

CLINICAL INTERVENTIONS IN THE CARDIOLOGY SERVICE PERFORMED BY A HOSPITAL PHARMACY RESIDENT

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BACKGROUND AND IMPORTANCE

Pharmaceutical validation of inpatient treatments in the cardiology department is a fundamental activity in clinical practice of the hospital pharmacist. Thanks to it, many prescription errors are detected, promoting patient safety. In addition, the training of pharmacy residents in the cardiology service contributes to the development of clinical pharmacy.

AIM AND OBJECTIVES

To describe the interventions performed by a hospital pharmacy resident in the cardiology service, supervised by consultant pharmacists, to promoting patient safety and to evaluate their acceptance degree.

MATERIALS AND METHODS

- Prospective interventional study conducted during May 2024 --> Adult inpatients and Outpatient, whose hospital treatment was reviewed, were included.
- Variables collected: Demographic (sex and age), clinical (clinical judgement [CJ] and cardiology area) and pharmacotherapeutic (high-risk medication prescribed, according to Institute for the Safe Use of Medicines [A,B])
- Interventions were reported to the clinician, nurse or patient in person, by phone, or via electronic prescribing software.
- They were classified as: Activity (Information [1] / discharge dispensing [3]), Adequacy (detection of prescribing error [11] / therapy reconciliation error [5]), Change (Contraindication [12] / lack of efficacy [6] y substitution [8]), Initiation (usual treatment not prescribed [4] / need for additional treatment [7]), Modification Dosage Form (DF) (13) or Posology (2), Suspension (duplicate [9] y unnecessary medication [10]).
- Data sources: electronic medical sources and electronic prescribing software.
- Excel 2020® was used to process the data.

RESULTS



Interventions were performed in 40 patients.

65% Male.

Mean age 68±16.6 years

77,5% of patients had prescribed high-risk medicines:

