The usefulness of a pharmacy resident stage in the critical care unit

A. Morales Portillo¹, M. Mir Cros¹, M. Bardoll Cucala¹, M. Cuy Bueno¹, B. Martínez Catro¹, M. Martínez Sogues¹, M. Nevot Blanc, C. Santos Rodríguez¹, M. Gilabert Sotoca², J.A. Schoenenberger Arnaiz¹

1: University Hospital Arnau de Vilanova, Lleida, Spain. 2: University Hospital Santa María, Lleida, Spain.

Background and Importance
The presence of pharmacists as members of the multi-professional critical care team is increasingly accepted and welcome. However, the impact of this presence is not always easy to measure since the offered service portfolio varies widely from hospital to hospital.

Aim and Objectives
This study measures the intervention impact of the rotation of a pharmacy resident in the critical care unit of a hospital after assessing the unit's complexity level.

Materials and Methods

- Critical care complexity
- Medication Regimen Complexity-ICU (MRC-ICU)
- 7 weeks
- Pharmacist interventions
- Excluded Interventions (were already standard care before the study)
- Prospectively recorded
- Sorted by type, addressee and intensity
- Parenteral nutrition
- Therapeutic Drug Monitoring

Results

- MRC-ICU = 10.46±5.4
- 108 interventions in 79 patients

Type

- Clinical
- Informative
- Logistical

Addressee

- Medical
- Nursery
- Both

Acceptance

- Low 12%
- Medium 34%
- High 54%

Conclusion and Relevance

Critical care complexity in this study was above average compared to previous studies. A clinical pharmacist, even a trainee pharmacy resident, can improve critical healthcare and clinical decision-making by the critical care team. A high intervention acceptance rate shows how valuable the rest of the professionals in the intensive care team consider the clinical pharmacist.

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Correspondence to: amoralesp lleida.ics@gencat.cat