

Good Practice Initiative: Implementation of an assisted electronic prescription system in a critical care unit

VALERA RUBIO, M¹, MORA SANTIAGO, MR¹, SIERRA TORRES, MI¹, ORTIZ LATORRE, JL¹, MOYA-CARMONA I.¹,
1. HOSPITAL VIRGEN DE LA VICTORIA- MÁLAGA, PHARMACY, MALAGA, SPAIN.

What was done?

The intensive care unit (ICU) used a computerized physician order entry system different from all the hospital units. The Pharmacy Service, among ICU physicians and nurses have tried to adapt the special features of this unit to adequate it to the integrated with clinical decision prescription system that is official in the hospital.

Why was it done?

The existence of different prescription systems could lead to validation errors when the pharmacist responsible for the ICU is not available. Furthermore, ICU physicians could not benefit from all the advantages that the official prescription system included.

The presence of a common integrated prescription system among all units allow the exchange of prescription drug information between the ICU and the rest of units, according with the health situation of the patient.

Moreover, with this new system they can have access to allergies, renal adjustment doses, recommended posologies, therapeutic exchanges, and pharmacy validation, among other items.

How was it done?

A multidisciplinary team formed by ICU staff (doctors and nurses) and pharmacists met to discuss the points that should be followed when implementing the new electronic prescription program. In these working meetings, especially with physicians, we tried to agree on what and how the infusion protocols would be included in the new system, based on the infusion pumps guides made by both units.

A pilot phase was established by the end of July 2019 to detect possible errors in the process of prescription, and mostly, when a patient changed from two units, from the ICU to another health care service and vice versa.

All errors or discordances found were discussed between the pharmacist and physician or the nurse, and in order to solve them we contacted with the managers of the prescription system or we modified the parameters that are included in the system such names of drugs, dosage guidelines, new nurses' orders, etc

What has been achieved?

The implementation of this new system has been well embraced by the staff, since it allowed a more efficient and secure health care circuit for the patients. All physicians are able now to use this system while the other one is no longer used.

What next?

- To continue making formative sessions to both physicians and nurses, in order to solve all the doubts that can appear during the training period.
- To update periodically the available data and making improvements in the program configuration.

