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P37 ADMINISTERING MEDICINES SAFELY AT HOME: USING AN EVIDENCE BASED APPROACH TO HELP A FAMILY WITH COMPLEX HEALTH NEEDS

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Introduction Helping families to use medicines safely at home is a huge problem for both patients and professionals. Families who are unable to use medicines safely will experience poor health outcomes and require repeated health service visits.

This case involves a family who were resident in the UK under refugee status. Their child was admitted to our hospital for an operation to treat their complex congenital heart disease. At discharge the child was prescribed five medicines, and three of them needed to be manipulated in order to give the necessary dose. Both parents were present but unable to communicate using the English language.

The aim of this project was to describe how an innovative evidence based approach can ensure that when a family with complex needs goes home from hospital, they are able to continue to use medicines safely and effectively.

Method We structured our approach in two stages according to the principles of Medicines Optimisation.

The first stage would ensure we understood the patient experience as best we could. This would allow us to build a relationship between ourselves (the professionals) and the family. This was guided by qualitative studies that describe the experience of families caring for sick children¹ and the importance of building relationships between professionals and families.²

The second stage would use quantitative evidence to provide effective interventions that would support them to use medicines at home. These included providing a personalised pictogram of how to administer their medicines,³ and finally using simulation of medicines administration to check their understanding.⁴

Results The first stage involved a pharmacist and a specialist nurse meeting the family using a telephone interpreter. We found that there were significant problems for this family that needed addressing. For example, they had no immediate family to support them, had poor literacy and lack of understanding of the English language. Subsequently, another meeting with the family was arranged using a face to face translator, a doctor, a nurse and a pharmacist. This meeting allowed a more comprehensive discussion about their child, their medical needs and their medicines.

The second stage involved training the family to administer their medicines. A pharmacist and a specialist nurse used a telephone translator with parents. The medicines were dispensed to the ward and a pictogram was created which used pictures and icons. A medicines administration simulation was conducted to support the family to use their medicines.

Following this training, the parents were pleased with the support and were able to demonstrate they understood how to give their child's medicines as instructed. The family went home and were followed up by our specialist cardiology team. There were no readmissions, or subsequent issues reported by the family with their medicines at home.

Conclusion This case highlight some of the many challenges that professionals and families face with supporting families to use medicines at home. Despite the significant risks involved, using a personalised and collaborative approach between families and professional can have successful outcomes.

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P38 AN AUDIT OF EXCIPIENTS OF ONE MANUFACTURER'S UNLICENSED LIQUID PREPARATIONS IN A TERTIARY PAEDIATRIC HOSPITAL

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Background Many unlicensed medicinal products routinely used to treat the paediatric population do not undergo the same rigorous assessment that adult preparations do prior to coming to market. This means that many preparations are not authorised for paediatric use and consequently there is widespread use of unlicensed medicines and 'off-label' use of licensed medicines. Evaluation of excipients in unlicensed medicines is an integral part of assessing their suitability for use in paediatric patients.¹ Excipients of concern include (but are not limited to) propylene glycol, ethanol, hydroxybenzoates, artificial sweeteners. Medicines are carefully selected for use based on agreed criteria. The assessment tool used in this centre is the 'New Products Assessment Form' and helps the assessor identify potential issues with excipients.

Aim This review aimed to reassess excipients in one manufacturer's portfolio of unlicensed liquid preparations, stocked and regularly used at this centre. An informed decision could then be made to switch to a more suitable alternative if necessary.

Method A list of the manufacturer's unlicensed liquid preparations was compiled, 14 in total. The company was contacted and requested to provide a comprehensive list of excipients. A New Products Assessment Form was completed for each product, which identified potential issues with excipients, in line with European Medicines Agency (EMA) guidelines. A list of all preparations where excipients exceeded acceptable daily intake (ADI) was made. Based on dosing regimens and weight/age the ADI of each excipient was calculated and documented. Where a preparation exceeded ADI for a particular excipient the manufacturing