STANDARDISATION OF PROCESSES BY ELECTRONIC ASSISTED PRESCRIPTION PROGRAMME IN AN UNIVERSITY PAEDIATRIC HOSPITAL

Pérez-Moreno MA, Álvarez del Vayo-Benito C, Molón-Ruiz M, Alfaro-Lara ER, Araujo Rodríguez F, Monzón Moreno. Clinical Unit of Pharmacy. University Hospital Virgen del Rocío. Seville, Spain

6ER-020

BACKGROUND

Standardisation of processes and electronic assisted prescription programmes (EAPP) are essential tools to prevent medication errors, something especially relevant in vulnerable populations as children.

OBJECTIVE

• To standardise the processes associated to pharmaceutical prescriptions of hospitalised paediatric patients in an university hospital through an EAPP, as previous step to the installation of automatic dispensing cabinets.

METHODS

Scope: Tertiary university paediatric hospital with intensive care (ICU) and paediatric onco-haematology units.

• Reference population: 557,576 inhabitants.

Interventions performed:

• Meetings to agree on particularities of clinical units
• Paediatric drugs information in EAPP
• Configuration of EAPP login credentials
• Training activities for nurses/doctors (individualised and group sessions)
• Protocolisation of pharmaceutical prescription
• Standardisation of ICU infusions (fixed-concentrations).

RESULTS

Login users reviewed:

• 50 residents
• 87 doctors
• 160 nurses.

Dosage regimens according to weight/paediatric age group/indication

Standardised administration schedules

Medication alerts

22 protocols designed to standardise prescriptions, mainly in paediatric surgery and onco-haematology areas

82 fixed-concentrations intravenous infusions for prescription/administration of drugs in the ICU (preparation, conservation, stability, dosage and administration regimens).

Training:

• 2 general sessions
• 8 group training sessions for doctors (1-2 per unit).
• Individualised training was done on demand

110 hospitalisation beds

100% pharmaceutical validation

The EAPP was successfully implemented in the paediatric hospital with high degree of standardisation and validation of pharmaceutical prescriptions, which would improve patients safety and decrease medication errors.

CONCLUSIONS

In future studies, we intend to analyse this positive effect.

REFERENCES

▪ Uptodate®
▪ Pediamecum®
▪ Micromedex®