Introduction

Pediatric hematopoietic stem cell transplantation (HSCT) is highly specialized and toxic treatment protocol. Prior studies indicate that children who have more information and education about their disease and medication are better equipped to cope with their illness [1].

PURPOSE: TO DEVELOP AND IMPLEMENT A PHARMACEUTICAL CONSULTATION FOR CHILDREN AND THEIR PARENTS IN AN HEMATOLOGY UNIT

Material & Methods

Pharmaceutical consultations

- Period: July to September 2011
- Place: Robert Debré hospital (pediatric teaching French hospital)
- Actors: pharmacist resident and/or senior pharmacist

Patients

- ≤ 18 years and their caregiver
- Admitted with cancer
- In hematopoietic stem cell transplantation unit
- With ≥ 1 medication
- At admission or discharge

Consultation content

- 30 to 40 min
- Medication history
- Interview addressing:
  - medication prescribed, name & role,
  - how to manage side effects, medication omission and adherence

Evaluation

- Pharmacist medication history necessity
- Medication knowledge
- Main drugs related problems and pharmaceutical interventions
- Pharmacist intervention usefulness (evaluate by 2 pharmacists)

Results

15 interviews

6 patients (≥6y), 15 caregivers, Mean age: 6 years, 11 girls, 4 boys, 7 at admission, 8 at discharge
Main inclusion protocols: FRALLE 2000 (4), EORTC, LMB 2001, Euro LB 02, Interfant 06

No medication history mistake

Medication knowledge: inadequate 1/3, Intermediate 1/3, good 1/3

Drug-related problems (n = 36)

- Improper drug selection
- Failure to administer drug properly
- Failure to administer oral chemotherapy properly

Pharmaceutical intervention (n = 47)

- Drug switch
- Drug information
- Administration modalities optimization
- Adherence optimization

Pharmaceutical consultation Usefulness (n = 47)

- Minor: 13
- Moderate: 17
- Major: 17

Conclusion

FREQUENCY, NATURE AND IMPACT OF PHARMACEUTICAL INTERVENTION + LOW MEDICATION KNOWLEDGE JUSTIFY TO IMPLEMENT THIS PHARMACEUTICAL CONSULTATION

Next steps:

→ to determine indicators to assess the Medication Use Review process with patients at discharge
→ to develop tools contributing to improve patient safety

Perspectives:

→ Structuring a therapeutic patient education program