prescriptions were reviewed and the responsible physician was contacted. The acceptance degree of the PIs was measured.

The following variables were collected: number of patients on whom PIs were performed, sex, age, diagnosis, number and type of PIs identified.

Results Thirty-six patients with erroneous prescriptions were detected. 67% were female. The median age was 54 years (18–86).

The associated pathologies were included in the rheumatologic (n=23, 63.9%), dermatologic (n=8, 22.2%), and internal medicine (n=5, 13.9%) areas: rheumatologic arthritis (n=8, 22.2%), juvenile idiopathic arthritis (n=3,8.3%), psoriatic spondyloarthritis (n=4, 11.1%), polyarthritis (n=1, 2.8%), psoriasis (n=6, 16.7%) and others (n=14, 38.9%).

Of all the PIs performed (n=53), the pharmacist recommended adjustment of: MTX dosage (n=11), MTX administration frequency (n=30), FA administration frequency (n= 9) and lack of FA prescription (n=3).

The acceptance degree of the PIs were as follows: MTX dosage (45.5%), MTX administration frequency (80.0%), FA administration frequency (55.6%) and lack of FA prescription (66.7%).

Conclusion and Relevance Most of the PIs were about errors in prescribing the MTX administration frequency, daily instead of weekly, implying a high risk of intoxication. The acceptance degree of the PIs was very high, reinforcing the role of the pharmacist.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-018 ANALYSIS OF ERRORS IN THE MANUAL PREPARATION OF STERILE DRUGS FROM STOCK

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Background and Importance In recent years, pharmacy services have shifted towards centralised preparation of sterile drugs to ensure compatibility, stability, and sterility. Quality controls will identify preparation errors preventing them from reaching patients.

Aim and Objectives Analyse errors detected in the manual preparation of sterile drugs from stock during January 2022 to April 2023.

Material and Methods The preparation of sterile drugs requires a series of quality/safety controls to detect errors, preventing them from reaching patients. Following a manual work methodology, a pharmacy technician selects the medicines/materials, generates the labels and records quantities, batches and expiry dates on the processing sheet. Another technician performs a double safety check. Once prepared, the pharmacist records the conformity, after inspecting the preparation sheet together with one of the preparations of each batch.

The incidents noted in the elaboration sheets from January 2022 to April 2023 were reviewed. The errors were recorded in a Microsoft Excel file, being classified based on the type and severity, according to pharmacist criteria: minor (errors on the preparation sheet, labels or batches); and serious (errors in expiry date or dose on the label, wrong administration system; wrong drug/serum, excess/defect dose, presence of particles/air, unfinished packaging, and unprotection from light).

Results 88 errors were detected, affecting 4.4% of the batches produced. 44.3% were considered minor errors and 55.7% were considered serious. The most frequent error was the completion of the processing sheets (26%). Regarding labelling, the most detected errors were related to expiry date (15.9%), batch (11.36%), dose/name/colour (2.3% each) and label hiding the graduation of the syringe (1.13%). Other errors: 9.1% of non-complete final packaging; 5.68% excess doses, 6.81% defect doses; incorrect serum and infusion systems (3.4% each); unprotected from light (3.4%); presence of particles/air (2.3%) and duplicate batches (1.13%).

Conclusion and Relevance The error rate detected is lower than that reported in the literature. More than half of them were considered potentially serious if they had reached the patient.

According to our results and the literature, this methodology presents a low error detection, incorporating new technologies (comprehensive software, barcode verification, image capture, gravimetry) could enhance error detection and reduce preparation errors, ultimately leading to improved patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-019 VALIDATION PRIOR TO THE DISPENSING OF MEDICINES AS A TOOL TO IMPROVE THE QUALITY OF THE PRESCRIPTION

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Background and Importance Prescription validation is the diligence, manual or electronic, by which it is authorised, for a specific patient, that certain medicines, medical devices (PS), enteral nutrition (NE) and dietotherapeutic products (PD) can be dispensed from public funds.

Aim and Objectives The objective of the study is to assess the usefulness of validation as a control tool in the prescription, through the analysis of the incidents/causes of denial of this validation, carried out by pharmacists of the validation unit (UV)of the pharmacy service (SF) in a tertiary hospital

Material and Methods The pharmacists received daily by telematic means in the electronic validation module, the validation reports (the prescription together with the clinical report), completed by the prescriber, which include the following data: administration schedule and duration of treatment, main diagnosis and indication. By means of validation, the conformity of the prescribed treatment is verified, with the indications authorised in the technical sheet and the financing conditions. As a support tool, the lists of drugs submitted to validation and the available protocols were used. Denial was made if incidents were detected

To classify the detected incidents, the following variables were recorded: medication, PS, NE and PD, medical specialty of the prescriber, date of the report and reason for pending data. According to the type of incident detected, they were classified into (1) unfunded indication; (2) completion errors; (3)absence of computerised validation report; (4) absence of clinical report; and (5) other causes.

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Results A total of 16,039 reports were analysed for validation, between March and December 2022. The reports that registered some incidence were 1930 (12%), remaining pending observations and not validated. The reasons for refusal were the following: unfunded indication (58.8%), completion errors – insufficient or incorrect prescription data – (23.6%), absence of computerised validation report (13.5%), absence of clinical report (2.9%) and other causes -unauthorised indication in the technical sheet, hospital diagnostic medication without a specialist report and shortages (1.2%).

