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Background and importance

The use of Unit Dose (UD) has been proved to be a critical tool in supporting the phases of prescription, preparation and administration of therapies and most importantly in the management of COVID-19 emergency. All drugs managed in the UD are screened and validated by the Pharmacist; during this stage, if any prescription presents a potential risk of adverse events for a patient, Pharmacist is required to insert notes requesting to modify the prescription. These notes inform about the risk of potential errors of: therapy duration, dosage, administration frequency, interactions, therapeutic indications, dilution, type of formulation and double prescriptions.

Aim and objectives

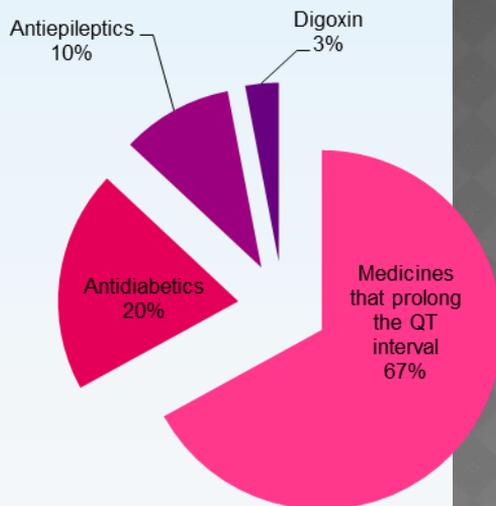
The aim of this work is to demonstrate the key role that Pharmacists play for patient safety and clinical risk management, particularly, in the prescription of hydroxychloroquine (HCQ) for COVID-19 patients.

Results

During the observed period the hospitalized patients in UD regime were 4649 patients, 413 resulted Covid-19, including 231 males, 182 females with median age of 70(20-99) and average of hospitalization days \pm sd 19 ± 17 . In 334(81%) prescriptions for these patients, one or more notes were reported from the Pharmacist, including 283 (HR) and 51 (LR). The total number of notes entered were 445, comprising 322(72%) related to HCQ interactions as follows: 1) 67% medicines that prolong the QT interval which can induce heart rhythm disorders (class IA and III antiarrhythmics, tricyclic antidepressants, antipsychotics, macrolides and quinolones); 2) 3% digoxin; 3) 20% antidiabetics; 4) 10% antiepileptics.

Material and methods

We have analyzed therapies from all patients managed in DU in the period 01/03/2020-31/07/2020 and reviewed the notes entered by the Pharmacists. These notes have been further divided based on the potential risk of event/error, latent/active high and low risk (HR,LW), where high risk refers to the use of potentially harmful events for the patient.



Conclusion and relevance

This study shows that in 72% of notes reported in advance by the Pharmacists in the prescriptions, there is a (HR) of potential adverse events resulting from the interaction with HCQ. This led to the an interruption in the use of this drug as subsequently confirmed by the decision of EMA (29/05/2020) to recommend its use only in clinical trials.