increased up to 1.31 ng/ml and 1.45 ng/ml, requiring dose reduction to 50 mcg/day.
Conclusion and Relevance In our case report, therapeutic drug monitoring of digoxin has allowed for the detection of increased levels of digoxin and higher risks of toxicity. It coincides with the start of osimertinib exposure, being the P-gp inhibition the most plausible factor for this finding.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-104 ANALYSIS OF INTERVENTIONS IN PHARMACEUTICAL VALIDATION IN A THIRD LEVEL HOSPITAL

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Background and Importance Pharmaceutical validation is necessary to achieve maximum clinical benefit. Thanks to clinical pharmaceutical interventions (CPI) many prescription errors, drug interactions and adverse reactions are prevented.
Aim and Objectives To analyse CPI carried in a 1040-bed hospital and to assess the acceptance rate of these interventions.
Material and Methods Observational and retrospective study of CPI performed between June and August 2022 in hospitalised patients. They were recorded in the pharmaceutical intervention module of PharmNet application of Millenium programme. The variables evaluated were: episode number, date, type of intervention, prescribing service, drug and indication. Interventions that led to a change in the prescription within 48 hours of the CPI were considered accepted.
Results A total of 324 interventions were analysed in 293 patients, which were 100% of those performed. More than half of the interventions were therapeutic duplications (36.4%; n=118) and dosing errors (25.9%; n=84) (overdose 62% and underdose 23%). They were followed in frequency by: incomplete medical orders (18.5%; n=60); drugs not indicated (6.8%; n=22); drug interactions (4.6%; n=15); inappropriate dosage form (4.6%; n=15) and adverse events (3%; n=10). The distribution of the number of interventions according to prescribing service was: cardiology (n=54); gastroenterology (n=44); pneumology (n=32); internal medicine (n=30); vascular medicine (n=29); neurology (n=23) and traumatology (n=28). The acceptance rate of the CPI was 80,3% (n=260) with the following service distribution: 90% internal medicine; 87.5% pneumology; 84% gastroenterology, 82.7% neurology and 79.3% cardiology. Drugs which caused most interventions were antibiotics (17%), anti-inflammatory drugs (11.4%), cardiovascular agents (11.1%) and antidepressants (9%).
Conclusion and Relevance The clinical pharmaceutical interventions proposed to the prescribing services were highly accepted. This shows the importance of pharmaceutical validation by the hospital pharmacist to better manage the quality and safety of pharmacological treatment prescribed to patients during their hospital stay.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-105 CEFIDEROCOL TREATMENT IN COVID-19 POSITIVE PATIENTS CO-INFECTED WITH PAN-RESISTANT PSEUDOMONAS AERUGINOSA

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Background and Importance Immunosuppression due to SARS-CoV2 infection (COVID19) has caused an increase in identification of multi-resistant organisms in Intensive Care Units (ICU), among which multi-resistant *Pseudomonas aeruginosa* rise about others. Cefiderocol is a costly new cephalosporin against extensively resistant Gram-negative bacteria.
Aim and Objectives The objective of this study is to describe the characteristics and clinical results of patients treated with cefiderocol, as well as the dosage of this treatment, in ICU inpatients with COVID19 pneumonia and co-infected with pan-resistant *Pseudomonas aeruginosa*.
Material and Methods Retrospective observational study carried out in a general hospital from September 2020 to December 2021. Inpatients at ICU diagnosed with COVID-19 pneumonia that were treated with cefiderocol due to *P. aeruginosa* infection were included. Collected data were: days admitted in ICU, days of treatment with cefiderocol, concomitant treatment, cefiderocol dosage and results of the treatment.
Results Three patients fulfilled the inclusion criteria among 70 patients admitted to ICU with COVID-19 in the study period (4.3%). All patients included were men and the median age was 66.6 ± 6.5 years old. They presented as comorbidities obesity, hypertension and diabetes mellitus. They were admitted during 87 ± 28.6 days, with detection of pan-resistant *P. aeruginosa* in the range of 32.5 ± 2.1 days after admission at ICU. All of these cultures were only sensitive to cefiderocol, being resistant to all other tested antibiotics. Due to that, all patients received cefiderocol during their stay and dose adjustment to their renal function or renal replacement therapy were applied. Every patient received a bolus of 2 grams in 30 minutes and the maintenance dose in at least 3 hours. The average of treatment days was 20.5 ± 4.5 days. In all cases, the isolated strains were sensitive to colistin, so cefiderocol was used in combination with it. The results of the treatment were disparate: one cure, one death, and one development of resistance to cefiderocol.
Conclusion and Relevance Cefiderocol use for multi-resistant bacteria treatment requires prior knowledge of its pharmacokinetics, taking into account the physiological factors of patients in its dosage. New treatments are not exempt from the development of resistance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-107 EFFECT OF PATIENT BODY WEIGHT ON THE PHARMACOKINETIC BEHAVIOUR OF AMIKACIN

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