

IMPACT AND ACCEPTANCE OF PHARMACEUTICAL INTERVENTIONS FOR EARLY MEDICATION RECONCILIATION IN THE EMERGENCY DEPARTMENT

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BACKGROUND AND IMPORTANCE

Emergency departments (ED) are characterized by high care load, staff rotation and critical situation that require rapid decisions. Early conciliation in high-risk patients may improve patient safety during care transitions.

AIM AND OBJECTIVES

To establish a protocol of early medication reconciliation process in ED and reevaluation in patients with complexity criteria (validated by Hohl et al). Medication review by referent pharmacists in ED and their interventions (Pharmaceutical interventions, PI) were evaluated for acceptancy rate and quality.

MATERIAL AND METHODS

A protocol of medication reconciliation was developed based on the "Consensus document of REDFASTER and SEMES-FARMA group for Medication reconciliation in ED". Reinitiation priority of each pharmacologic group was evaluated individually, considering the benefit of their reconciliation during ED stay and defining those drugs whose reconciliation is recommended to be done in the first 12 hours.

This protocol was implemented in a third-level hospital with 330 average daily ED assistance and five daily hours of presential pharmaceutical activity. ED pharmacists made individual recommendations: early reconciliation was performed in all patients reviewed, and remaining conciliation interventions were performed in patients with stays longer than 12 hours and complexity criteria.

RESULTS

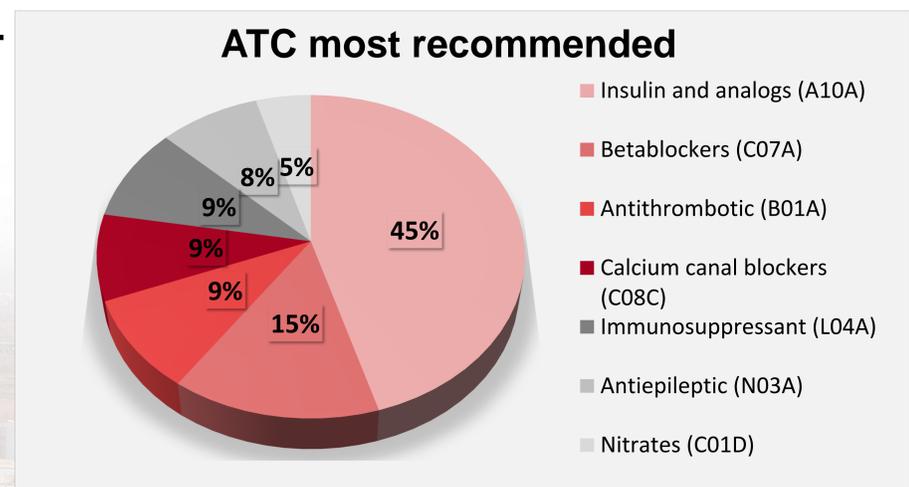
1645 patients were reviewed over a **2-month period**. Average age **73** (13.64), **196** (58.16%) men.

Time average of recommendation: 6.73 h (5.50).

Time average of reintroduction: 10.38 h.

Drugs reintroduced within 12h: 179 (72.18%).

Early recommendations	>12h recommendations
475 in 337 patients. Accepted*: 248 (52.32%).	171 in 402 patients.



* Rate of acceptance was greater in those patients who were admitted to hospital (130; 38.58%): 164 recommendations (87.71%).

Before protocol (531 PI)	After protocol (1043 PI)
Conciliation (51.22%), dosage adjustments by renal function, antibiotic, electrolytes (23.35%) start o stop (13.75%), question solving (5.84%), prescription errors (4.90%), monitoring PK/PD (0.94%)	Conciliation (61.84%), dosage adjustments by renal function, antibiotic, electrolytes (18.50%) start o stop (11.89%), question solving (4.50%), prescription errors (1.53%), monitoring PK/PD (1.74%)

CONCLUSIONS AND RELEVANCE

Early conciliation lead to early reintroduction of priority drugs, ensuring safety and quality across care transitions and with high rate acceptancy among physicians.

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