

based on *DPYD* genotyping can help to avoid severe adverse events in patients treated with fluoropyrimidines.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-133 PHARMACISTS – GENERAL PRACTITIONERS (GPs) COLLABORATION TO IDENTIFY DRUG-RELATED PROBLEMS (DRPs) IN PATIENTS IN POLYTHERAPY

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Background and Importance Medication reconciliation and medication review are indispensable instruments in the prevention of clinical risk. In clinical practice, such methods are not always used. This exposes the patient, in treatment transitions, to DRPs, including Adverse Drug Reactions (ADRs), which could cause his rehospitalisation. How many clinical symptoms are related to disease or hidden ADRs? The Clinical pharmacist, through remote monitoring provides, can support to the GP by a periodic analysis of the therapy taken by the individual patient.

Aim and Objectives The objective of the study was to outline a pharmaceutical care and drug monitoring methodology based on Pharmacist-GP collaboration to identify DRPs that could generate predisposing clinical conditions that can be identified as signs of hidden ADRs.

Material and Methods From April to September 2022, we established a teamwork between Pharmacists and GPs in a Local Health Authority, selecting patients >65 years of age receiving >4 drugs. Patient-related drug prescriptions on the health card were analysed, excluding herbal products, homeopathic products, and supplements. Treatment duplications, ATC therapy switches and drug interactions were examined, simultaneously verifying dosing schedules. Appointments have been set up with GPs to complement the information. Final reports were prepared for individual patient to be delivered to the GP on the clinical alerts to be monitored.

Results N.24/1304(1,84) GPs were involved, n. 149 patients were identified (average 72 years) and n. 1348 drugs and dosing schedules were analysed. Duplications identified: 13/1348 (0,96). Unmotivated drug switches 23/72(31,94), drug alerts for interactions: n.2357. Ex. fluoroquinolone-quetiapine, statin-clopidogrel, ASA-omega-3. We identified n. 10 hidden ADRs, subsequently registered on the Pharmacovigilance National Network.

Conclusion and Relevance The identification of hidden ADRs in polytreated patients avoided the inclusion of a new drug to treat the clinical symptom not related to a new disease. The next goal is to integrate the patient into the path, a valuable source of information currently unavailable, thus implementing territorial health care through narrative pharmacovigilance that will allow a complete picture of the individual patient. The aim is to an enhanced care model with the top the patient between GP and pharmacist.

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5PSQ-134 UNIT DOSE IN A CYBERATTACK SCENARIO

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Background and Importance At dawn on the 26th of April 2022, our hospital suffered a cyberattack. All hospital's computer systems and applications were inaccessible, and the network and most workstations inoperable. The only few computers that remained operational were standalone, that is, not connected to a network. The institutional email was only available on mobile phones. At that time, we were considered a paper-free hospital, totally computerised, with electronic patient records and online prescription totally implemented, and pharmaceutical procedures highly dependent on technology and automation so, it was particularly challenging to continue to provide pharmaceutical care in this scenario.

Aim and Objectives Description of procedures implemented in a scenario of cyberattack by the pharmacy department and establishment of preventive measures for the future.

Material and Methods This study is a description of a case.

Results Due to lack of access to clinical and pharmacotherapeutic profile of patients, it was necessary to reverse the prescription for paper support, in inpatient wards. The Kardex System remained operational, having been disconnected from the network in a timely manner, allowing the reconstitution of the history treatment of patients through the previous day therapeutic map files. Microsoft Excel files were created for all patients admitted to services with unit dose distribution, using laptops stand-alone. The communication with the nursing team was made daily, by telephone, with conference of all the patients. The Excel files with the transcription of the prescriptions, per patient, were manually coded by service, patient and drug, and, at the end of the day, transformed into the appropriate format to be correctly read by Kardex system, transferred to it by pen-drive, allowing the Unit Dose preparation. Contact was strengthened with the medical and nursing staff to avoid duplication of drugs or inadequate posology errors. Paper file folders were created by service for all prescriptions made, and updated daily. All Excel files were posteriorly accounted for regularisation of consumption.

Conclusion and Relevance In this cyberattack context, it was evident the difficulty in reversing the prescriptions for paper support, especially by young doctors. It will be necessary to implement validated procedures with periodic measures, including training in contingency protocols and cloud backup information maintenance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Canadian Medical Association Journal 2020;192(4):E101-2.

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