Summary of Product Characteristics. The nature of the medicines and the data for adults was studied as well. The age-appropriateness for children was evaluated concerning age, the ability to follow the authorised dosing recommendation, the suitability of the dosage form and the inclusion of potentially harmful excipients.

Results: 3542 licensed, paediatric medicines were identified containing 703 active chemical entities. The proportion of paediatric versus all human medicines increased with age from 37-96%. The proportion varied for the administration route from 22% (dermals) to 81% (inhalation products) and for the therapeutic category from 11% (genito-urinary medicines) to 89% (antiparasites). When considering the real age-appropriateness of licenced medicines the available formulations were acceptable for 27-88%, depending on age.

Conclusion: The current baseline information confirms a limited availability of paediatric medicines, especially for younger children. Health care professionals should realize that licensed, paediatric medicines may not be age-appropriate.

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DESIGN OF ELECTRONIC SOFTWARE TO AID RATIONALISED ANTIBIOTIC PRESCRIPTION AND IMPLEMENTATION OF THE LOCAL ANTIBIOTICS POLICIES.

M.O. Ogundele

Community Paediatrics, Alder Hey Childrens' Hospital NHS Foundation Trust, Liverpool, UK

Antimicrobial resistance has become a global public health problem. The overuse (or misuse) of antimicrobials resulting partly from poor prescribing behaviour, is the single most important determinant of resistance. As a result of ongoing concern regarding antimicrobials resistance, the UK Department of Health in 2003 allocated £12 million to be spent over 3 years on developing roles for pharmacists taking a lead in promoting rational antibiotic prescribing. Implementation of standard treatment guidelines for acute infections and essential drug lists are powerful mechanisms to improve prescription practices.

Aims: To design an easy-to-use, user-friendly desktop windows application for all prescribing professionals acting as quick reference for the implementation of the local antibiotics guidelines and essential drug lists.

Methods: The designed software is based on antimicrobial guideline locally available in most hospitals. It is intuitively easy to use and requires no advanced computer skills.

[Antibiotic-Fig1]

Results: The software provides dosage recommendations for patients of different age groups based on the British National Formulary. It aids selection of appropriate antibiotics based on agreed priority criteria for selected common disease conditions. It minimises prescribing errors by aiding in calculation of the correct antimicrobial dosage based on the given patient's weight. It enables prescribers to easily implement the local antibiotics guidelines.

Conclusion: We have designed an easy-to use simple electronic assistant which offers guidance on choice and priority of antibiotics prescribed for empiric management of selected disease conditions within the context of a local antimicrobial prescribing policy.