haematological prescriptions and home treatment were included. The precautionary annulments were codified as safety: interaction between drug (INT): category X (avoid combination) and category D (modify therapy), unnecesassary medication (UM), overdose (OD) and therapeutic duplicity (TDUP). The variables collected were: age, sex, prescribing service, type of precautionary annulments and degree of acceptance of the doctor. Sources used: digital clinical history Diraya, corporate dispensing module, Uptodate interactions and electronic prescription program Farmis Oncofarm v4.0.11.164.

Results We analysed 35 precautionary annulments. Population of mean age 52 years (range 46-87). 71% were women. The prescribing services were Oncology (97.14%) and Hematology (2.86%). The precautionary annulments were of safety: INT 80% (category X 85.72% and category D 14.28%), UM 14.28%, OD 2.86% and DUPL 2.86%. The degree of acceptance of the doctor was 88.57% and modified the treatment 11.43%.

Conclusion and Relevance The results of the series studied show a high degree of acceptance by the doctor of the precautionary cancellations made by the hospital pharmacist. It is a useful safety tool, emphasising serious interactions.

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

5PSQ-048 WHAT DO ONCOLOGISTS AND PHARMACISTS THINK AND WANT FROM A CAHMS-DRUG INTERACTION CHECKER? A BROADSCALE SURVEY TO ASSESS EXPECTATIONS

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Background and Importance The use of complementary and alternative herbal medicines (CAHMs) is widespread and popular among cancer patients for different reasons. Unfortunately, CAHMs can interfere with anticancer treatments leading to both toxicity or decreased efficacy with therapeutic failure. The availability of a tool for the management of potential CAHM-drug interactions (CAHMDI) could provide health care professionals (HCP) with scientific evidence-based information. It may facilitate open communication about potential adverse effects without neglecting patient's beliefs and preferences. Such a tool does not yet exist in our hospital.

Aim and Objectives The aim of this survey was to assess future user's expectations of a practical tool to manage CAHMDI.

Material and Methods Two e-surveys, carried out in Google Forms, were sent to 1) health care providers (HCPs) of all oncological disciplines in our hospital and research departments and 2) all hospital pharmacists of UHL.

Results The survey was completed by 37 HCP and 27 hospital pharmacists (HP). The results clearly demonstrated an interest in a CAHMDI, as confirmed by 94.6% and 100.0% of the HCP and HP, respectively. All respondents indicated a preference for a website rather than a tool integrated in the clinical decision support system (51.0% HCP and 46.4% HP, respectively). In their current daily practice, the most commonly consulted resources for checking CAHMDI by HCP were consulting a clinical pharmacist (33.9%) and Lexicomp Drug Interactions® (21.4%). HP mentioned Stockley's Herbal Drug Interactions® (21.3%) and Lexicomp Drug Interactions® (21.3%). Key requirements for the development of a tool were management options, potential clinical consequences, severity level, mechanism and level of evidence.

Conclusion and Relevance Developing a user-friendly CAHMDI checker would be helpful for HCP and HP. Alerting about HDI could enhance prescribers' knowledge and awareness about this topic and enable them to inform patients about the potential adverse effects of these easily accessible CAHMs.

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Conflict of Interest No conflict of interest.

5PSQ-049 ASSESSMENT AND OPTIMISATION OF THE MANAGEMENT OF HIGH-RISK MEDICINES IN A GENERAL HOSPITAL

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Background and Importance High Risk Medicines (HRMs) are medicines with an increased risk of significant harm to the patient if they are misused.

Regarding the storage of HRMs, our hospital guidelines are based on the reference system of our accreditation organisation.

Compliance with guidelines is essential to ensure the quality of care.

Aim and Objectives

- To determine the rate of adverse drug events related to HRMs.
- To evaluate the impact of the introduction of low-concentration electrolytes (KCl) on the consumption of concentrated electrolytes (KCl).
- To test the impact of pharmaceutical interventions on four quality indicators linked to HRMs storage in care units.

Material and Methods

- Among all the adverse drug events encoded during the year 2021, we identified those related to HRMs.
- A consumption analysis of injectable Potassium Chloride (KCl) concentrated and low-concentrated solutions was performed during the years 2018-2022.
- Audits targeting HRMs was conducted in 6 care units over a period of 3 weeks in December 2021. These audits focused on the following items : storage, quantity, labelling and expiry date of each HRM stored in care unit. During each audit, a pharmaceutical intervention took place as follows : tidying, relabelling, withdrawal of expired HRMs, feedback of audit, education and awareness. The impact of the pharmaceutical interventions was further evaluated. For comparison between the groups (pre-test and intervention groups), data were analysed using Chi Square test for al HRMs.