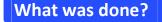


# PHARMACY RESIDENTS IN THE INTENSIVE CARE UNIT: EDUCATION AND TRAINING.

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**STANDARDIZED** MEDICATION AUDIT TOOL

ensure uniform pharmaceutical care delivery aligned with the Hospital Pharmacy Specialty training program. Helps in the training process of pharmacy residents

## Why was it done?

The **four-year specialist training** program for Hospital Pharmacy in Spain includes:



residents develop clinical skills

WHY

ICU?

Through **medical units** where

essential component of clinical proficiency and integration into the healthcare team.

presence of a pharmacist during rounds as a full member of the care team has been **associated with a I** rate of adverse drug events.

# How was it done?

Multidisciplinary team identified the most common clinical problem

- Specific outstanding problems in particular patient types.
- Specific efficacy and safety indicators for each clinical problem.

**Pharmacotherapeutic** recommendations clinical evidence or internal protocols.

Variables: biodemographic and clinical data. analytical parameters and clinical issues.

DATA: NAME:		nostic/Relevant medical history: ent medication:
Nutritional support	Type of nutrition (protein/lipids/carbohydrates) Weigh, nutrition via (enteral/parenteral) Biochemical parameters: electrolytes, prealbumin, albumin, triglycerides. Renal and hepatic function: creatinine, BUN, urea, GOT, GPT, phosphatase, GGT.	
Thromboembolic prophylaxis	Type (mechanical, pharmacological), Initiation, Bleeding risk, Platelet count	
Glycemic control	Glycemia, Insulin requirements	
Hemodynamic monitoring	Arterial tension Cardiac frequency	
Pain management	Pain scale punctuation, Adverse drug reactions (ADR)	
Infection management	Current antibiotic (prophylaxis, empirical) Therapy adequacy: pathogen Isolated, resistances Signs: temperature, shivering <b>Standardized</b>	
Mechanical ventilation	Current sedative and analgesic therapy Sedation scale, ADR	medication audit tool
Therapy monitoring	Drugs (therapeutic range), plasma level ADR, Drug-drug interactions	pharmaceutical interventions

Table 1. Pharmacotherapeutic monitoring chart (adaptation)

## What has been achieved?

→Establish homogeneous standards for pharmaceutical care that optimizing pharmacotherapy outcomes in patients.

→Facilitates the assessment of residents' skill acquisition during their training

→ Promoting **consistency** among the entire care team.

#### What's next?

- Assessing the tool's usefulness and its impact on residents' training benefits will be of interest.
- Moreover, it may serve as a reference model for other clinical rotations.
- Integration of CHART into computer tools used in daily clinical practice.

