ANALYSIS AND EVALUATION OF PHARMACEUTICAL INTERVENTIONS PERFORMED IN THE EMERGENCY DEPARTMENT OF A TERTIARY HOSPITAL

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BACKGROUND AND IMPORTANCE

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Prescription in the emergency department (ED) is compromised by multiple causes, which could lead to a higher risk of medication errors.

AIM AND OBJECTIVES

To compare and analyze the pharmaceutical interventions (PI) performed on frailty patients (FP) with those performed on the rest of the patients (ROP).

MATERIALS AND METHODS

- Prospective interventional study (January 2019-June 2019) in a tertiary hospital.
- · Daily medical reconciliation of chronic and acute treatments of patiens in the ED.
- Data collected: age, sex, kind of patient (FP, ROP), recorded in the electronic medical history. PI performed, kind of PI, kind of drug in wich the intervention is performed and rate of medical acceptance.
- Classification of drugs: high-risk drugs (HRD), potentially inappropriate drugs in the elderly (PID), and others.

TYPE OF PATIENT

FRAILTY PATIENT

Classified by their Primary Care Physician → Personal interview with the patient and face-to-face PI with the ED physician.

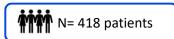
OTHER PATIENTS

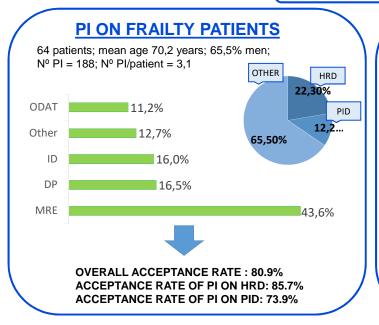
Medical reconciliation and PI carried out electronically.

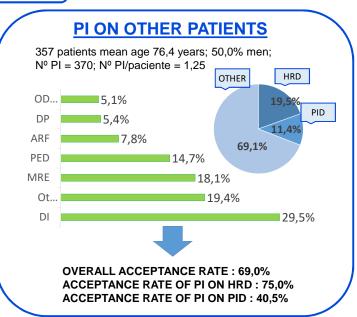
TYPE OF INTERVENTION

- o To discontinue a prescription (DP)
- o Omission of a drug in the acute treatment (ODAT)
- Medical reconciliation errors (MRE)
- o Incorrect Dose (ID)
- Purpose of an exchange of a drug (PED)
- Adjustment to renal function (ARF)
- Others

RESULTS







The results were presented to the hospital security commission and six safety measures were implemented, three of them related to MAR (methotrexate, insulin and anticoagulants).

CONCLUSION AND RELEVANCE

The high rates of acceptance of the PI show that the integration of the pharmacist in the multidisciplinary ED team improves the safety of the prescriptions, especially when the pharmacist is physically present.





