

PHARMACEUTICAL ANALYSIS OF ASSISTANCE ON RECONCILIATION OF PEDIATRIC MEDICINES

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OBJECTIVE

Detect and analyze potential medication errors in a pediatric population at the time of admission.

MATERIAL AND METHODS

From May to July 2013 were reviewed the daily income of pediatric patients in a second level university hospital. Only those with previous medication were selected. We reviewed patients received previous necessary medication appropriated to their current condition . Some prescriptions were verified by clinical interviews. Differences between medication prescribed prior to admission and medication prescribed at hospital were categorized into no discrepancies or discrepancies. Discrepancies were also classified as justified or unjustified. All the unjustified detected were communicated to pediatricians.

Data collection was classified by date, patient (age and sex), and medication (dose and route of administration). It was also measured time in which discrepancies were detected and gravity measured by pharmaceutical criteria in a scale from 1 to 3, representing 3 a low impact in the patient. An exclusion criteria was less than 24 hours hospitalization.

RESULTS

30 patients were analyze, 18 boys and 12 girls, with a mean age of 8.6 years, with a total of 47 medical prescriptions. Clinical interviews were applied to 11 patients. Of 47 prescriptions, 11 (23.4 %) were classified as no discrepancies, 18 (38.3 %) as justified discrepancies because a clinical decision due to patient situation and 18 (38.3 % %) as unjustified discrepancies (Figure I). All this unjustified discrepancies resulted from drug omissions. These were all communicated to pediatricians and 11 (61 %) were accepted and mean a change in the medical prescription.

Most common drug groups involved in unjustified discrepancies were antimicrobials and inhaled therapies. Mean days of discrepancy was 0.29 with a mean of gravity of 2.4.

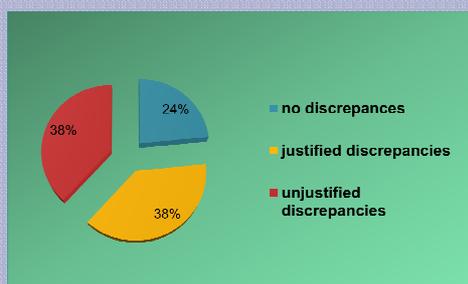


Figure I: Differences into medication prescribed prior to admission and medication prescribed at hospital

CONCLUSIONS

From a total of 47 medical prescriptions, 11 (23%) were potential medication errors avoid by pharmaceutical intervention. We believe further analysis to implant reconciliation medication in pediatric field may be important in order to optimize medical prescription.