AN EXPLORATION OF RENAL PHARMACIST INTERVENTIONS IN RENAL INPATIENTS ON THE NEPHROLOGY WARD IN A UNIVERSITY TEACHING HOSPITAL

J. O'Donnell[1], A. Keating[1], V. Silvari[1], D. Lynch[1], M. Flynn[1], T. O'Sullivan[2], M. Burke[2]

1. Pharmacy Department, Cork University Hospital, Cork, Ireland
2. Department of Renal Medicines, Cork University Hospital, Cork, Ireland

Abstract No: 4CPS-055

INTRODUCTION

Patients with chronic kidney diease (CKD) are at an increased risk of drug-related problems (DRPs).[A] Pharmacists' interventions (PIs) support the safe and effective use of medicines in CKD patients and form an integral part of the renal multidisciplinary team.

AIMS

To evaluate:

- Type of DRPs in renal inpatients.
- Pharmacists' interventions in renal inpatients.
- To assess the perceived severity of DRPs identified.

METHODS

Two-week prospective observational study on nephrology ward at a university teaching hospital.

Renal inpatients admitted to the nephrology ward by a nephrologist were included.

Data on pharmacist interventions collected using Microsoft Forms. Internationally validated Dean and Barber method used for severity assessment.

Data was extracted to Microsoft Excel and data analysis was performed using SPSS version 29.0.1.0.

Frequency of DRPs and Category of Renal Disease

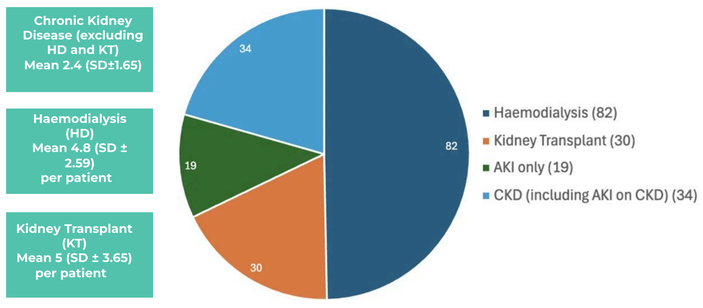

Fig. 1.

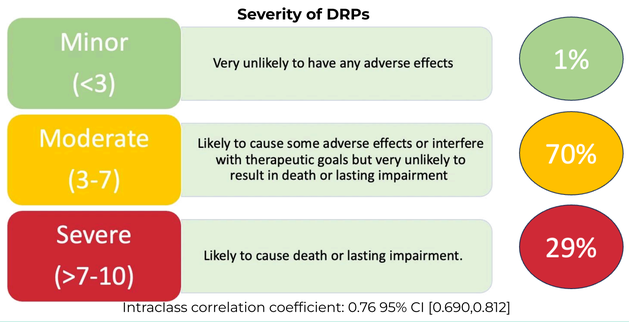

Fig. 2.

Intraclass correlation coefficient: 0.76 95% CI [0.690,0.812]

RESULTS

80% — **80% (n=42) of patients had DRPs identified (mean 3.2 (SD± 2.97) per patient). Mean DRP was highest among haemodialysis patients and kidney transplant recipients. (See Fig. 1)**

92% — **92% (n=154) of DRPs identified by reviewing patients' drug kardex or medicines reconciliation.**

60% — **60% (n=25) of patients with DRPs aged 65 years or older.**

26% — **26% (n=43) of DRPs involved Cardiovascular drugs.**

92% — **92% (n=152) of DRPs successfully resolved following implementation of pharmacists' interventions.**

99% — **99% (n=163) of DRPs were classified as either moderate or severe. (See Fig. 2.)**

Conclusions

This study highlights the pivotal role of renal pharmacists in the identification and resolution of DRPs in renal inpatients, with the majority of DRPs classified as moderate or severe and successfully resolved following pharmacist intervention. Future work should consider economic benefits of the renal/specialist renal clinical pharmacy service.

REFERENCES

A. KDIGO 2024 Clinical Practice Guidelines for the Evaluation and Management of Chronic Kidney Disease. Kidney International, 105(4), supplement, pp. 117-31.

jill.odonnell2@hse.ie

ACKNOWLEDGEMENTS

The authors would like to thank the Department of Renal Medicine, the multidisciplinary team and the nephrology ward for facilitating the completion of this project.

Ospidéal na hOllscoile Corcaigh
Cork University Hospital