Material and Methods We performed medication reviews on 1000 patients from 0 – 18 years on paediatric general wards before and after the implementation of a CPOE. The CPOE included limited clinical decision support (CDS) such as a drug-drug interaction check and checks for duplicates. Prescribing errors, their type according to the PCNE classification, their severity (adapted NCC MERP index) as well as the interrater reliability (Cohen's Kappa) were analysed.
Results CPOE significantly reduced the rate of errors from 25 errors/100 prescriptions (95% CI: 23 – 27) to 16 errors/100 prescriptions (95% CI 14 – 18). Particularly the prescribing quality was improved by reducing PCNE error 5.2 (e.g. lacking drug form or maximum possible number of doses for reserve medication). Medication reconciliation problems (PCNE error 8), such as drugs prescribed on paper as well as electronically, were significantly increased after introduction of the CPOE. The most common paediatric prescribing errors, the dosing errors (PCNE errors 3), were not statistically significantly altered after introduction of the CPOE. Overall severity of errors was reduced. Interrater reliability showed moderate agreement (K = 0.48).
Conclusion and Relevance The CPOE increases patient safety by reducing the rate and severity of prescribing errors. The reason for the observed increase in medication reconciliation problems might be the hybrid-system with remaining paper-prescriptions for special medication. The lacking effect on dosing errors might be explained by the fact that a web application CDS covering dosing recommendations (PEDeDose) was already in use before implementation of the CPOE. Further investigations should focus on eliminating hybrid systems, interventions on how to increase the usability of the CPOE, and full integration of CDS tools into the CPOE.

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5PSQ-031 ANALYSIS OF THE USE OF ISAVUCONAZOLE IN CRITICALLY ILL PATIENTS WHEN THE USE OF VORICONAZOLE IS INDICATED

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Background and Importance Isavuconazole and voriconazole are antifungals that have shown similar clinical efficacy in the treatment of invasive aspergillosis. Isavuconazole has certain advantages such as a lower interaction profile and can be used in patients with renal insufficiency; however, its similar efficacy limits its use in situations where voriconazole is contraindicated.
Aim and Objectives The aim of this study is to describe the proportion of isavuconazole prescriptions in which the use of voriconazole would not be contraindicated.
Material and Methods Descriptive, observational and retrospective study in which all patients over 18 years of age who received isavuconazole in 2021 in a hospital were included. Exclusion criteria were: age less than 18 years, pregnancy or duration of treatment less than 24 hours.

The use of intravenous voriconazole is contraindicated in patients with moderate to severe renal insufficiency (ClCr <50mL/min), in severe hepatic insufficiency (Child-Pugh C) and in combination with CYP450 substrates.

The main variable under study was the proportion of isavuconazole prescriptions in which the use of voriconazole would not be contraindicated.

The following variables were also collected: sex, age, number of days of treatment and mycological culture results.

Patients treated with isavuconazole were obtained from a database of the pharmacy service, sociodemographic and clinical variables from the OrionClinic computer program.

A descriptive statistical analysis was performed using measures of central tendency such as mean and median, through the SPSS v.23® program.
Results 37 patients treated with isavuconazole were included. Four patients were excluded. The median age was 63 years (24–82) and 68% were male.

Voriconazole was not contraindicated in 65% of the isavuconazole prescriptions. Thirty-five percent of the patients had renal insufficiency. The mean number of days of treatment was 6 ± 4.9 days.

A mycological culture was performed in 89% of the patients, with 78% of the results being negative.
Conclusion and Relevance A high percentage of patients treated with isavuconazole in our critical care unit did not meet the conditions for which it was included in the pharmacotherapeutic guide of the hospital. These results suggest the need for a specific PROA in critical patients or the multidisciplinary elaboration of a protocol for the use of antifungals.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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5PSQ-035 MASS UNIFORMITY OF HARD CAPSULES: ROYAL SPANISH PHARMACOPOEIA VS UNITED STATES PHARMACOPOEIA

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Background and Importance Quality control (QC) is an important part of the quality assurance of the elaborating process in a Hospital-Pharmacy-Department (HPD).The mass uniformity is the most commonly procedure used for QC of hard-capsules.
Aim and Objectives Analyse comparatively the Royal-Spanish-Pharmacopoeia (RSP) hard-capsule mass uniformity method versus the United-States-Pharmacopoeia (USP).
Material and Methods The following parameters of each method were analysed: sample, average reference weight, percentage and acceptance requirements. Also, the elaborating process necessary to apply each method.

Finally, the elaboration of a batch of 100 hard-capsules of dexamethasone 40mg according to the HPD Standard-Operating-Procedure was taken as a reference. Then the elaborations