BACKGROUND
Chronic Kidney Disease (CKD) is an emerging problem worldwide due to the aging population and increasing prevalence of risk factors, making it necessary to adjust dosage in some commonly prescribed drugs at hospital admission.

OBJECTIVES
To determine the frequency of need for drug dosing adjustment in patients with CKD at hospital admission by Emergency Department (ED), and pharmacological groups most frequently involved in these adjustments.

MATERIAL AND METHODS
- Cross-sectional study in a referral area hospital of 330 beds and 275 emergencies/day.
- In this hospital was implemented a medication reconciliation procedure (MRP) at hospital admission by ED in 2012 that selects patients with higher risk of reconciliation error (RE).

ANALYSIS
- Frequency of patients with CKD regarding of all selected by the MRP during the years 2012 to 2014.
- Frequency with the pharmacist made recommendations for dosing adjustment in someone of the drugs prescribed in the ED to these patients.
- Frequency of acceptance of the recommendations by the emergency physician.
- Pharmacological groups most frequently involved in recommendations.

RESULTS
- 424 (100%) patients selected by the MRP
- 85 (20%) patients with CKD
- 31 (36.5%) patients with some drug that requires dosage adjustment.
- 1.32 recommendations per patient
- 41 recommendations
- 90.2% accepted

- Pharmacological groups most frequently involved in recommendations:
  - Antidiabetics
  - Antibiotics
  - Anticoagulants
  - Others
  - 17,1%
  - 19,5%
  - 26,8%
  - 36,6%

- Drugs with more recommendations:
  - Enoxaparin
  - Levofloxacin
  - Allopurinol
  - Enalapril
  - Others
  - 49%
  - 17%
  - 12%
  - 12%
  - 10%

- 4 drugs 51.2% of the recommendations

CONCLUSIONS
The three pharmacological groups most commonly involved in recommendations for dosage adjustment pose a high risk to the patient in case of improper dosing, so we consider essential the participation of the pharmacist in the patient care team in the ED for proper prescription.