calculated anticholinergic risk (AR) using different anticholinergic scales (AS).

Material and Methods A retrospective observational study was carried out in a general tertiary hospital. Data from patients diagnosed with OD were collected from the otorhinolaryngology consultation of years 2019-2021. Demographical, clinical and pharmacotherapeutic data were obtained from the electronic medical record. AR was calculated using anticholinergic scales (AS) with the anticholinergic burden calculator (available at www.anticholinergicscales.es).

Results Sixty patients were recruited; 4 were low due to not having their medication prescription record. Of the 56 remaining patients, 28 (50%) were men. The average age was 73.2 years [14.5-90.3].

Forty-three (76.79%) patients were polymedicated. 461 drugs were analysed, finding 104 (22.56%) potential medications to cause OD. Of these, 91 (19.74%) were drugged with AR,13 (2.82%) were CNSD and 7 (1.52%) were DA . When analysing the AS scale it was found: that 12 (21.42%) patients had a high-risk AR, 15 (26.78%) had medium risk load and 3 (5.36%) patients had low risk AR being mostly men (56.66%). The most repeated drug was tamsulosin (1.73%).

Conclusion and Relevance It is observed that there is a high percentage of patients with OD are polymedicated. The prevalence of AR is high. A good pharmacological review with AS must be carried out and try to make a description, to reduce the anticholinergic load and the number of drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-095 INFUSION AUDIT IN HAEMATOLOGY: IMPORTANCE OF EVALUATION AND OPTIMISATION OF PROFESSIONAL PRACTICES

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Background and Importance Intravenous administration is the source of numerous identified risks requiring periodic evaluation of professional practices. In February 2022, an observational audit in the haematology unit was carried out in order to optimise the infusion setups.

Aim and Objectives The objective of this audit is to evaluate the professional practices of the nursing team and thus to implement permanent corrective actions.

Material and Methods An evaluation grid based on the good infusion practices defined by the 'Observatoire du Médicament, des Dispositifs médicaux et de l'Innovation Thérapeutique' Centre was updated and validated by a multidisciplinary group.

In February 2022, two pharmacy interns observed 62 drugs administered by analysing the prescriptions of all hospitalised patients in the unit.

Results Regarding the infusion configuration, only 90% of the peripheral infusion line were closed using an adapted plug. No misuse was observed on the administration of parenteral nutrition.

Regarding flow rate problems, only one infusion configuration exhibits an infusion drip chamber filled beyond the maximum limit. Interestingly, during a flow-sensitive drug infusion and contrary to guidelines, absence of non-return valve was observed in 9% of the infusion configuration.

A potential risk of drug incompatibility has also been identified with the current perfusion set-up.

Conclusion and Relevance The results of this audit appear to be very positive. The haematology unit, whose nursing team is aware of the risks associated with the administration of chemotherapy, is a unit accustomed to the availability of pharmacists.

This audit allowed us to observe some errors during infusion practice: inadequate programmed flow rate, absence of plugs and absence of non-return valve during flow-sensitive drugs infusion.

In order to improve infusion practice, a new standardised infusion set-up will be proposed to the unit including non-return valves. This set-up should make it possible to reduce the risks, particularly those related to flow rate and incompatibilities.

However, this change in practice will require support for the teams and a new audit to evaluate the impact of this work.

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Conflict of Interest No conflict of interest

4CPS-096 EVOLUTION OF SELECTIVE IMMUNOMODULATE THERAPY IN SPECIAL SITUATIONS

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Background and Importance Biological therapy has supposed a great therapeutical progress on immunomodulated diseases. Nevertheless, some pathologies have no labelled indication. Therefore, medication access on special situations are essential and more frequent.

Aim and Objectives The objective of this study is to analyse the request on immunomodulate therapy in special situations among last years.

Material and Methods Retrospective study performed in a tertiary hospital between January 2017-December 2021. Off-label (OL) and compassionate use (CU) requests on selective immunomodulatory drugs received by the Pharmacy and Therapeutics committee were included (P&T).

Data collected: number, type and drugs requested, indication, clinical department, and approvement by P&T. A temporal evolution on the number of requests, drugs and clinical departments was analysed. On those which showed an increase, an exhaustive analysis was performed.

Results A total of 95 requests were identified, 78 (82.1%) OL and 17 (17.9%) CU, representing a 17.3% (95/549) of all kind of requests to the P&T. Twenty-one drugs and 42 different indications were identified. Eighty-seven (91.6%) were approved; six were denied due to lack of evidence and two due a lack of funding by the national health system.

Main drugs requested ustekinumab (18 (18.9%)), dupilumab (15 (15.8%)), rituximab (14 (14.7%)), tofacitinib (9 (9.5%)), tocilizumab (7 (7.4%)), adalimumab (5 (5.3%)).

Requesting clinical departments dermatology (48(50.8%)), digestology (20(21.1%)), rheumatology (18(18.9%)),