

EVALUATION OF A METHOD FOR PRESCRIPTION DISPENSING OF ANTICOAGULANTS IN NON-VALVULAR ATRIAL FIBRILLATION SUSCEPTIBLE TO CARDIOVERSION

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BACKGROUND

Clinical practice guidelines recommend the use of the new oral anticoagulants (NOACs) in patients with non-valvular atrial fibrillation (AF) as a strategy before and after cardioversion, which is very common in the Emergency Department. A dispensing procedure from the pharmacy service was established in such cases.

PURPOSE

To analyse compliance of the established procedure in the prescription and dispensation of NACOs, as well as to follow-up on safety

MATERIAL AND METHODS

- Retrospective study conducted from July to September 2015
- We evaluated all of the prescriptions and dispensations of NACOs within the procedure
- In all cases an appointment with cardiology had to be programmed to value the continuity of treatment and/or cardioversion
- Mistakes and improvement areas were identified

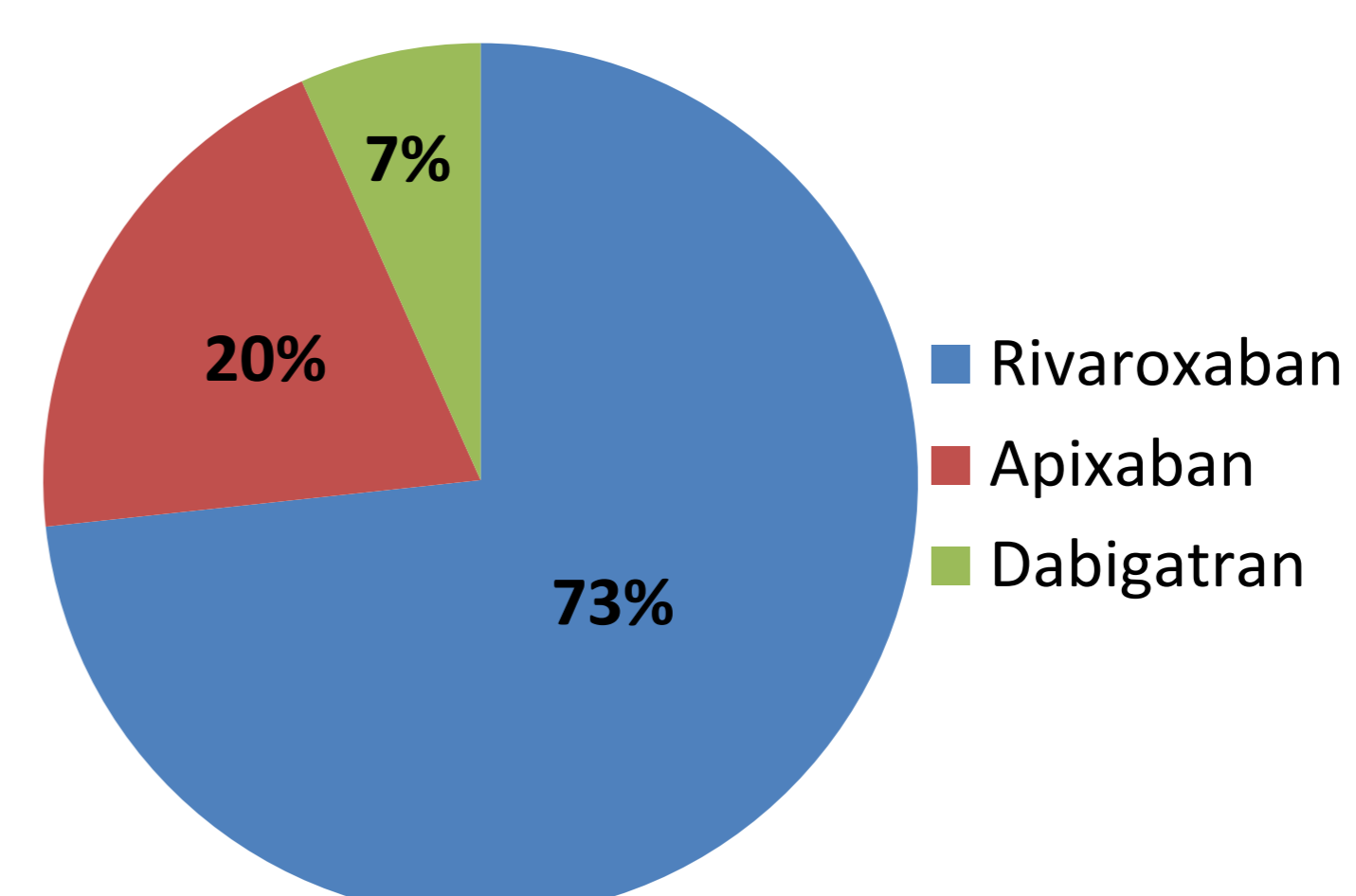
We collected:

- The cause and appropriateness of prescription
- NOAC prescribed
- Dispensation and citation with cardiology
- Continuity of the treatment by the cardiologist

RESULTS

- The procedure was applied in 15 patients (80% women, average age 72.6±9.8 years)
- Patients distribution was:
 - 26.7% AF of <48 h and high thrombosis risk (cardioversion in emergency department and dispensation for 4 weeks)
 - 53.3% AF of >48 h and low risk (cardioversion programmed in cardiology and dispensation pre and post-cardioversión)
 - 20% AF >48 h and high risk (dispensing for 4 weeks until review by the cardiologist)
- In all cases the prescription was well indicated according to the procedure
- Dispensation adequacy was 73.3%.
- In four cases (26%) the cardiology consultation was programmed exceeding the time covered by the dispensation
- A prescription error due to underdosing was identified.
- Only in one case was scheduled cardioversion performed according to the procedure provided for (the rest reverted to sinus rhythm spontaneously)
- NOAC prescription was maintained by the cardiologist in 5 cases and modified to acenocumarol in 3 cases.

Prescribed NOAC



CONCLUSION

1. Although the procedure was followed by the emergency physician, this study reveals the need to improve the coordination between emergency and cardiology services to avoid delays, with the resulting risk of under treatment, as well as to ensure the correct cardioversion programming
2. The availability of medication by pharmacy must also be improved. As the most prescribed anticoagulant was rivaroxaban, it seems advisable to restrict the procedure to this NACO to facilitate its knowledge and management, avoiding errors of prescription