

SP 06

WHAT INFORMATION RESOURCES DO PHARMACISTS USE WHEN PROVIDING CLINICAL PHARMACY SERVICES FOR CHILDREN?Alice Burridge. *Aston University*

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Aim to explore the resource use of pharmacists when providing clinical pharmacy services for children. Areas to be explored included: frequency of resource use; quality of resources; areas for resource improvement and difficulty of prescribing for children.

Method a self-completed online questionnaire was emailed to all members of a national paediatric pharmacy group (n=280). Participants received a link to the questionnaire in November 2013 via email, followed by two email reminders. The questionnaire design was informed by a prior focus group study regarding resource use in paediatrics.

Results The response rate was 47.5% (n=133). The majority of pharmacists (75%) used resources to support their provision of paediatric pharmacy services at least several times a day. Types of information looked up included: dosing information, drug choice, interactions, contraindications, compatibilities, formulation information and patient test results. Dosing information was the most frequently looked up type of information. Resources used most often included: British National Formulary for Children (BNFc), patient medical notes & results, and local clinical guidelines.

Respondents reported the most useful resources to be: the BNFc; Guy's St Thomas', King's College and University Lewisham Hospital Paediatric formulary; and the Neonatal Formulary. The BNFc is considered the most useful as it is up to date and comprehensive as well as accessible and easy to use. Respondents also reported using a wide range of further resources including Neonatal and Paediatric Dosage Handbook and the Electronic Medicines Compendium. Respondents believed there was a lack of paediatric prescribing information available. Areas particularly affected included: information on availability of paediatric formulations, lack of advice other than 'caution' and paediatric doses. Respondents commented that there was also a lack of paediatric dosing information for patients with renal impairment, dosing information for obese patients and information on alternative methods of administration. Nearly two thirds of respondents (62%) agreed that a lack of paediatric dosing information could affect patient care. Patients could be affected by delays in treatment (for example when a suitable formulation is not available) and uncertainty regarding medication dosing. Respondents believed that prescribing for children is more difficult than prescribing for adults because there are a larger number of variables that need to be considered

when prescribing for children, which leads to the need to calculate individual doses for each patient.

Conclusion Pharmacists have a high demand for paediatric prescribing information. Lack of a single complete paediatric reference means pharmacists need to use a wide variety of sources to find the required information. There is a lack of paediatric prescribing information. Service development is needed to gather relevant paediatric information to a central access point as well as improve available paediatric prescribing information.