titration at our hospital is made twice a year and anti-HBs level needed are 30 to 50 IU/mL. Hepatitis A is a recommended vaccine for risk population including haemodialysis patients and chronic kidney disease patients. The vaccination schedule is the same for haemodialysis patients with two doses but the second dose is administered earlier, i.e. six months after the first with an antibody screening. For the pneumococcal vaccine, an additional dose is administered at 3 month of age for premature and at risk children and the conjugated vaccine potentiates the polyosidic vaccine. For measles, the second dose may be omitted if the antibody titration confirms the protection to allow the patient to be registered earlier on the renal transplant list. Flu vaccination is recommended with the same dose and schedule that the other patients, but tetra-valent vaccines should always be chosen.

Conclusions Children with chronic kidney disease or on haemodialysis are more at risk of vaccine preventable infectious diseases and should be vaccinated earlier before beginning dialysis. The specific immunization schedule will be presented and may be used by other hospital and countries for concerned patients.

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ENOXAPARIN AND TINZAPARIN IN PEDIATRICS: IMPACT OF PRESCRIPTION RECOMMENDATIONS ON PRESCRIPTION QUALITY AND ANTI-XA LEVELS

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Aims Enoxaparin and tinzaparin, two low-molecular-weight heparins (LMWH), are used in paediatrics with multiples advantages such as facility of administration, reduced frequency of side effects, reduced drug interaction. However, their use is at higher risk of error in prescription, dosage, dilution or administration.¹ The monitoring of efficacy is based on the dosage of anti-Xa level with a target between 0.5 and 1 IU/mL (0.4 to 1.2 IU/mL tolerated in our hospital).^{2,3,4} This dosage is performed on a routine basis in patients with curative treatment. A protocol was written by a multidisciplinary team (nephrologist, neonatologist, haematologist, cardiologist, paediatrician and pharmacist) in order to standardize the prescriptions of LMWH within the hospital

for patients aged between 0 and 18. The aim of this study consists in the analysis of prescriptions of enoxaparin and tinzaparin and the anti-Xa levels before/after the dissemination of the protocol during the summer of 2017.

Methods This is a retrospective observational study in our mother-child teaching hospital in France. Any patient hospitalized in 2016 and 2018 and who received a prescription for enoxaparin or tinzaparin was included in the study. Exclusion criteria were: patients hospitalized in obstetrics and gynaecology and patients over 18 years old. Prescribing throughout the hospital is computerized and involves PCS® software (IBM, Armonk, NY, USA). Data collected concerned the patient (age, weight, first anti-Xa level, unit), the drug prescribed (dosage expressed in IU, first dosage expressed in IU/kg depending on the patient's age and/or weight, the frequency of administration and the dilution when necessary and if it is conform to the protocol). This study has been approved by our ethics review board in March 2019.

Results In 2016 2,246 prescriptions for 630 patients were analyzed (601 patients had only enoxaparin, 7 only tinzaparin and 22 had a switch between the two heparins). In 2018 we studied 2,061 prescriptions for 629 patients (591 patients had only enoxaparin, 10 only tinzaparin and 28 had a switch). The conformity was improved concerning the first dose expressed in IU/kg (34.8% then 52.1% for enoxaparin and 69.2% then 80.0% for tinzaparin), the dosage and frequency (28.7% then 43.8% for enoxaparin and 69.2% then 80.0% for tinzaparin), the dilution specified (66.7% then 73.1%) and the dilution conform to protocol (29.4% then 66.4%). However, we observed a slight decrease in the conformity concerning the unit in IU/administration (84.5% then 80.2%) with dose expressed in mL, mg or 'referred to protocol'. The rate of conform first anti-Xa levels (between 0.4 and 1.2 IU/mL) improved from 26.6% among 158 dosages in 2016 to 44.1% among 118 dosages in 2018.

Conclusions The overall results show an improvement in the prescription of enoxaparin and tinzaparin and in the anti-Xa levels since the dissemination of the protocol for prescribing physicians. This whole protocol will be presented in the poster and may be used by other hospitals.

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DOSE-BANDING LIMITS FOR COMMONLY PRESCRIBED MEDICATIONS FOR CHILDREN IN THE UK

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Aim Currently, majority of prescribed medication doses are calculated according to a child's body weight without