Background and Importance Excessive waiting time is one of the main causes of patient dissatisfaction in oncologic daily care unit (DCU). Lean management, dose banding, advanced prescription and automatisation are usually used in our hospital to improve patient care pathway. In our adult DCU (>26 000 patients/years), patients have to wait for their treatment less than an hour.
Aim and Objectives The aim of this work is to reassess the time of availability in this DCU and to identify the factors influencing this time.
Material and Methods It is an ambispective monocentric study in which human factors (n=2), equipment factors (n=7), organisational factors (n=4), productivity factors (n=16) and time-related factors (n=6) were recorded randomly between September 2021 and April 2022 (i.e. 15 days studied). Data were also extracted from CHIMIO® software and from our institutional 'LEAN tool' for real-time monitoring of patients in oncologic DCU, in order to calculate time between the prescription of the day and the dispensation of the treatment.
Results The average number of patients and preparations manufactured per day were respectively 105 (+/-7) and 146 (+/-12); 52% of these preparations prepared the day before. The average number of preparations not prescribed in advance is 49 [18-62] (34%) for an average number of 31 patients [14-43] (30%). The average time to availability was 54 min (+/- 16) with a median of 60 min. On average, 12 [0-24] patients per day waited more than an hour after the prescription with a maximum waiting time of 360 min.

Four days (27%) were identified with an average dispensing time greater than 60 min. During these critical days, a percentage of anticipated preparations less than 50%, with a high number of prescriptions (>30 patients) and particularly before 9:45 a.m. or between 12:00 and 14:00 p.m. were observed. We noticed also a higher productivity ([174-214] preparations), the lack of coordination (2 of 4 days), or additional productions (analgesic syringe preparations).
Conclusion and Relevance Main impacting factors seem to be human factors and productivity. Time to availability became an essential quality indicator of our compounding anti-cancer unit. This study showed that our working procedures are efficient for a majority of patients, but not for all.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

3PC-022 FORMULATION AND QUALITY CONTROL OF A BISOPROLOL 0.5 MG/ML ORAL SOLUTION FOR PAEDIATRIC USE

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Background and Importance Bisoprolol is a beta blocker indicated for the treatment of heart failure in paediatric patients. There are no licensed bisoprolol containing paediatric dosage forms available in the EU. Pharmacy preparation of patient individually dosed bisoprolol capsules is common practice by using licensed bisoprolol tablets as starting material. However, the preparation and use of bisoprolol oral liquids are the gold standard for paediatric patients because they allow body weight oriented dosing for different age groups. So far, there is no published information regarding the formulation, quality control, and stability of pharmacy-prepared bisoprolol oral solutions.
Aim and Objectives The aim of this project was to formulate a bisoprolol fumarate 0.5 mg/mL oral solution for paediatric use, establish suitable quality-control measures, and to perform stability tests.
Material and Methods Bisoprolol oral solution was formulated in analogy to propranolol hydrochloride oral solution described in Neues Rezeptur-Formularium 2015/1, Germany. Efficacy of antimicrobial preservation was tested regarding to Ph. Eur. 5.3.1 by an external lab. A stability indicating RP-HPLC method was established and validated based on the known method of Joshi et al.[1]
Results 100 mL bisoprolol fumarate 0.5 mg/mL oral solution contain bisoprolol fumarate 0.05 g as active ingredient as well as potassium sorbate 0.15 g, anhydrous citric acid 0.07 g, sucrose 25 g, raspberry flavour 0.1 g, and purified water 84.33 g as excipients. Antimicrobial preservation regarding Ph. Eur. 5.3.1 was demonstrated. After a 6 months period the bisoprolol concentration amounted to 103% ± 1% of the initial concentration and the pH remained unchanged (4.6).
Conclusion and Relevance Sweetened and flavoured bisoprolol fumarate oral solution was successfully developed as pharmacy preparation suitable for preparation in stock. Adequate in-use preservation is given and stability is proven for at least 6 months. A second version of bisoprolol oral solution without sucrose and raspberry flavour is under development.

REFERENCE

1. Joshi SJ et al. RP-HPLC method for simultaneous estimation of bisoprolol fumarate and hydrochlorothiazide in tablet formulation. *J Pharm Biomed Anal*. 2010 Jul 8;**52**(3):362–71.

Conflict of Interest No conflict of interest.

3PC-023 PATCH TESTS WITH ETHAMBUTOL 10%, ISONIAZID 15% AND PYRAZINAMIDE 25%: A CASE REPORT

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Background and Importance A 55 year old male patient, developed a DRESS (drug rash with eosinophilia and systemic symptoms) reaction after starting first-line tuberculosis treatment with rifampicine, ethambutol, isoniazid and pyrazinamide. To assess the responsability of a suspected drug in a DRESS reaction and posterior safe reintroduction of therapy, patch tests (PT) are the most useful tool. For the purpose, the Hospital Pharmacy was asked to develop magistral preparations of ethambutol, isoniazid and pyrazinamide. The PT were performed with each tuberculostatic drug diluted in 4 IQ Ultra Chambers, applied on the patient's skin at the back and kept in occlusion for 48 hours. The readings were performed at day 2 and day 3. Only erythema, infiltration, papules or vesicles were considered positive reactions.
Aim and Objectives Development and validation of magistral formulas for topical application to accomplish patch tests of