indicated the IV access through which IV medications, parenteral nutrition, and infusion solutions should be administered to avoid incompatibilities and whether flushing of the infusion line was required.

Results In both periods, 66 patients each were included in the evaluation. Flushing volume was reduced from a median of 0.68ml/kg/day (Q25/Q75 0.35/1.33) to 0.31ml/kg/day (Q25/Q75 0.05/0.74; $p<0.001$). In the control period, the median fluid overload per patient was 2.3%, while 1.5% fluid overload occurred in the intervention period ($p<0.001$). Also, fewer patient days with fluid overload of $\geq$10% occurred during the intervention period. Fluid overload of $\geq$20% were only observed in the control period.

Conclusion The use of pharmaceutical infusion schedules with recommendations for flushing infusion lines according to compatibility has reduced the flushing volume. This can avoid the administration of unnecessary IV fluids. Reducing fluid intake helps to reduce the occurrence of fluid overload in PICU patients.

NP-004 RETROSPECTIVE STUDY ON INDIVIDUALISED MEDICATION OF DEMENTIA PATIENTS RECEIVING CHRONIC HOSPITAL CARES

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Background and Importance Those elderly, dementia patients who receive treatments for their various chronic diseases belong to a high risk cohort. Their individualised medication should avoid treatment with multiple drugs and with active substances which pose a health risk for them. This may eliminate the adverse effects to which these patients are particularly susceptible.

Aim and Objectives The study evaluates the medical treatment of dementia patients receiving chronic and palliative cares simultaneously. We collected data of individualised medications from historic patient records in 2020–2021. The study was approved by the research ethics committees of the university and the hospital (IG/02176-000/2022)

Materials and Methods We examined the real-world data of drug treatment in dementia patients aged 65 or older who spent at least 5 days in the hospital. We analysed the anonymised, aggregate data. We used international databases compiled from meta-analyses and systematic reviews (Beers Criteria, START/STOPP, WHO, EMA and UCSF).

Results We analysed the drug treatment history of 108 patients (74 women and 34 men with the average age of 80.5 ± 9 year), who met the preliminary selection criteria. We classified the patients into the following cohorts: 1.9% direction diagnosis, 20.4% basis of the main diagnosis, 35.2% main diagnosis, 38.9% comorbidity and 3.7% disease underlying death. The distribution of dementia types were: 53.7% vascular, 1.9% related to other diseases and 44.4% unspecified. The average number of medicines taken per day per patient was 10.8 pieces. Multiple drug treatment occurred in 86.1% of patients. 10% of the patients received medicine to treat dementia (donepezil in 60% of the cases, memantine 40% of the cases). At least one required medication was not administered for 38.9% of dementia patients because of its adverse effect.

Conclusion and Relevance From this investigation we concluded that the active involvement of a clinical pharmacist and the internationally validated clinical database systems are essential. They enhance the clinical effectiveness of the medication by reducing multiple drug uses and by eliminating adverse drug reactions. Our real-world study is highly beneficial for the individualised medication of dementia patients receiving chronic hospital cares.

NP-005 SELF-ASSESSMENT ON THE IMPLEMENTATION OF RECOMMENDATIONS OF THE PERIOPERATIVE PROCESS: INFECTIOUS RISK MANAGEMENT IN SURGERY SETTING

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Background and Importance Surgical site infections (SSIs) are among the most common complication in surgery. They are associated with longer postoperative hospital stays, may necessitate additional surgical procedures, require long antimicrobial treatment leading to an increased antimicrobial resistance contributing to a costly healthcare. It's necessary to adopt a healthcare policy aimed at a more rational use of antimicrobials to limit antimicrobial resistance.

Our aim was to develop a self-assessment on the implementation of the recommendations, in order to identify key gaps and provide guidance and recommendations for improving IPC (infection prevention and control) practices.

Materials and Methods A multidisciplinary collaboration has involved infectious disease specialists, hospital pharmacists, microbiologists, intensivists, emergency surgeons, nurses. It was conducted a thorough self-assessment on the four following surgery areas: general surgery, emergency surgery, Orthopedic Surgery, Cardiosurgery Unit during July 2021 – March 2022.

A summary results of the recommendations core components self-assessment was provided by a scored checklist attributed to a specific level of recommendations implementation (score 0: not applicable; 1: no implementation; 2: ≤50%; 3: >50%; 4: 100% implementation).

The checklist report 13 macro-requisites to which a score is assigned; for each requirement was reported the number of improvement actions.

Results Following the assessment, 31 improvement actions were identified. The comparison versus total average of values shows 4 macro requirements under threshold: Screening per S. Aureus; Preoperative bathing; mechanical bowel preparation and the use of oral antibiotics and the maintenance of adequate circulating volume control/normovolemia.

This self-assessment reported 8 improvement actions in Emergency Surgeon: 10 in Orthopedic Surgery, 6 actions in General Surgery and 7 improvement actions in Cardio Surgery.

Furthermore, were highlighted important shortcomings such as antimicrobial prophylaxis for the prevention of SSI in colorectal surgery: scored 1,3 (NA); screening per S. Aureus in orthopedic surgery: score 1.

Conclusion The assessment allowed the identification of the priority areas intervention, in order to set innovative strategic actions to improve safety in the perioperative process.

In the future it will be possible to implement strategies with proven effectiveness and a global approach. The aim is