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 analised 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,

dispensation (yes/no) and final treatment received. Risk factors were evaluated with our country's drug regulatory agency (DRA) recommendations to assesed the indication. Efficacy was assessed by the proportion of patients admitted to hospital and 28-day mortality.

Results PAXLOVID was prescribed to 34 patients, 14 (41.2%) were women. The median age was 76.3 years old [RIQ 25.4]. Main indications for PAXLOVID were: to be undergoing treatment with myelotoxic chemotherapy (32.3%), corticosteroids or other immunosuppressants (29.4%); being over 80 years of age and presenting specific Risk factors (14.7%) and primary immunodeficiency (5.8%). 21 patients (61.8%) had some relevant interaction with their usual medication. The most frequent interactions were with statins (23.5%), analgesics (20.6%), oral anticoagulants (12%), antiarrhythmics (8.8%), antiplatelet drugs (5.8%), antidepressants (5.8%) and antidiarrhoeals (5.8%).

After Validatión by the Pharmacy Service, 11 patients (32.4%) did not receive PAXLOVID, 5 because they did not meet DRA criteria, 2 because their glomerular filtration rate was less than 30 ml/min and 4 because they had incompatible interactions. 4 patients finally received 3 days-remdesivir.

Among patients who received PAXLOVID, 82.26% received full doses, with 4 patients (11.76%) requiring adjustment for renal impairment. 3 patients (13%) were hospitalised in the first month, none died.

Conclusion and Relevance The main indications for which PAXLOVID was prescribed were patients undergoing chemotherapy and/or immunosuppressive treatments. Interactions with PAXLOVID were frequent and in some cases limited treatment. Validation by Pharmacy Service prevented a considerable number of patients from receiving PAXLOVID when it was no-indicated or when they had insurmountable interactions, also allowed patients to receive the dose adjusted for renal impairment. PAXLOVID was effective in avoiding hospital admission and mortality in the majority of patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-177 OPTIMISATION OF THE THERAPEUTIC MANAGEMENT OF PATIENTS ON ECMO IN THE PAEDIATRIC INTENSIVE CARE UNIT

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Background and Importance Extracorporeal Membrane Oxygenation (ECMO) is a last-resort rescue technique that allows the replacement of circulatory and/or respiratory functions. The pharmacokinetic modifications generated by this circulatory assistance require the adaptation of the dosage of certain drugs

Aim and Objectives The objective was to compare the drug prescription of patients under ECMO with data available in the literature to propose appropriate dosages

Material and Methods Our 6-month prospective observational monocentric study focuses on patients in the paediatric intensive care unit receiving ECMO. Clinico-biological data were collected from the computerised patient record and by our daily presence in the department. We noted the type and indication of ECMO, complications and adequacy of dosages compared to the literature for relevance

Results 14 patients under ECMO were included: mean age 18 months [0 to 168 months], sex ratio=1. Renal function was impaired in 8 patients (57%). The average duration of ECMO was 15 days [3-24 days]. 6 patients were weaned, 4 of whom were still hospitalised on the ward (43%) and 8 patients died (57%). 13 patients (93%) were on veno-arterial ECMO, following acute respiratory distress syndrome (8 cases or 61%), refractory cardiac arrest (3 cases 23%), cardiogenic shock (8%) or septic shock (8%). 1 patient (7%) was on veno-venous ECMO following an acute respiratory distress syndrome (ARDS). 11 patients (79%) developed complications related to ECMO (9 haemorrhages, 8 hemolysis, 6 oxygenation difficulties, 5 PAO, 4 stroke). Concerning the drug management of these patients, we counted 16 overdoses and 2 underdoses not justified either by the literature or by therapeutic drug monitioring (TDM) i.e. 18 nonconformities out of 73 lines analysed (Vancomycin, Gentamicin, Fluconazole, Caspofungin, Voriconazole, Ganciclovir, Heparin, Morphine, Sufentanil, Midazolam, Cisatracurium, Hydrocortisone Hemisuccinate, Methadone)

Conclusion and Relevance The populations studied in the literature remain different from ours, making it difficult to discuss our clinical results. However, following the non-conformities of dosage noted, we propose a table of dosage adaptation under ECMO synthesising the literature for the studied molecules which is systematically accompanied by instructions to make a TDM

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Conflict of Interest No conflict of interest

4CPS-180 VANCOMYCIN: CONCORDANCE OF DOSAGE ADJUSTMENT ACCORDING TO MINIMUM PLASMA CONCENTRATION AND AREA UNDER THE CURVE/ MINIMUM INHIBITORY CONCENTRATION

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Background and Importance The pharmacokinetic/pharmacodynamic (PK/PD) target for vancomycin has recently been defined as an area under the curve (AUC) over 24 hours/minimum inhibitory concentration (MIC) of 400-600.

Aim and Objectives To evaluate the degree of concordance of recommendations after dose adjustment of vancomycin according to minimum plasma concentration (Cmin) and AUC/MIC ratio.

Material and Methods Retrospective study in adult patients who were treated with vancomycin administered by intermittent perfusion and monitored by the Pharmacy Service at a general hospital during the month of August 2022.

Variables collected: sex, age, weight, height, glomerular filtration rate (according to Cockcroft-Gault), total daily dose and recommendation issued based on the determination of Cmin and AUC/MIC.

Appropriate Cmin were considered 15-20µg/mL in complicated infection (endocarditis, nosocomial pneumonia,