Oral anticoagulants 40,5%

Insulin 19,0%

Parenteral anticoagulants 7,1%

Parenteral benzodiazepines 7,1%



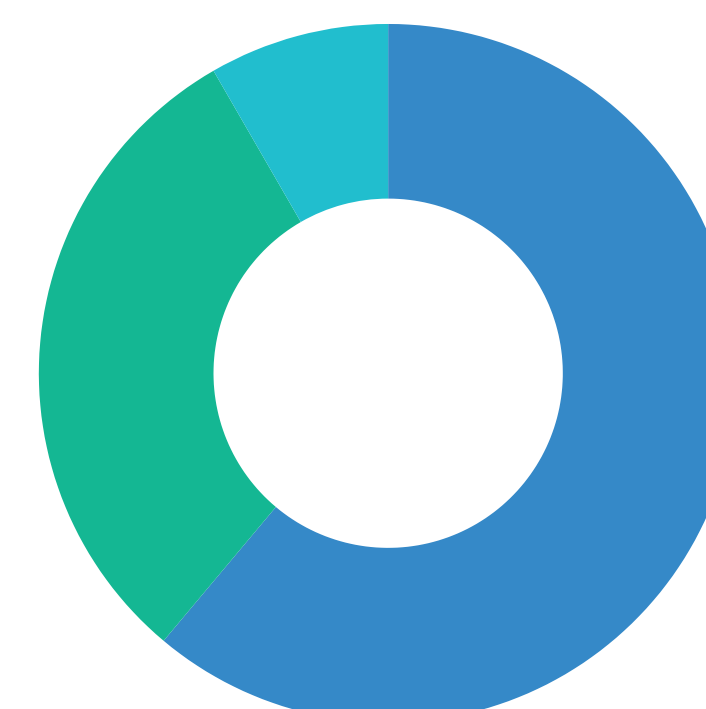
AREAS WITH MOST INTERVENTIONS

Outpatient consultations

8.3%

Coronary unit

30.6%



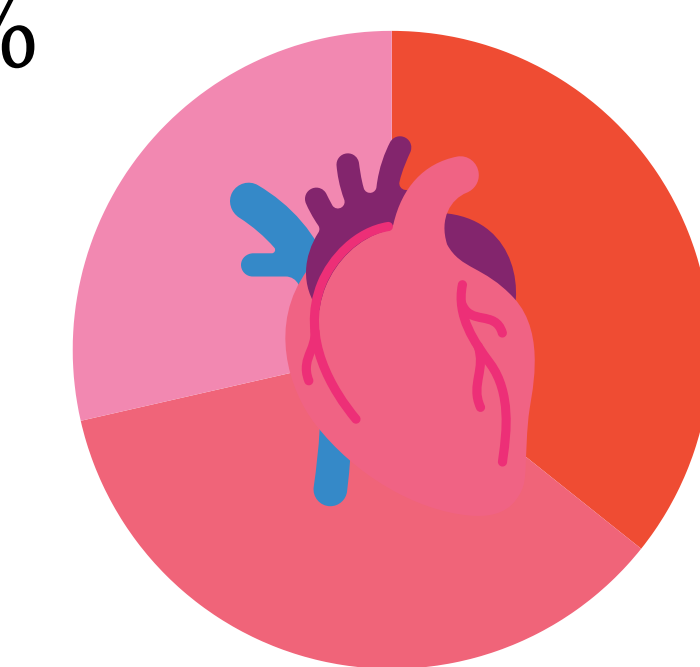
Hospitalization

61.1%

THE MOST FREQUENT CJ

Arrhythmia

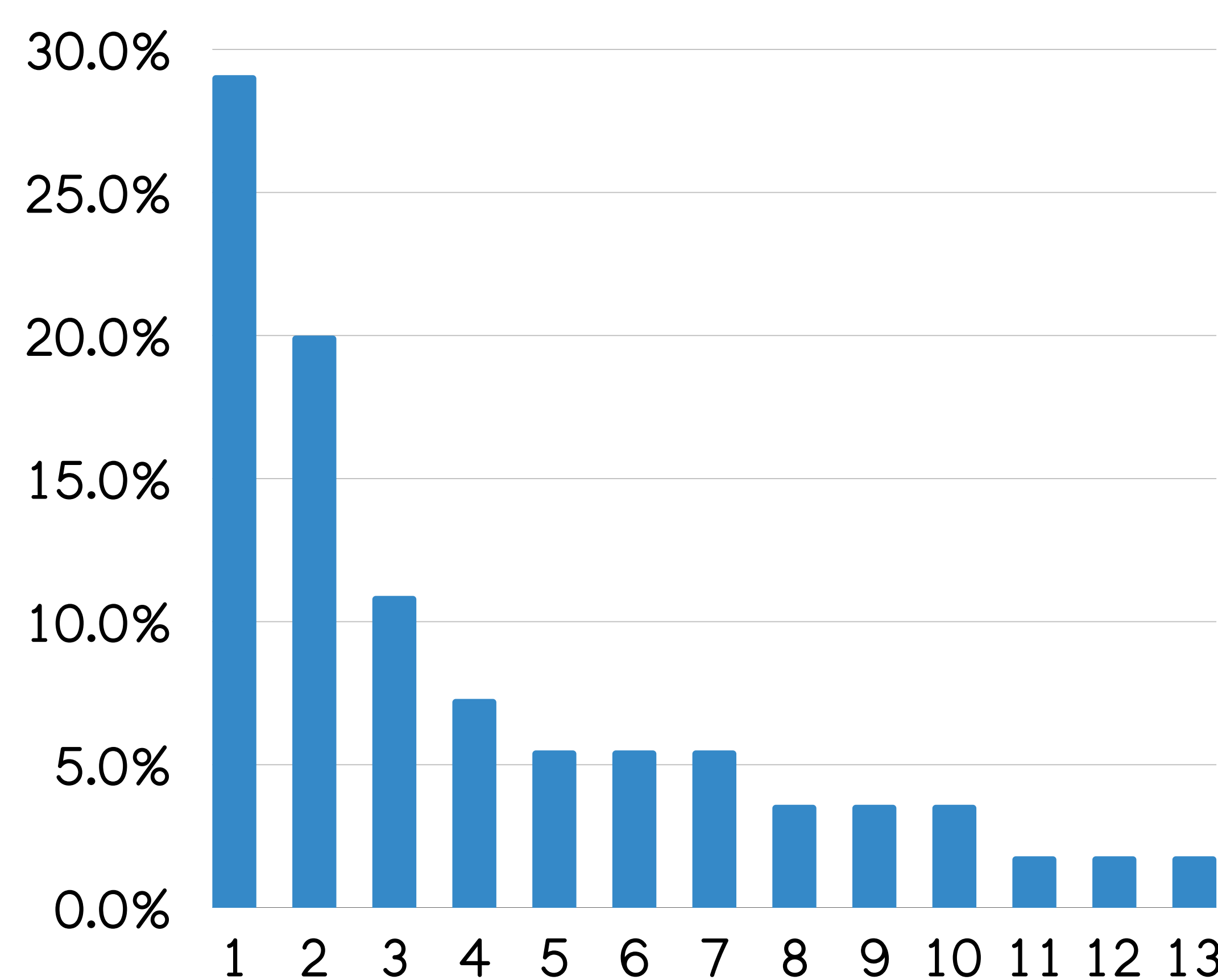
28.6%



ACS
35.7%

Heart failure
35.7%

55 interventions were performed. 26% were "not evaluable".
Of the evaluable, 67% were accepted. The percentages were:



CONCLUSION AND RELEVANCE

The data obtained demonstrates that a high percentage of patients used high-risk medicines and clinical interventions performed by the hospital pharmacy resident have a high degree of acceptance, increasing the quality and safety of healthcare and avoiding medication errors.

REFERENCES

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