surgery and radiotherapy. The patient began entrectinib after tumour NTRK fusion tested positive.

Material and Methods Diagnostic and follow-up tests and therapy were obtained by the review of medical records.

Foundation One NTRK fusion-positive tumour

Cardiac stress magnetic resonance imaging (MRI) with adenosine: Subclinical cardiotoxicity.

Results A 50 year-old female patient with a primary central neurocytoma. She received surgery as primary treatment in July 2020. After radiographic response and progression shortly, she was treated with adjuvant radiotherapy.

The tumour was tested for genetic mutations establishing a NTRK fusion-positive. Entrectinib treatment was authorised under compassionate use. The patient started treatment- in March 2021 at the full 600 mg daily dose.

After 1 month of treatment, the patient developed electrocardiogram and cardiac MRI alterations. She was diagnosed of subclinical cardiotoxicity grade 2 associated with entrectinib, given the temporal match. Dose was reduced to 400 mg daily and the patient was started on bisoprolol. In January 2022, MRI confirmed complete response. However, the patient was assessed by the neurologist and psychiatrist due to greater cognitive impairment and delusions. Duloxetine was started. In addition, entrectinib dose was reduced to 200 mg daily. In July 2022, entrectinib treatment was stopped and close follow-up was started. She experienced progressive neurologic improvement and less anxiety and depressive symptoms. In September 2022, MRI showed stable disease and after cardiologist and psychiatric evaluation, duloxetine and bisoprolol where withdrawn from treatment. In December 2022, clinical and radiologic stability were observed. Therefore, entrectinib was restarted at 200 mg daily with good tolerance until at least, today (October 2023).

Conclusion and Relevance Entrectinib has been shown to be active against those gene fusions in a primary CNS disease. However, it is still associated with moderate adverse events that require mandatory pharmacovigilance in our pharmacist daily practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-029 THE OVERRIDING OF DRUG SAFETY ALERTS FIRED BY THE CLINICAL DECISION SUPPORT TOOL: EVALUATION OF APPROPRIATE RESPONSES AND ALERT FATIGUE SOLUTIONS

A Ansari*, K Albogami, AF Alwadie, AM Alzahrani, A Alshomrani, AM Alshehri, K Al-Harbi, D Asraf. *Ministry of National Guard, Pharmaceutical Care Services, Jeddah, Saudi Arabia*

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Background and Importance Most CPOE software come with clinical decision support (CDS) that assist prescribers and notify them about adverse drug reactions that play an important role in reducing medication errors and enhancing patient safety. An excessive number of alerts in a repeated and non-relevant manner leads to alert fatigue and enforces physicians and pharmacists to alert overrides.

Aim and Objectives Our primary objective was to determine which alerts are overridden and their association with an appropriate action. To assess the appropriate responses for red alerts (pDDI, overdose, and allergy). Our second objective was to decrease the number of unnecessary red alerts.

Material and Methods The study was a retrospective chart review carried out in the inpatient setting that included all red alerts that required comments and were overridden by a physician and pharmacist.

Results In this retrospective study, we determined which alerts are clinically irrelevant and need modifications. We found that more than half of the alerts were pDDI, and the drug allergy alerts had the most appropriate responses by both prescribers and pharmacists when compared to other alert classes (OR = 1.65, OR = 1.54, respectively; $p < 0.05$). For diminishing the unnecessary alerts, we provided 14 alert refinement strategies and advised turning off four alerts. Applying this will terminate 32% of irrelevant alerts.

Conclusion and Relevance In this retrospective study, we described which alerts are clinically irrelevant and need modifications. We found that more than half of the alerts were pDDI, and the drug allergy alerts had the most appropriate responses by both prescribers and pharmacists when compared to other alert classes (OR = 1.65, OR = 1.54, respectively; $p < 0.05$). We anticipate that our recommendations can lead to consistent and clinically relevant content for interruptive DDIs, and thus decline alert fatigue and enhance patient safety.

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5PSQ-030 CONCORDANCE OF MEDICATION PRESCRIPTION RECORDS IN THE HOSPITALISED SURGICAL PATIENT

O Guillen Martinez, M Rodriguez Morote, MJ Lucas Mayol, C Matoses Chirivella, S Gutierrez Palomo, A Navarro Ruiz*. *Hospital General Universitario de Elche, Servicio de Farmacia, Elche, Spain*

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Background and Importance Electronic prescriptions allow pharmacists to communicate with the rest of the multidisciplinary team, facilitate pharmacotherapeutic monitoring.

