A NEW SEMI-AUTOMATIC TOOL FOR ASSESSING TREATMENT PRESCRIBING BASED ON REAL TIME BLOOD TESTS

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BACKGROUND
Optimization of renal insufficiency (RI) patients’ treatment is necessary to avoid excessive or insufficient dosing of drugs.

LIMITATION: Time for identification and selection of RI patients’ adequate treatments.

PURPOSE
To assess obtained data for the first two months after a new semi-automatic validation tool for physicians’ prescriptions of RI patients’ treatments.

METHODS
Descriptive prospective study of pharmaceutical interventions: Medication prescribed to RI patients during the first two months after new software implantation was evaluated.

RESULTS
Every day, a report for RI patients’ prescribed treatment was automatically generated and a suitable treatment was proposed by the new software. The pharmacist informed the physicians about differences detected between original prescriptions and semi-automatic recommendations tool, using CPOE.

- Number of pharmaceutical interventions
- Medical departments
- Drugs involved

Drugs involved | Frequency
---|---
Ranitidine | 27.8%
Ramipril | 12.1%
Morphine | 9.1%
Enalapril | 6.1%
Levofloxacin | 6.1%
Enoxaparin | 6.1%
Allopurinol | 6.1%
Simvastatin | 6.1%
Spironolactone | 6.1%

Each inpatient was checked less than 10 minutes.

CONCLUSIONS
1. The new semi-automatic validation tool allows time optimization: assessing team of RI patients was able to check all inpatients treatments quickly each day.
2. More than a quarter of pharmacist interventions involved ranitidine.
3. Most frequent discrepancies detected were carried out in Internal Medicine and Cardiology inpatients.