- The LEAN Methodology was used to draft our action plan to improve HRMs practices.

Results

- We identified that 14% of adverse drug events were related to HRMs.
- Our consumption analysis indicated that the introduction of low-concentrated KCl solutions in care units was not followed by the expected decrease in the prescriptions of injectable KCl concentrated solutions.
- A total of 171 HRMs were audited in care units. The impact of the pharmaceutical interventions performed during these quality audits was evaluated, which allowed to demonstrate a statistically significant improvement ($p < 0,05$) in terms of storage and expiry of HRMs.

Conclusion and Relevance This work highlights the importance of the hospital pharmacist as a key contributor in the continuous quality improvement approach to optimise the management of HRMs in a hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

https://www.eahp.eu/24-5PSQ-161

Conflict of Interest No conflict of interest.

5PSQ-051 PARKINSONISM INDUCED BY TAKING TRAZODONE AS A HYPNOTIC: A CASE REPORT

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Background and Importance Sleep disturbance is very prevalent in critically ill patients. Treatment approaches to improve sleep have focused on both non-pharmacologic and pharmacologic strategies. Trazodone is an atypical antidepressant used with highly frequency as hypnotic.

The main side effects described for trazodone are self-injurious thoughts, anaemia, seizures, paraesthesia, confusion or dyspnoea. It can inhibit dopaminergic neurotransmission in the midbrain and as result, cause extrapyramidal effects.

Aim and Objectives To describe a case of parkinsonism induced by taking trazodone as hypnotic in a patient admitted in a Critical Care Unit (CCU).

Material and Methods A 57-year old man with no relevant medical history was admitted to CCU in May 2021 with pneumonia caused by COVID-19 disease. The patient suffered from insomnia. The physician prescribed trazodone starting with a dose of 50 mg and then 100 mg.

Results That afternoon, after taking trazodone, the nurse described slight tremor intensified with movement in upper extremities. The physician on duty was notified but he did not find any explanation. Next day, the official physician checked the medication with the critical care pharmacist.

The syndrome was not explained by analytics or other tests. The pharmacist checked all patient`s medications searching information in different databases: the official labels and the clinical trials, PubMed® and UpToDate®. In addition, she checked possible interactions in Lexicomp® database but she did not find nothing. Trazodone was the unique drug associated with the syndrome.

The physician and the pharmacist agreed to discontinue the medication to check if the syndrome disappeared.

The following days, the patient continued with tremble on movement. The pattern of the movement was similar each day. It started at afternoons and disappear during nights. The intensity of the movement was reduced each day. The syndrome disappeared completely one week later.

Based on causality assessment of adverse drug reactions by Naranjo et al., we classify this event as probable/likely. The pharmacist notified this adverse effect to pharmacovigilance.

Conclusion and Relevance Trazodone is considered safe and used frequently in our medical system, so the knowledge of effects like that is important. Nevertheless, the parkinsonism induced was reverse and disappear one week later once the treatment was stopped.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Naranjo et al, Clin Pharmacol Ther 1981.30:239-4.

Conflict of Interest No conflict of interest.

5PSQ-053 DESIGN OF A PRIORISATION SYSTEM BY COMPLEXITY OF THE REVIEW IN POLYMEDICATED PATIENTS: POTENTIAL INADECUACY INDEX

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Background and Importance In our health area, which serves 450,000 patients, we have >2,000 polymedicated patients (PP) with >15 drugs/month. For an efficient approach to these PP it is necessary to establish some prioritisation criteria for their review.

Aim and Objectives To design an index of prioritisation to review PP based on the inadequacy of their polypharmacy, named Potential Inadequacy Index (PII).

Stratify all PP (>15 drugs/month) according to the score of the PII through an automated analysis of their prescriptions.

Material and Methods PII is made up of different situations that can occur in the pharmacological treatment of PP: duplicities, prescribing cascades, drugs with low therapeutic value, drugs that prolong the QT-interval and drugs contributing to anticholinergic burden were chosen as components of the PII, giving them a score in case of appearance:

Potential Inadequacy Index (PII)	
Duplicity	1 point
Low therapeutic value	1 point
Prescribing cascades	0,5 points
QT interval prolongation	0,5 points
Anticholinergic burden	0,5 points

All PP were stratified according to the PII score, review's complexity degree of the polymedicated patient and estimated time for review are shown:

Review's complexity		
Degree of complexity	**PII punctuation**	**Estimated revision time**
Very low complexity	< 1	10 min
Low complexity	1 to < 2	15 min
Moderate complexity	2 to < 4	30 min
High complexity	4 to < 8	90 min
Very high complexity	≥ 8	160 min

