5PSQ-045 IMPACT OF PHARMACEUTICAL INTERVENTIONS IN CRITICAL PATIENTS

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Background and Importance The high healthcare burden in the Intensive Care Unit (ICU) due to the SARS-CoV2 Coronavirus pandemic has created a work environment that increased medication errors. It is known that pharmaceutical interventions reduced medicantion errors.
Aim and Objectives The objective of this study is to know the impact of pharmaceutical intervention in critically ill patients.
Material and Methods Retrospective observational study carried out in a general hospital. All the pharmaceutical interventions performed in the Intensive Care Unit (ICU) between the months of October 2020 and April 2021 were analysed. It was registered in a database: Positive diagnosis of COVID-19 (SARS-CoV2 coronavirus disease), number of interventions, type of intervention and acceptance of the intervention.
Results A total of 51 interventions were obtained in 169 patients admitted during the 7 months of the study (0.3 interventions / patient). 42.6% of the patients had a diagnosis of COVID-19. 17% of the patients admitted to the ICU had at least one intervention, of which 38% had more than 1 (mean 1.76 interventions per intervened patient). The most frequent reasons for intervention were dose modification due to inappropriate dose (35.3%) and inappropriate choice of presentation due to the route of administration (21.5%). 84% of the interventions were carried out in COVID-19 patients, with the mean number of interventions performed in these patients higher than in non-COVID-19 patients (1.87 vs 1.33). 92% of the interventions conducted by the pharmacist were accepted.
Conclusion and Relevance Pharmaceutical validation in the Intensive Care Unit (ICU) is essential to optimise the treatment of critical patients, increasing safety and efficacy of medications they receive and reducing medication errors. Patients diagnosed with COVID-19 are especially likely to benefit from pharmaceutical interventions, which are highly accepted by physicians.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-046 FMEA (FAILURE MODE AND EFFECT ANALYSIS) APPLICATION TO PARENTERAL NUTRITION BAGS MANUFACTURING PROCESS: ROLE OF HOSPITAL PHARMACIST

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Background and Importance Correct identification of unexpected/unwanted processes variability allows us studying solutions for increasing any system reliability. FMEA (Failure Mode and Effect Analysis) is an inductive method that provides a 'bottom up' approach; starting from activities process analysis, it reaches identification of possible inconveniences (failure mode) and effects on an entire system.
Aim and Objectives Our purpose was detecting the most critical phases of Parenteral Nutrition bags (PNB) compounding process through an audit consisting of hospital pharmacists, doctors, nutritionists and nurses.
Material and Methods FMEA was applied to PNB compounding process in a hospital with 639 beds. The process was divided into four phases (prescription, formulation, compounding, quality-control). By making an estimate of severity, probability and detectability, we have defined appropriate actions to be taken for eliminating potential problems' occurrence. The product between previously identified values (on scale from 1 to 10) provides Risk Priority Index (IPR), an overall criticality measure.
Results The highest IPR value (384) was found in formulation phase where bag's osmolarity was higher than venous access type chosen. An IPR=168 was found in prescriptive phase concerning patient incorrect selection from software (homonymy cases), followed by data incompleteness, relating to microelements addition (with an IPR=150). An IPR=140 was found during Siframix machine setting up regarding microelements' housings exchange (danger due to Potassium replacement with microelement required in greater quantities). Finally, IPR=144 was found, during compounding phase, due to confusion about 'look alike sound alike' constituents (inframin/siframin replacement); this allowed PNB compounding with a qualitative-quantitative composition different from that requested.
Conclusion and Relevance Joint audit proposed solutions for each phase. For prescriptive one, it would be desirable to take advantage of a software that gives access to medical records in order to check that bag suited patient's needs. During formulation phase, it is necessary that a hospital pharmacist (HP) performs a double check between worksheet drafting and label, verifying correspondence, completeness and overlapping with data indicated in prescription. HPs have to control prescription feasibility and that volume is suitable for access provided for patient. For set-up phase, a double check should be carried out to make sure that each housing contains corresponding nutrient; in addition, at least two technicians should be present to carry out the operations in duplicate.

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5PSQ-047 PRECAUTIONARY CANCELLATION: TOOL TO IMPROVE PATIENT SAFETY

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Background and Importance Precautionary cancellation is a new tool for primary care and hospital pharmacist that allows them to cancel prescriptions and avoid dispensing medicines at pharmacies.
Aim and Objectives Analyse the precautionary annulments made in a hospital and quantify the degree of acceptance of the doctor.
Material and Methods Prospective study lasting five months in a country hospital. All patients outpatients with onco-