plug inserted via a femoral artery catheter. Despite having been given cefuroxime peri-procedure, she developed a fluctuating fever three months later, followed by painful spots on the feet, blue discoloration of the toes and a limp due to pain in the left groin. In addition, she had clubbing of toes and fingers, a 2/6 pansystolic murmur at the apex and an absent left femoral pulse. Echocardiography confirmed closure of the fistula and large vegetations on the mitral valve with significant regurgitation. Blood cultures grew Strep oralis that responded to appropriate antibiotics administered through a Hickman line over 12 weeks. Nevertheless, the patient developed a large infected thrombus in the left femoral artery, with further embolisation to the left fourth toe, and required a femoral thrombectomy. Although there was excellent clinical recovery at six months follow up, significant mitral and slight aortic regurgitation persist, raising the possibility for further operative repair in the future.

Conclusion: SABE remains a significant complication of cardiac interventional techniques, despite appropriate antibiotics, and should be considered in all such patients who develop 'unexplained' symptoms or signs.

PED 36

Trends and problems associated with adoptions over a 22-year period

S. Attard Montalto

Department of Paediatrics, Mater Dei Hospital, Malta

Aim/s: Trends and problems associated with national and international adoptions over a 22- year period, and the impact of the Malta Adoption Medical Protocol will be presented.

Method/s: Data was retrieved from the National Adoption and Departemental databases for the period 1987-2009, and assessed for demographic details and 'outcome' including associated problems. The latter were divided into medical, social, bureaucratic and illegal issues. Results were compared for the period before and after the introduction of the Malta Adoptions Medical Protocol in 2000.

Result/s: 1144 children were adopted between 1987 till February 2009 and, including 389 after the introduction of National Adoption Medical Protocol. Local unavailability and legal difficulties resulted in 3:1 adopted from overseas, initially Romania, Albania and Pakistan and, more recently, Russia and Ethiopia. The male: female ratio was similar and although 56% were in the 1-4 age range, adoptions in children aged <1 year significantly more likely to be local ($p<0.0001$). Prior to 2000, observed problems included behavioural (30%), medical (mostly infectious disease (16%) especially hepatitis B and HIV), neurodevelopmental (15%), bureaucratic and associated with criminal activities. After the introduction of the AMP, major medical problems decreased from a total of 25 to 7 cases ($p=0.02$), and included devolvement delay and fetal alcohol syndrome but no infectious diseases. Illegal practices, social and racial issues remain problematic, as do concerns with the same gender, single parent and upper age limits of prospective parents.

Conclusion/s: International adoptions are often the only option for parenthood for many couples. Whist the National Adoption Protocol has regularised the process and significantly reduced adopts infections disease, adoptions remain fraught with complex problems and ongoing vigilance can not be compromised at any stage.

PHA 1

Government Formulary List

I. Zahra Pulis, A. Anastasi

Pharmaceutical Policy and Monitoring Directorate (DPPM), Strategy and Sustainability Division, Malta

Aims: To provide updated information through maintenance and evaluation of the medicinal products available in the National Health system, to be used as the unique reference source by the healthcare professionals working within the Government sector.

Methods: The last updated list of the medicines available on the Government Formulary List (GFL) was used to:

1. Identify products available within the Government sector and those which have not been listed
2. Change the format and categorisation of the medicines according to the disease category adopted in the British National Formulary (BNF). Details included for all the medicines are: Active Ingredient, Dosage form and strength, Disease category, Anatomical Therapeutic Chemical (ATC) classification system, prescriber criteria, department use, protocol, unlicensed and pink card positive criteria.
3. Create separate formularies for Hospital use and for the Out patients' that is for government and the Pharmacy of your own choice (POYC) scheme, pharmacies.
4. Review of Pink card positive drugs into a further classification: acute (A), chronic (C) and both (B).
5. Review protocols and the prescriber criteria
6. Create a printed document besides the electronic format, with the necessary indexing and table of contents

Data and information was reviewed and discussed, in close collaboration with the Pharmacy section especially with the Clinical Pharmacists and the clinicians involved in the various specialties, such as the cardiovascular drugs. The protocols were amended after the Medicines Approval Section pharmacists identified any shortcomings and inconsistencies in the system. Before the final publishing, the document was reviewed for correctness and completeness of the information.

Results: The electronic and printed publication includes seven hundred and seventy eight (n=778) items. Five hundred and twenty seven (n=527) items in the last edition were updated, ten (n=10) of which were completely deleted from the formulary. During this exhaustive exercise the existing protocols were revised and the necessary amendments were made.

Conclusions: The Government Formulary List (GFL) is a useful structured resource based on current guidelines mirroring international practice. The considerable changes indicate the need for constant update and reviewing. The GFL will be published yearly.

PHA 2

Prescribing of analgesics by community pharmacists

S. Pace O'Shea, L.M. Azzopardi, M. Zarb-Adami, A. Serracino-Inglott

Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta

Aims: To develop protocols for the community pharmacist when dealing with pain and to implement a system for protocol prescribing of analgesics.