Finally, in terms of areas for improvement, the majority of nursing staff considers that the measures should focus on preparation(57.7%) and the medical staff considers that they should focus on administration(75%). Administration by barcode is the measure most voted for both groups to work on in coming years.

Conclusion and Relevance The perception of safety by NICU staff of measures implemented is high. There are still areas for improvement such as preparation or administration.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-107 SAFETY ASSESSMENT OF ERENUMAB AND GALCANEZUMAB IN CLINICAL PRACTICE

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Background and Importance Erenumab and galcanezumab are two monoclonal antibodies (mAbs) administrated subcutaneously indicated for migraine prophylaxis in adults. As these are newly approved drugs, it is important to know their safety profile.

Aim and Objectives To analyse the adverse effects (AE) of these mAbs in real life in a tertiary hospital.

Material and Methods Observational, retrospective, 30-month study (March 2020 – September 2022). The study included all patients diagnosed with chronic migraine (CM) or episodic migraine (EM) and who received treatment with galcanezumab or erenumab respectively.

The following variables were collected sex, age, type of migraine, duration of treatment and AE.

Data were collected through the outpatient module of the Farmatools® software and the electronic health record, Mambrino XXI®.

Results Ninety-five patients (92% female, 8% male) with a median age of 50 years (18-73) were included. Of these, 72% had CM and 28% had EM. 45% and 55% of patients received erenumab and galcanezumab respectively.

48 patients (44% erenumab, 56% galcanezumab) experienced some type of AE during treatment, considered mild-moderate in severity. Four patients (75% erenumab, 25% galcanezumab) had to discontinue treatment due to poor tolerability despite prophylactic treatment. 17 (41% erenumab, 59% galcanezumab) had injection site reaction or pain, 27 (48% erenumab, 52% galcanezumab) constipation and 4 (25% erenumab, 75% galcanezumab) nausea and vomiting. AEs were more frequent among patients with CM (65%) vs EM (35%).

Comparing the data obtained with those described in other clinical trials, it was observed that the proportion of AEs was very different from that reported in the trials. In addition, there were no cases of nasopharyngitis or respiratory tract infection described as common in the trials. No cardiovascular AEs were observed.

Conclusion and Relevance Based on the results of our study, it was observed that galcanezumab and erenumab AEs were categorised as mild-moderate. The incidence of AEs was higher for the group of patients receiving galcanezumab. In addition, a small number of patients discontinued treatment due to AEs. It is essential to know the safety profile of newly approved drugs in clinical practice so as to compare them with those described in clinical trials and to see possible differences between them that contribute to generate new evidence.

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Conflict of Interest No conflict of interest

5PSQ-108 COMPUTERISED PHYSICIAN ORDER ENTRY WITH CLINICAL DECISION SUPPORT IN PREVENTING WRONG DOSE ERRORS IN PAEDIATRIC MEDICATION ORDERS: A SYSTEMATIC REVIEW

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Background and Importance Prescribing is a specific high-risk task within the paediatric medication-use process, which is why defenses are needed to prevent or stop errors. Such system-centric barriers include electronic health record (EHR) systems with computerised physician order entry (CPOE). Clinical decision support (CDS) tools can be integrated into the CPOE systems to assist safe prescribing.

Aim and Objectives The objective of this systematic review was to examine the effects of CPOE systems with CDS functions on preventing wrong dose errors in paediatric medication orders.

Material and Methods This study followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 criteria and Synthesis Without Meta-analysis (SWiM) items. The study protocol was registered in PROSPERO. The literature search was conducted in MEDLINE Ovid, Scopus, Web of Science and EMB Reviews in January 2022. Study selection and data extraction were carried out by two independent reviewers. After this, the quality of evidence of the included studies were assessed. Finally, vote counting method was used to evaluate the effectiveness of CPOE-CDS systems to reduce wrong dose errors.

Results A total of 18 studies published in 2007–2021 met the inclusion criteria. The most common CDS tools appearing in the studies were dose range check (n=14/18), dose calculator (n=8/18) and dosing frequency check (n=8/18). In nine studies, a specific alert function was added to the CDS tool, whereas alerts were recorded in 15 studies. A statistically significant reduction in wrong dose errors was found in eight studies. None of the studies reposted an overall increase of wrong dose errors.

Conclusion and Relevance CPOE-CDS systems have a great potential to promote paediatric medication safety. System customisation for paediatric populations, implementing CDS alerts, and the use of dose range check seem to be most useful interventions to reduce wrong dose errors. However, CPOE-CDS systems cannot prevent all wrong dose errors as human errors continue to occur. Implementation of new technology can also pose new medication safety risks, such as alert fatigue. Therefore, further studies and systematic development activities are needed to optimise the safe use of CPOE-CDS systems in paediatric care settings.

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