consist in the administration of increasing doses of ASA at a set time in order to sensitise the patient to the active substance and initiate a chronic treatment. **Hypersensitivity** to the drug occurs in a wide range of the population, both in healthy subjects and patients with coronary heart disease. This condition may affect patient compliance to therapy and increase the risk of ischemic events especially in secondary prevention.

Aim and Objectives The aim of the work is obtaining a systematic review of the literature concerning the existing **desensitisation protocols**. The purpose is to conduct a descriptive analysis of the population and evaluate the effectiveness and safety of the protocol over the short and long term.

Material and Methods A retrospective analysis was conducted on a group of patients treated with **Rossini's protocol,**[1] an increasing oral administration of ASA to 100 mg in five and a half hours.

Results The literature's review has shown the Rossini's protocol has the greatest number of sample and the best efficacy and safety data. The retrospective analysis allowed the evaluation of the group composed of 30 patients aged > 18 years, admitted to the centre between January 2020 and April 2022, diagnosed with coronary artery syndrome. 83.33% reported a history of hypersensitivity to ASA, especially with skin manifestations (n=8). The most sensitive patients received pre-medication before undergoing the procedure; despite treatment, 20% developed mild adverse reactions. At discharge 73.33% of patients were treated with an antiplatelet therapy of which 77.27% with ASA. 50% of the patients underwent a follow-up, which took place on average after 6 months; upon re-evaluation 60% were on treatment with ASA.

Conclusion and Relevance The evidence suggests that the Rossini's protocol is effective for a wide spectrum of patients. The hospital pharmacist in agreement with the cardiologist will evaluate the possibility to implement a solution-based formulation to treat more fragile patients, who present history of allergy to ASA, dysphagia or requiring interventional procedures.

REFERENCES

1. R. Rossini, *et al*, Aspirin desensitization in patients with coronary artery disease: results of the multicenter ADAPTED registry, *Circ Cardiovasc Interv*, 2017;**10**.

Conflict of Interest No conflict of interest

4CPS-153 OFF-LABEL USE OF KETAMINE FOR RESISTANT DEPRESSION: ROLE OF THE HOSPITAL PHARMACIST

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Background and Importance An intravenous slow infusion of ketamine, glutamate receptor antagonist, has emerged as an effective, safe and rapidly acting antidepressant in different studies. Its efficacy is reported in treatment of resistant recurrent major depression and bipolar depression.

In our country, ketamine is not currently authorised for these indications therefore it is used off-label.

Aim and Objectives The purpose is to present the role of pharmacists monitoring ketamine's off-label prescriptive appropriateness and give treatments data of 2021 and the first eight months of 2022 in our hospital.

Material and Methods The authors present their role in the authorisation process for off-label use, in compliance with current legislation, and monitoring data which are collected from specialists' assessments/re-evaluations. Psychiatrists collect the patient's informed consent, fill out the authorisation form and deliver it to pharmacists. Pharmacists assess whether exist the conditions under which the ketamine infusion is sustainable in terms of both appropriateness and costs. Once the treatment has been authorised, the collected data are entered in a database periodically updated with authorisation and dispensing information.

Results 37 patients were treated from 01/01/21 to 31/08/22, 17 in 2021 and 20 in 2022.

In 2021, 4 patients had already received 1+ treatments the previous year, whilst 13 patients received the induction dose. Of these patients, 10 switched to a standard maintenance dosage as rapid therapeutic benefit was observed; only 3 discontinued treatment or had a different dosage for clinical reasons.

Between 01/01/22 and 31/08/22, 12 patients received the induction dose while 8 had already received 1+ treatments the previous year; of the 12 patients, 10 switched to a standard dose as a rapid therapeutic benefit was observed whereas only 2 discontinued treatment.

Conclusion and Relevance An intravenous slow infusion of ketamine is safe and effective in the symptoms' stabilisation.

The role of the pharmacy will be to continue monitoring and improve a database to be used to propose ketamine's administration in depression for inclusion in the list of medicines supplied by the National Health Service to be used for a therapeutic indication other than the authorised ones.

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4CPS-155 CREATION AND VALIDATION OF A MEDICATION REVIEW SUPPORT TOOL FOR POTASSIUM CHLORIDE INJECTION (KCL-INJ) PRESCRIPTIONS

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Background and Importance KCl-inj is a risky drug, its administration error is a Never Events. Limiting its use to justified situations contributes to its security. Medication Review (MR) contributes to this limitation. Despite awareness campaigns, non-compliant prescriptions persist. During the MR, the Pharmaceutical Intervention (PI) includes a Prescription Proposal (PP): for KCl-inj the clinical context has a strong impact and complicates the MR.

Aim and Objectives Creation and validation of a support tool for the MR of KCl-inj prescriptions allowing taking into account the entire clinical context of the patient.

Material and Methods Bibliographic research associated with brainstorming on the various clinical and biological criteria of the patient and their consequences allowed setting up of a flowchart.

For validation: experimentation of the tool in a prescriptions prospective study (for each prescription the problem related to