Aim and Objectives Assess the reliability of electronic prescription by analysing concordance, the presence or absence of discrepancy, by studying the active medication in these prescriptions and the pharmacist's interview with the patient and/or caregiver.

Material and Methods Retrospective observational study carried out in a third-level general hospital. During a period of 12 months, all patients belonging to the Traumatology, Urology and Neurosurgery Service in whom the responsible physician indicated medication reconciliation by the Pharmacy Service were included. Demographic variables (sex, age), pharmacotherapeutic variables (treatment lines reviewed, total number of drugs (F) prescribed and not prescribed, cause of discordance (F prescribed but the patient is not on current treatment, changes in dosage), occasional consumption, F not prescribed), presence or not of polypharmacy (5 or > medications), majority ATC classification of discordant drugs).

Results 378 patients were analysed,169 men (44.7%) and 209 women (55.3%), with a mean age of 69 years [11.8] and 71 years [11.6], respectively. It was observed that 60.6% of patients presented at least one discrepancy in the treatment reflected in the electronic prescription. The pharmacist reviewed 2426 prescribed lines of treatment and 401 discordant drugs were detected: 98 (24.5%) drugs not prescribed, 187 (47%) drugs prescribed but that the patient does not take, 75 (18.5%) drugs with changes in the dosage regimen not reflected in the prescription, 41(10%) drugs with occasional consumption. The presence or absence of polypharmacy was evaluated stratified by sex: 110 men (65%) and 130 women(62%). In turn, age ranges were established, observing the presence of polypharmacy in the population of 61–80 years with an average of six drugs and 81–100 years with an average of eight drugs. Finally, it was studied that the majority ATC group of drugs that the patient did not take despite being prescribed, was group N, highlighting benzodiazepines, antidepressants and antiepileptics. The majority of ATC group of drugs not prescribed but that the patient did take were group A, highlighting proton pump inhibitors, vitamin D, calcium and magnesium; and group C, mostly statins, angiotensin II receptor antagonists, ACE inhibitors and beta blockers.

Conclusion and Relevance In view of the results obtained and the high percentage of patients (60.6%) in whom a discrepancy is found in the electronic prescription, it would be advisable to extrapolate the pharmaceutical action carried out in the Traumatology, Urology and Neurosurgery services to all the hospital's clinical services in order to avoid possible medication errors and adverse effects.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-031 ABSTRACT WITHDRAWN

5PSQ-032 USE OF THE 'PRECAUTIONARY ANNULMENTS' TOOL BY A HOSPITAL PHARMACY SERVICE

M Rodriguez Jorge, R Serrano Giménez, T Blanco Espeso, M Florido Francisco*. *HOSPITAL JUAN RAMÓN JIMÉNEZ, PHARMACY DEPARTMENT, HUELVA, SPAIN*

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Background and Importance The main objective of precautionary annulments (PA) is to contribute to patient safety, preventing dispensing of erroneous medications at the outpatient pharmacy level. This is a new tool carried out by both hospital and primary care pharmacists.

Aim and Objectives To analyse the different PA conducted by hospital pharmacists, and to evaluate their degree of acceptance by doctors.

Material and Methods This is a prospective study, carried out from May to September 2023. All patients in whom a PA was carried out, either during a hospital admission or by proactively obtaining the information through the 'Microstrategy' database, were included.

Variables collected age, sex, therapeutic group of the drug and prescribing service.

The PA were distinguished according to whether they were therapeutic duplications, dosing errors, or inappropriate medication prescription. Finally, the degree of acceptance by the physicians was measured.

Data obtained through the e-prescription module, digital medical record and through the 'Microstrategy' database.

Results A total of 38 patients were included (with one PA each). 60.5% were women (n=23), with a median age of 56 years (IQR=69–41).

In terms of therapeutic group, the highest percentage of PA was in the group of anti-rheumatics (28.9%), followed by anti-ulcers (18.5%), anti-osteoporosis (15.9%) and anti-diabetics (10.5%). Other drugs cancelled were: vitamins (5.3%), anti-anginal drugs (5.3%), anti-anaemics (2.6%), anti-asthmatics (2.6%), antipsychotics (2.6%), antihypertensives (2.6%),