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,