Material and methods From June until December 2020, a clinical pharmacist (CP) provided CPS, which included medication reviews and subsequent ward round participations (A: haematology-oncology, 11 beds; B: HSCT unit, 10 beds). The CP and an independent expert panel consisting of two clinical pharmacists and two paediatric haematology-oncologists assessed the PI for clinical significance. Economic benefit was estimated retrospectively by drug therapy cost reductions and avoided follow-up costs based on prevention and management of adverse drug reactions (ADR).^2^ Results During 32 ward rounds, 230 DRP were addressed in 36 children (median age 7 (0.4–17) years). The acceptance rate for PI was 73.5%. The most common DRP concerned need for drug monitoring, need for information/therapy discussion and drug–drug interactions; the most common PI were drug-monitoring, drug-information and dose adjustments. The CP assessed 66% of PI as very significant or significant and correlated with the expert rating was significant (p<0.0001). Costs of CPS were €7200. PI led to estimated drug therapy cost reductions of €5500. Prevention of 11 and identification of 24 ADR led to estimated avoided follow-up costs of €14 300–€27 500 and €31 200, respectively. Conclusion and relevance This evaluation showed that CPS for a tertiary care centre specialising in paediatric haematology-oncology is capable of identifying and preventing DRP by clinically significant PI. The estimated economic benefit of CPS was at least six-fold higher than its costs. Based on the results, CPS were expanded in our hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-209 BENEFIT OF MEDICATION REVIEWS BY A RENAL PHARMACIST IN THE SETTING OF A COMPUTERISED PHYSICIAN ORDER ENTRY SYSTEM
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Background and importance A ‘renal pharmacist consultant service’ (RPCS) reviewing patients with renal impairment (RI) for drug-related problems (DRP) can foster patient safety. However, the benefit of this service in the new setting of a computerised physician order entry (CPOE) system with a clinical decision support system (CDSS) is unknown.

Aim and objectives The aim of the study was to evaluate a RPCS on wards with CPOE-CDSS, its need in general and its effectiveness on prescription changes and thereby on patient safety.

Material and methods Over a period of 3 months (February–April 2021), patients with eGFR_absolute/KreaCl <60 mL/min of one surgical and one orthopaedic ward at a German University Hospital received a medication review for DRP by a renal pharmacist for all medication presented in the CPOE-CDSS Meona during weekdays. Written consultations explaining DRP and recommending interventions to solve them (eg, dose or drug adaptation) were presented to physicians directly in the drug chart tab of the CPOE-system. The prescription changes were retrospectively evaluated. Ethical approval was obtained from the ethics committee at LMU Munich (registration number 21–0743).

Results During 53 working days, 712 (30.5%) of 2331 screened patients were included with an eGFR_absolute/KreaCl <60 mL/min and a pharmacist-led medication review was performed for all medication presented in the CPOE-system (Meona). In 79/712 (11.1%) patients one or more DRP were detected (median 1 DRP (1–3) per patient) and written recommendations were shared via Meona. In total, 104 DRP were identified, mostly caused by ‘dosage too high’ (n=55; 52.9%), ‘dosage regime wrong’ (n=13; 12.5%) and ‘contraindication’ (n=9; 8.7%). Acceptance rate of recommendations was 74.0% (n=77/104). In 9 cases (8.7%) the recommendation was consciously rejected after discussion because of lack of alternatives, in 11 (10.6%) the prescription remained unchanged for unknown reasons and in 7 (6.7%) the result was unknown due to discharge.

Conclusion and relevance The pharmacist-led medication reviews identified DRP in patients with RI even in the setting of prescribing in a CPOE-CDSS. A RPCS in this setting successfully increased appropriate prescribing by physicians and thus improved patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-210 IMPACT OF THE ANTIBIOTIC THERAPY USED DURING THE SARS-COV-2 PANDEMIC ON THE INCIDENCE OF CLOSTRIDIODES DIFFICILE INFECTION
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Background and importance Suspicion of bacterial coinfection in patients with SARS-CoV-2 pneumonia has led to an increased consumption of antibiotics used in the treatment of community-acquired pneumonia (CAP). One of the best-known risk factors for Clostridioides difficile infection (CDI) development is antibiotic treatment but there are inconsistent findings regarding which groups of antibiotics are most strongly associated.

Aim and objectives We aimed to compare the risk of developing CDI during hospitalisation in the internal medicine division to changes in antibiotics consumption in the pre-pandemic and COVID-19 pandemic period.

Material and methods Single centre retrospective cohort study was conducted in a secondary hospital (900 beds). Hospitalised patients in the 2019 and 2020 periods who presented hospital-acquired diarrhoea with simultaneous C. difficile toxin determination were included. We selected patients admitted to internal medicine units to compare the incidence of CDI with