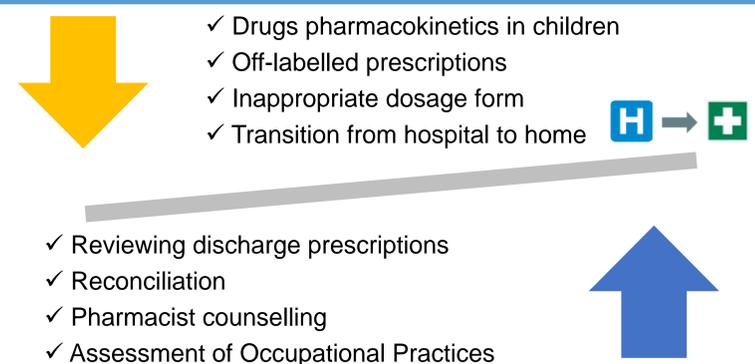


## Objectives

Paediatric patients need **follow-up** during discharge as they are at **higher risk of medication errors and adverse drug events** owing to complex medical care. This is a vulnerable period which requires vigilance from healthcare professionals.

The expanded role of clinical pharmacists like active participation in clinical activities can help to **secure patients' management**.

➔ **To assess pharmacist medication review at paediatric discharge**



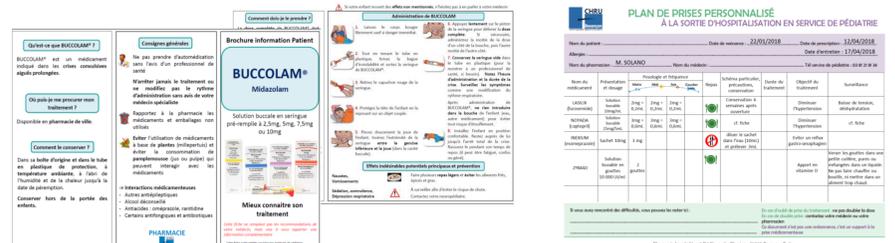
## Methods

- Time to pick up outpatient treatment after discharge
- Comparison of patients' understanding and their need of further information before and after pharmacist medication review
- Patients' satisfaction (anonymous feedback questionnaire)

Pharmacist medication review = discharge counselling      follow-up telephone encounters



➔ Work tools were created to help pharmacist during discharge counselling:



- information sheet about medicines
- personalised therapeutic plan (> 3 prescribed drugs)

## Results

**Patients characteristics:**

- 49 patients
- Sex Ratio: 0.88
- Median age (y) (range): 6.0 (0 - 17)
- 51% with 2 - 4 prescribed drugs
- 29% off-labelled prescriptions

- ✓ 49 patients (60% of patients' discharges)
- ✓ 25 pharmacist interventions (PIs)
- ✓ 100% of PIs accepted by Paediatrician

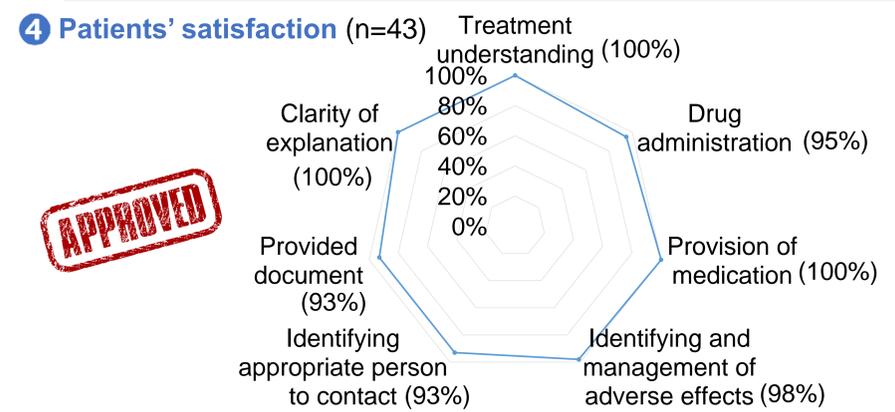
### 1 Pharmacist interventions (PIs)

Problems	Interventions (n)	Clinical impact (n)
<b>Wrong dosage</b>	Substitution (n=5)	<b>Very Significant (n=4)</b>
	Dose optimisation (n=4)	Significant (n=6)
	Frequency optimisation (n=1)	
<b>Wrong administration</b>	Substitution (n=7)	<b>Very Significant (n=1)</b>
	Optimisation (n=4)	Significant (n=10)
<b>Absence of monitoring</b>	Therapeutic drug monitoring (n=2)	Significant (n=2)
<b>Drug-disease or drug-drug interaction</b>	Stop (n=2)	<b>Very Significant (n=1)</b> Significant (n=1)

➔ **78%** of paediatric patients could get their treatment **without delay** after discharge.

### 3 Comparison of patients' understanding and their need of further information before and after pharmacist medication review:

	Before interview, n (%)	After interview, n (%)
<b>Understanding</b>		
Number and drug name	18 (37%)	37 (76%)
Indication	34 (69%)	40 (82%)
Dose/frequency	8 (16%)	39 (80%)
Treatment duration	14 (29%)	37 (76%)
<b>Further information needed</b>		
Preparation/Administration	34 (69%)	3 (6%)
Indication	7 (14%)	0 (0%)
Treatment duration	15 (31%)	1 (2%)
Therapeutic drug monitoring	17 (35%)	2 (4%)
Adverse effects	22 (45%)	3 (6%)



## Discussion - Conclusion

✓ This pilot study was **focused on few diseases**, but inclusion criteria will be increased. Undertaking the research at a single hospital may limit the generalisation of the results. Time spent to this pilot study represented **50%** of hospital pharmacist's activities. Time to prepare for and conduct each encounter and follow-up was not recorded.

✓ Pharmacists can provide a **valuable service in patients' management** during children discharge process by **detecting prescription errors, optimizing administration** and **counselling patients**. Facilitate the discharge process **satisfy patients** and can help to **provide continuity of care**.

✓ Development of **interprofessional pharmacist-paediatrician-nurse team** provided various skills to take care of paediatric patients. There are opportunities for community and hospital pharmacists to realise **follow-up interviews** according to the place of picking up medications. Efforts to assist patients with **adherence** might improve the benefits of prescribed medication. This program is a part of **ongoing improvement** of professional practices relating to **better patients' management and quality of life**.

### References:

- [1] Allenet B, Bedouch P, Rose F-X, Escofier L, Roubille R, Charpiat B, et al. Validation of an instrument for the documentation of clinical pharmacists' interventions. Pharm World Sci. 2006 Aug 1;28(4):181-8
- [2] Hatoum HT, Hutchinson RA, Witte KW, Newby GP. Evaluation of the contribution of clinical pharmacists: inpatient care and cost reduction. Drug Intell Clin Pharm. 1988 Mar;22(3):252-9