Background
In 2012, Toulouse University hospital implemented a Computerized Physician Order Entry (CPOE) in two digestive surgery departments (41 inpatient beds). Clinical pharmacists on the wards contribute to secure the medication process by reviewing prescriptions.

Purpose
1. To highlight recurrent and avoidable drug-related problems identified by pharmaceutical analysis of CPOE
2. To raise physicians’ awareness regarding these prescription problems

Results
2396 prescriptions were analysed and 450 Pharmaceutical Interventions (PI) were accepted by physicians (18.8%).

Main Prescription Problems

Analgesis (52 PI)
- Overdose 27%
- Inappropriate administration 49%
- Underdose 26%

Antibiotics (16 PI)
- Other 9%
- Drug without indication 11%
- Drug-drug interaction 26%

Antiemetics (24 PI)
- Other 9%
- Drug without indication 13%
- Drug-drug interaction 26%

Preventive Measures
- Pocket guide made by pharmacists to help new residents while prescribing
- Multi-disciplinary staff

Conclusion
This study describes the most frequent CPOE problems. Communication and collaboration with physicians and nurses are the key to decrease avoidable adverse drug events and to secure CPOE.

Contribution of empic basic therapy despite the absence of identified germs.

Examples:
- Antiemetics: prevention of nausea and vomiting.
- Analgesics:
  - No bolus DROPERIDOL OVER-DOSAGE (when prescribed alone and in PCA morphine) because of the low dose in the PCA
  - Stop prescribing ORDANSETRON TABLETS for post-operative nausea and vomiting
  - Antalgics:
    - Review of STANDARDIZED ORDER SETS OF PCA
    - New order sets to promote the prescription of ORAL PARACETAMOL AND ORAL TRAMADOL

Material & Methods
From April to July 2012, Pharmaceutical Interventions (PI) concerning prescription problems were recorded in the CPOE (according to the codification defined by the working group of the French Society of Clinical Pharmacy).