OBJECTIVES
To identify and notify drug related problems (DRP) and discrepancies between chronic treatment and hospital medications when patients are admitted in Traumatology Department (TD) in a hospital with 400 beds.

METHODS
Patients included > age of 65 admitted in TD, with 5 or more chronic medications. Pharmacists review the treatment 24 hours after hospitalization taking into consideration,

- patient’s interview
- clinical history

medication (MR) reconciliation
review every day
medical prescriptions
analytical parameters

If any DRP was found or any change in the medication was realized during the admission -- patients and their general practitioners (GPs) were informed.

RESULTS
November 2015 to July 2016
230 patients
241 pharmaceutical recommendations

PHARMACEUTICAL RECOMMENDATIONS

- 80.8% → Medication reconciliation
- 52.2% → Omission of medication
- 29.6% → Dose prescribed
- 18.6% → Medication prescribed at admission time that patients were not taking any more

60.0% accepted
26.6% not accepted
13.4% justified discrepancies

- 19.2% → Drug Related Problems
- Inappropriate medications in Parkinson disease
- Inappropriate medications in elderly patients
- Dose adjustment in renal insufficiency
- Interactions and sequential therapy
- Adequacy of treatment

18 GPs were informed about detected DRP and changes in medication during hospital admission

DISCUSSION
Detection of DRP and MR is essential to decrease the harmful effects in patients. If any DRP is found during the admission and healthcare transition, it is important to notify not only to the professional responsible also to the GPS.

CONCLUSIONS
Pharmacists integration in multidisciplinary team can help to detect and resolve discrepancies between chronic treatment and hospital medications and minimize DRP.

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