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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** → medication (MR) **review every day** * **medical prescriptions**
- **clinical history** → reconciliation → * **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

* 19.2% → Drug Related Problems

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

- * Inappropriate medications in Parkinson disease
- * Inappropriate medications in elderly patients
- * Dose adjustment in renal insufficiency
- * Interactions and sequential therapy
- * Adequacy of treatment

60.0% accepted
 26.6% not accepted
 13.4% justified discrepancies

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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