

pharmacists in Spain. There is a high level of knowledge about MDIs carbon footprint, and the attitude towards the issue is positive, but environmental criteria are not considered to develop hospital formularies.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

### 6ER-023 A MULTI-SECTOR SIMULATED EXPERIENTIAL PRACTICE EVENT FOR YEAR 1 PHARMACY STUDENTS

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10.1136/ejhp-pharm-2024-eahp.485

**Background and Importance** Simulation-based education complements traditional teaching, improving students' knowledge, understanding, as well as supporting the development of students' teamwork, decision-making, and consultation skills<sup>1,2</sup>, as well as supporting professional identity formation<sup>3</sup>. Year 1 students across the country participated in a pre-placement workshop and a simulated multi-sector experiential event.

**Aim and Objectives** To evaluate Year 1 pharmacy students' and participating staff' experiences of a simulated multi-sector Experiential Event designed to develop clinical and consultation skills.

**Material and Methods** The year 1 Experiential Event was delivered in both Universities in the country in March 2022. Staff (n=16) and students (n=222) were invited to complete a post-Event evaluation on Microsoft Forms to inform ongoing improvement of the Event.

Ethical approval was not required as this formed part of the review of the module

**Results** Seventy-five percent of staff responded (n=12) with 42% (n=5) respondents believing that students were competent conducting medication history, counselling and simple prescribing decisions. Seventy-seven percent of students (171/222) responded; 85% (n=145) and 81% (n=139) respectively believed that the medication history and consultation checklists developed in the pre-placement workshop prepared them for 'real' patient consultations. Students were confident in conducting BP and peak flow examinations (73%, n=125) and in prescribing medication (83%, n=142). Eighty-six percent (n=147) of respondents believed that the event had made them feel more like a pharmacist.

**Conclusion and Relevance** Year 1 respondents showed an appreciation for the experiential event, believing that it improved their clinical and consultation skills. The majority of student respondents believed that the event supported their professional identity formation. Staff respondents agreed that students developed core clinical skills but to a lesser extent than student participants, believing curriculum redesign will facilitate enhanced student engagement with the event.

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**Conflict of Interest** No conflict of interest.

### 6ER-024 LYELL'S SYNDROME IN CAR-T TREATED PATIENTS: A CASE STUDY

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10.1136/ejhp-pharm-2024-eahp.486

**Background and Importance** Lyell's syndrome - a toxic epidermal necrolysis - is a rare and potentially life-threatening disease that affects the skin and mucous membranes. The drugs commonly implicated in toxic epidermal necrolysis (TEN) include non-steroidal anti-inflammatory drugs, chemotherapy, antibiotics and anticonvulsants.

**Aim and Objectives** This case report explores potential triggers of Lyell's syndrome in 39-year-old woman diagnosed with relapse and diffuse refractory large cell B lymphoma (DLBCL) who underwent Third Line Therapy with Axicabtagenecloroleucel. After the infusion, CRS (cytokine release syndrome) was reported, which progressed from grade 1 to G2 within 3 days. This was complicated by the onset of ICANS (immune-effector cell-associated neurotoxicity syndrome) progressed to G3 within 3 days. Subsequently, the HLH/MAS framework (Hemophagocytic Lymphohistiocytosis/Macrophage Activation Syndrome) was reported. To control her persistent high fever and to reduce the risk of convulsions, was somministrated levetiracetam. Despite anti-cytokine therapies and steroids were continued, after 6 days Toxic epidermolysis affected 90% of the body surface area, confirmed by histological examination of the skin rhomboid, consistent with TEN/Lyell syndrome. Levetiracetam was discontinued.

**Material and Methods** Medical records and National Pharmacovigilance Network were used to collect data.

**Results** The patient was admitted to the intensive care unit for 32 days, receiving treatments comparable to those given to patients with severe burns. Drugs administered: ruxolitinib, methylprednisolone, daptomycin, amine, piperacillin/tazobactam, tocilizumab, entanercept, anakinra, and high-dose fluids. The pharmacist provided critical support to CAR-T team, playing a key role in the management of drug selection and occasionally resort to off-label use of medicines. A sterile paraffin tulle gras dressing led to re-epithelialisation and disappearance of the blisters. DLBCL progression led to death 9 months later.

**Conclusion and Relevance** The co-administration of several drugs, the lack of available data on adverse drug reactions (ADRs) in response to CAR-T, and the temporal relationship between levetiracetam and onset of ADR lead to the conclusion that a metabolite of anticonvulsants, identified in the literature as a potential trigger, was responsible for the ADR. The decision to use anti-TNF-alpha was critical in the management of the syndrome. A comparable ADR was subsequently reported in Eudravigilance, raising uncertainty about the potential involvement of levetiracetam as a trigger of the ADR.