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BALANCE AND CLASSIFICATION OF PHARMACIST'S INTERVENTIONS IN A GENERAL HOSPITAL OF SPECIALTIES. THE PERSONALIZED HOSPITAL PHARMACY

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Background

The Pharmaceutical Care (PC) is the "supply of medicines with the purpose of achieving concrete results that improve the quality of life of the patient" being related to the global process of prescription, validation, preparation and dispensing of the drug, through the Pharmaceutical Intervention (PI).

Objective

Analyze the registration data of the PIs carried out in a tertiary hospital in southern Spain.
To describe the functioning of a corporative software in order to analyze electronics prescription data in agreement to established quality standars.

Method

Retrospective study of the PIs registered between January and August of 2018 in a specialty hospital. The software of Assisted Electronic Prescription of the Junta de Andalucia Athos® was used.
The PIs were structured in three blocks. Block 1: qualitative (time of resolution and degree of acceptance of the intervention), block 2: quantitative (active principle, dose, low and high dosage, and pharmaceutical action) and block 3: communicative (computer or telephone / personal).

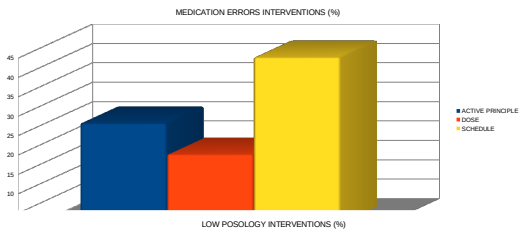
Results

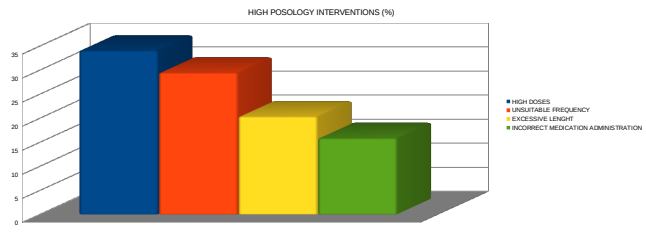
There were 573 PIs, 72.6% in adults and 27.4% in pediatrics (0-14 years). The main method of communication was the computer in 408 occasions and telephone / personal in 165, depending on the haste. The most frequent error was schedule (43%), not adjusting for nursing shifts, altering the administration of the medication. Those of active principle (26%) were due to drugs not included in the Pharmacotherapeutic Guide (PTG) and those of doses (18%) were related to pediatric presentations in the unit dose program. The inadequate form of administration was also registered in 6%, being related to the prescription of medications not included in GFT, requiring a complete description sensitive to faults in the prescription or transcription. Those of low posology (4%) were due to dose adjustment according to renal and hepatic functions, and those of high (3%) to shortening of the therapeutic interval. The "pharmaceutical performance" included 63 PIs of therapeutic exchange and modified dosages in 29 cases. Acceptance was 97.5%, performing 98.6% immediately and 1.4% in a range of 8 hours.

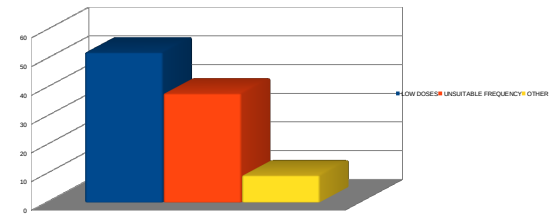
Conclusions

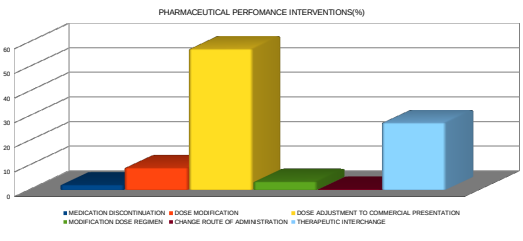
The review and validation of treatments has been shown to guarantee therapeutic safety, minimizing the risk to the patient.

These results provide quantifiable data to measure the activity of the clinical pharmacist, in addition to providing data on pharmacotherapeutic quality indicators.









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