AIM & OBJECTIVES
To describe the pharmaceutical interventions (PIs) carried out by a resident pharmacist and its acceptance in a tertiary referral hospital.

CONCLUSION & RELEVANCE
The clinical pharmacist integration in the ICU enhances the pharmacotherapy optimization of critical patients, especially through pharmacokinetic monitoring and interventions related to anti-infective drugs. The acceptance rate was greater than 90%, which indicates a considerable concern by the ICU team.

MATERIALS & METHODS

30 beds ICU
July-August 2019

Variables
number of ICU admissions, number of PIs, drugs involved according to the ATC classification, type of PI and acceptance rate.

PIs classification:
1. Dosage adjustment
2. Pharmacokinetics monitoring
3. Stopping treatment
4. Switching equivalent therapeutic drug or pharmaceutical form
5. Information about drugs administration
6. Duplicity
7. Others

RESULTS
Admissions: 430 patients
Pis: 115 in 66 patients
→ 1 intervention/3 patients admitted

% PIs according to ATC classification

<table>
<thead>
<tr>
<th>Letter</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>J</td>
<td>42.6%</td>
</tr>
<tr>
<td>R</td>
<td>4.4%</td>
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<td>B</td>
<td>13.9%</td>
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<td>C</td>
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<td>H</td>
<td>12.2%</td>
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Dosage adjustment 14%
PK monitoring 24%
Other 12%
Stopping treatment 12%
Drugs duplication 18%
Drugs administration information 17%