Conclusion and Relevance Validation is positioned as a useful tool for the proper use of medicines since it guarantees that they are used according to the indications authorised in the technical sheet. It represents an improvement in the quality of the prescription, because, although most prescriptions conform to their financed indication, some incidents have been detected that were resolved by pharmacists, thus avoiding errors that affect patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-020 EVALUATION OF THE EFFICACY AND SAFETY OF EPCORITAMAB-BYSP IN PATIENTS WITH FOLLICULAR B LYMPHOMA: A CASE REPORT

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Background and Importance Follicular B-lymphoma (FL) is an indolent lymphoid neoplasm derived from germinal centre mutated B-cells with a nodular or follicular histological pattern. Approximately 2–3% of patients will transform their neoplasm to diffuse large B-cell lymphoma (DLBCL). Epcoritamab-bysp (EPKINLY®) is a bispecific IgG1 antibody designed to simultaneously bind to CD3 on T-cells and CD20 on B-cells, and induces T-cell-mediated killing of CD20+ cells.

Aim and Objectives The aim of this study is to evaluate the efficacy and safety of epcoritamab-bysp in a patient with LF refractory to previous lines.

Material and Methods Retrospective study of a clinical case in which we follow-up a patient with Relapse/Refractory FL under treatment with epcoritamab-bysp. Administration was done in the lower abdomen or thigh and at a different site each time it was administered. Data were obtained using the digitised clinical history (Diraya) and the electronic chemotherapy or immunotherapy prescription programme (Oncofarm).

Results We present the case of a 57-year-old woman, 48.8 kg and 153 cm. Diagnosed in August 2020 with stage IV FL without B symptoms. FL was refractory to the first two lines of treatment (1L:R-CHOP, 2L:R-ESHAP), as well as to a clinical trial based on CAR-T therapy. In May 2023, expanded use of epcoritamab-bysp in monotherapy with weekly subcutaneous administration in C1 with dose step-up (0.16, 0.8, 48 mg); every 2 weeks C4–9 (48 mg), every 4 weeks from C10 to progression (48 mg) was decided. In all immunotherapy sessions the patient was admitted for 24h due to risk of severe adverse reactions (CRS or ICANS). In the second administration (0.8mg) of epcoritamab-bysp the patient had a CRS:G1, so in the administration of the first target dose (48 mg) 3ªweek of C1, the dose was reduced to 50% (24 mg). Even so, the patient had to be treated with IV tocilizumab (8mg/kg) by CRS: G2 and was admitted for observation for 48h. From C2 onwards, there were no further incidents. Regarding the clinical evolution of the LF PET-CT scan, a partial metabolic response (Deauville:4) was observed with respect to the previous study.

Conclusion and Relevance Despite the need for extended study time to evaluate the clinical benefit and safety in real clinical practice of epcoritamab-bysp in patients with FL or DLBCL, this immunotherapy offers an innovative mechanism of action and an interesting alternative for patients with non-Hodgkin's lymphoma refractory to conventional therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-021 EVALUATION OF THE PREVALENCE OF MULTI-RESISTANT BACTERIA IN THE INTENSIVE CARE UNIT AFTER SELECTIVE DECONTAMINATION OF THE GASTROINTESTINAL TRACT

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Background and Importance One of the measures to reduce the rate of infections by multidrug-resistant bacteria in Intensive Care Unit (ICU) services promoted in the Pneumonia Zero (NZ) programme is oropharyngeal decontamination (DOF) and/or selective digestive decontamination (SDD). Of the different existing protocols, we implemented the administration of non-absorbable topical antimicrobials (colistin, gentamicin and nystatin) in the oropharynx (paste) and gastrointestinal tract (solution). Both were developed as magistral formulas. In the event of MRSA isolation or an increase in the MRSA rate in our hospital, vancomycin would be added.

Aim and Objectives The aim was to assess the effect of such a measure on studies of the prevalence of multidrug-resistant bacteria in critically ill patients, and to see if there is selection for resistance mechanisms.

Material and Methods Ambispective study comprising the pre-DDS (01/01/2022–30/04/2022) and DDS (01/01/2023–30/04/2023) periods conducted in the 22-bed ICU.

From July 2022, ICU patients with isolation of multidrug-resistant bacteria in both clinical or surveillance samples, as well as patients with estimated intubation >72 h or non-intubated patients with risk factors for developing pneumonia are administered DDS/DOF. In addition, nasal, pharyngo-tonsillar and perianal exudate samples are collected for microbiological surveillance cultures on admission and every Tuesday thereafter. Incubate at 37°C for 48h.

Results In the pre-DDS period in the ICU, 626 samples are received for colonisation studies from 132 patients. Excluding repeat isolates in each patient,2 3 multidrug-resistant bacteria were detected. In the DDS period, 537 samples are received from 124 patients, detecting nine multi-resistant bacteria. There is a significant difference (p=0.0138) between the proportion of multi-drug resistant bacteria detected in the surveillance studies after applying ICU decontamination measures.

In the first period, the following bacteria were detected: one MRSA, one Acinetobacter baumannii, eight extended-

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