Results 2,258 PP were included, with a mean number of medications per patient of 16.78 (95% CI14.65-18.79), and the mean PII score was 2.01 (95% CI1.96-2.06). Patients' distribution by review's complexity is shown in the following table:

Complexity group	Potential Inadequacy Index	N patients	% patients	% Acum
Very low complexity	<1	388	17	17
Low complexity	1 to <2	729	32	50
Moderate complexity	2 to <4	880	39	89
High complexity	4 to <8	228	10	99
Very high complexity	>=8	22	18	100
All	0 a 17,5	2247	100	100

Conclusion and Relevance The automated analysis of the prescriptions of polymedicated patients, in search of potential criteria of inadequacy, can facilitate prioritisation in the review of patients.

The PII can help guide the identification of those patients with the greatest care needs.

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

5PSQ-054 ASSESSEMENT OF OCCUPATIONAL PRACTICES: ANALYSIS OF THE PRESCRIPTIONS OF TRANSCATHETER AORTICVALVE IMPLANTATION (TAVI)

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Background and Importance Transcatheter implantation of an aortic bioprosthesis (TAVI) allows the replacement of the aortic valve by a prosthesis without open surgery. Like any medical device, the implantation of these prostheses must comply with the CE mark. As the funding of TAVIs is under specifics criteria, those must also be respected.
Aim and Objectives To carry out an overview of the compliance of the TAVI prescriptions with the funding criteria (FC).
Material and Methods 33 patients were randomly selected from the 300 TAVIs implanted in 2021. Valve models, implantation routes, and patient data were extracted from the internal traceability software (GILDAS) at the university hospital and from computerised medical records (DxCare). These data were analysed with a grid developed from the FC.
Results Among the 33 patients selected, 15 were men et 18 were women, ranging in age from 68 to 94 years, with an average age of 80.1 years. 84.8% (n=28) of the valves were placed transfemorally, 6.1% (n=2) transapically and 9.1% (n=3) transcarotidly. 28 patients had symptomatic severe aortic stenosis (ASN), 1 patient had asymptomatic ASN, and 4 patients had cardiac decompensation on ASN. Contraindications to surgery were documented in the patient record in 84.8% (n=28) of cases. The Society of Thoracic Surgeons (STS) database score was specified in 42.4% (n=14) of the cases and the Euroscore was not specified for any patient. Multidisciplinary consultations were carried out in 100% of cases, as well as pre- and post-TAVI assessments. A total of 24 non-compliances (NC) were observed, including 16 patients with 1 NC and 4 patients with 2 NC. The funding criteria were not respected in 27.3% (n=9) of cases.
Conclusion and Relevance Although most of the patient files stipulate comorbidities consistent with the placement of a TAVI, there is still a lack of formalisation of the indications: the STS score is mentioned in only 42.4% of the cases, even though it is part of the FC. A report was presented to the recruiting physicians and the importance of transcribing the STS score in the patient file was explained.

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

5PSQ-055 SAFETY TESTING ASSESSMENT FOR THE ADHERENCE OF DOSE REDUCTION IN ONCOLOGY TREATMENT FOLLOWING CLINICAL GUIDELINES RECOMMENDATIONS IN PATIENTS PRIOR RECEIVING FLUOROPYRIMIDINES (5-FLUOROURACIL, CAPECITABINE AND TEGAFUR)

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Background and Importance Fluoropyrimidines in solid tumours are metabolised by dihydropyrimidine dehydrogenase (DPD) enzyme, encoded by DPYD gene. Up to 3-6% of the population have a DPYD variant, which, without appropriate dose reduction, will lead to severe toxicity/death[i].

Since 2020 the regulatory agencies in Europe and the UK recommend all patients to be tested for DPD deficiency before initiation to minimise the risk of these reactions[ii]·[iii].

Five London cancer providing trusts (CPT) assured testing was being performed[iv].

The North Thames Genomic Medicines Service Alliance (NTGMSA) is one of the seven in the UK working on a national project to ensure equitable implementation of DPYD pharmacogenomic testing.
Aim and Objectives To establish that all CPT within NTGMSA are safely implementing DPYD testing.
Material and Methods Five questions analysed from national survey:

Who is involved in checking the result of the DPYD genetic test?;
Who makes dose adjustments?;
Protocol?;
Is chemotherapy prescribed prior the test report?;
Is chemotherapy delayed when results are pending?

Results Within NTGMSA all 14 CPT responded. Everyone provides DPYD testing for all cancer indications which include fluoropyrimidine treatment. Multiple healthcare professionals