

**Aim and Objectives** To evaluate the compliance of our hospital with the inclusion criteria and analyse possible deviations, assessing whether it is necessary to modify them based on the current health context.

**Material and Methods** Cross-sectional observational study in which all active outpatients in the programme between July and September 2022 were included.

**The following variables were collected:** demographic, distance between home and hospital, vulnerability conditions and adherence to treatment.

**Results** 95 patients were evaluated, 94 (98.9%) of them were adherent to chronic treatment, 81 (85.3%) lived more than 30 km from the hospital. Regarding the vulnerability conditions: 68 (71.6%) were older than 65 years and 14 (14.7%) had a vulnerability condition other than age over 65 years.

Of all the evaluated patients, 75 (78.9%) met all the inclusion criteria. 20 (21.1%) patients were in the programme, but did not meet some criteria: 6 (30.0%) patients lived less than 30 km away, 8 (40.0%) did not have a vulnerable condition and 6 (30.0%) did not meet more than one inclusion criteria.

**Conclusion and Relevance** The medication dispensing programme through community pharmacies offers an option for vulnerable patients and/or those with difficulty going to the hospital to collect their chronic medication, thus facilitating therapeutic compliance of treatment.

Although a high percentage of patients met the established criteria, deviations were detected. That make us consider the need to modify these criteria in order to access in the programme according to current needs of outpatients.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest

### 4CPS-175 SEPSIS CODE: IMPROVING OUTCOMES FOR PATIENTS WITH SEPSIS

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**Background and Importance** Sepsis is a common and potentially life-threatening condition triggered by an infection.

Code Sepsis (CS) includes standardised Surviving-Sepsis-Campaign management bundles meant to guide early recognition and prompt goal-directed therapy, in order to improve clinical outcomes.

Multidisciplinary CS-team daily evaluates all patients with 'CS-alert' in order to guarantee compliance with sepsis bundles and promoting appropriate antimicrobial-use.

**Aim and Objectives** To assess the impact of CS implementation on clinical outcomes and antibiotic therapy.

**Material and Methods** Experimental study from November-2020 to September-2022. All patients with confirmed sepsis/septic shock were included.

**Mean outcome:** overall and trend of in-hospital mortality rate (MR).

**Secondary variables:**

- Median length of hospital-stay (LOS) and Intensive Care Unit stay (ICU-LOS).

- Severity criteria: ICU-admission (%).
- Mean length of antibiotic therapy (LAT): overall, antipseudomonal-carbapenems and antibiotics against resistant-gram-positive bacteria (daptomycin, vancomycin and linezolid).

Variables were analysed by trimesters. Median and interquartile range (IQR) were used to describe all the quantitative variables. Lineal-regression was performed for trend analysis.

All statistical analyses were assessed with SPSS®V25.0. Significance level was 0.05.

**Results** A total of 422 CS alert was activated in 402 patients. Median age=79 years (RIQ 16), 61.1% males.

Admission ward=12.8% surgical, 81.5% medical and 5,7% ICU.

Global MR was 20.6% with a significantly downward trend (slope=-2.2; CI95% -3.4 to -1.0). The overall MR was reduced in 53.8% (38.9% vs 20.9%).

Median LOS was 8days (RIQ 12) and showed a negative trend (slope=-0.4; CI95% -0.7 to 1.02). The median ICU-LOS stay was 6days (RIQ 8.7) with a 9.0% of ICU-admissions, which also decreased during the study (slope=-0.2; CI95% -0.6 to 0.2).

The overall LAT was 9.3days, with trend toward shorter courses (slope=-3.2; CI95% -0.9 to 0.2). Mean duration of antipseudomonal-carbapenems was 4.2days (slope=-2.2; CI95% -0.5 to 0.1), whereas anti-gram-positive was 5.4days (slope=-0.1; CI95% -0.8 to 0.6).

**Conclusion and Relevance** The CS implementation was associated with a decrease mortality, with an overall reduce by up to 50%. The downward trend in LOS and ICU-admissions suggests that an early recognition of sepsis and optimised-treatment are crucial in preventing complications.

Daily patient surveillance and follow-up by a multidisciplinary team promoting antimicrobial de-escalation/discontinuation was associated with shorter courses of antibiotics without worsening clinical outcomes.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest

### 4CPS-176 EVALUATION OF NIRMATRELVIR/RITONAVIR USE AND EFFECTIVENESS

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**Background and Importance** Nirmatrelvir/ritonavir (PAXLOVID) is a recently approved drug to prevent progression in high-risk COVID-19-infected patients.

**Aim and Objectives** To evaluate prescribing and dispensing of PAXLOVID and the proportion of patients with hospitalisation or death from any cause at 28 day.

**Material and Methods** Descriptive, retrospective, observational study carried out between May and August 2022 in a second-level hospital. All patients with PAXLOVID prescription were selected. Sources of information were: electronic medical records and the prescription programme. The Variables analysed were: sex, age, risk factors, indications, interactions,