARS-CoV-2, it has been observed that the number of cases of fungal infection has increased in critically ill patients, especially invasive pulmonary aspergillosis (IPA).
Aim and objectives To analyse the use of antifungals, expressed in defined daily dose per 100 annual hospital stays (DDD/100S), and the difference in economic impact between 2019 and 2020 in the intensive care unit (ICU) of a tertiary hospital.
Material and methods Retrospective descriptive study of the use of antifungals in the ICU unit during the period 2019–2020. The data were obtained from the STOCK-Athos-APD drug management electronic program and PRISMA electronic prescription program. For each antifungal agent, the following information was collected: annual global DDD, annual DDD/100S and economic cost of antifungal agents in both years. To calculate this expense the mean annual cost/stay was used.
Results Eight antifungals were studied (liposomal amphotericin B, anidulafungin, caspofungin, micafungin, fluconazole, voriconazole, posaconazole and isavuconazole). The registered stays for admission to the ICU were 5768 in 2019 and 5782 in 2020. The global DDD/100S of antifungals in 2019 was 37.73 while in 2020 it increased to 38.43.

The antifungals with the highest increase were isavuconazole and posaconazole, with a difference of 4.2 and 5.1 DDD/100S, respectively, despite being antifungals of restricted use in our hospital. This increase is due to the rise in IPA cases and a period of shortage of voriconazole, the first-line antifungal in our hospital for IPA in patients without renal failure and without drugs with a possible interaction. However, there was a reduction in the DDD/100S of fluconazole. This is due to a greater number of patients with complicated candidaemia, long-term in the ICU who required a broad-spectrum antifungal such as caspofungin. DDD/100S of the rest of antifungals was not modified compared to the previous year. Therefore, the cost of antifungals in the ICU had an increase of € 112 086.62 (43.8% more than in 2019).
Conclusion and relevance The global DDD/100S of many antifungals in ICU has shown a slight increase between both years. The consumption of these has changed, and this has been manifested with an increment in economic spending as they are drugs with a greater economic impact.

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4CPS-193 SELECTION OF CLINICAL RULES FOR THE SCREENING OF HIGH-RISK SITUATIONS IN PAEDIATRIC MEDICINE

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Background and importance We developed a clinical decision support system (CDSS) to monitor high-risk situations related to drugs from electronic health records. It involves clinical rules (CR) that trigger alerts to clinical pharmacists based on drug prescriptions, laboratory values, vital signs, and medical problems (eg, vitamin K antagonists + international normalised ratio (INR) $\geq$4).
Aim and objectives We describe a methodology to select CR to extend our approach to the paediatric department.
Material and methods CR were identified with a literature review and scored by 14 senior physicians (expert) divided in two groups (A: general/specialised paediatrics; B: neonatology/intensive care) for two criteria: criticality (low, moderate, high, extreme—risk); relevance (no, need to be adapted to be, highly, very—relevant). The pharmacist in charge of CDSS