PHARMACEUTICAL CARE PROGRAMME IN AN EMERGENCY DEPARTMENT


BACKGROUND AND OBJECTIVES

Over recent decades, the pharmacist’s role has evolved with development of Pharmaceutical Care, defined as the active participation of the pharmacist in patient care, in collaboration with the doctor and other healthcare professional in order to achieve results which improve the patient’s quality of life. Based on this, we have established a pharmaceutical care programme in an Emergency Department (ED).

Objectives:

- To describe more frequent Pharmaceutical Interventions (PI) in an ED.
- To analyze the rate of acceptance of the PI and which affected.

MATERIAL AND METHODS

Prospective, descriptive study (6 months) - Type-causes Drug Related Problems (DRPs) detected (according to Third Consensus of Granada on DRPs*) - Adaptation to the pharmaceutical guide implemented in the hospital (AP)

All medical prescriptions of Emergency Department

Prospective, descriptive study (6 months) Analized data: SPSS vs.15)

Other data collected: sex, age, medical service: emergency, medical unit, surgery unit.

Acceptance rate

RESULTS

987 patients reviewed
320 patients with PI (50.3% women)
Median age: 77,0±15,9 years
669 PI → 0,7 PI/patient

Fig.1: Reasons for PI (n=669)

SAFETY = 40,8%
INDICATION = 32,6%
EFFICACY = 26,6%
76,8 % of PI:
ACCEPTED

Fig.2: More frequent PI

AP: 40%
Dosage/posology change: 26%
Start treatment: 13%
Form administration change:10%
Stop treatment: 8%

Fig.3: PI/Unit and acceptance rate/ patient (%)

40% AP
60% DRPs

CONCLUSIONS

- More frequent PI were adaptation to the pharmaceutical guide and dosage/posology change.
- Emergencies physicians accept more PI by medical or surgery physicians and medical units reject more PI than other units (25%).
- Interventions by a clinical pharmacist had a major impact to reducing prescribing errors in the study period, thus improving the quality and safety of carried provided.

Bibliography: *Third Consensus of Granada on Drug Related Problems (DRP) and Negative Outcomes associated with Medication (NOM). Ars Pharm 2007;48:103-5

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