

MEDICATION MANAGEMENT IN ACUTE ADMISSIONS: A TEMPORARY HOLD OF NON-ESSENTIAL MEDICATION USING A PHARMACIST-DEVELOPED POCKET CARD

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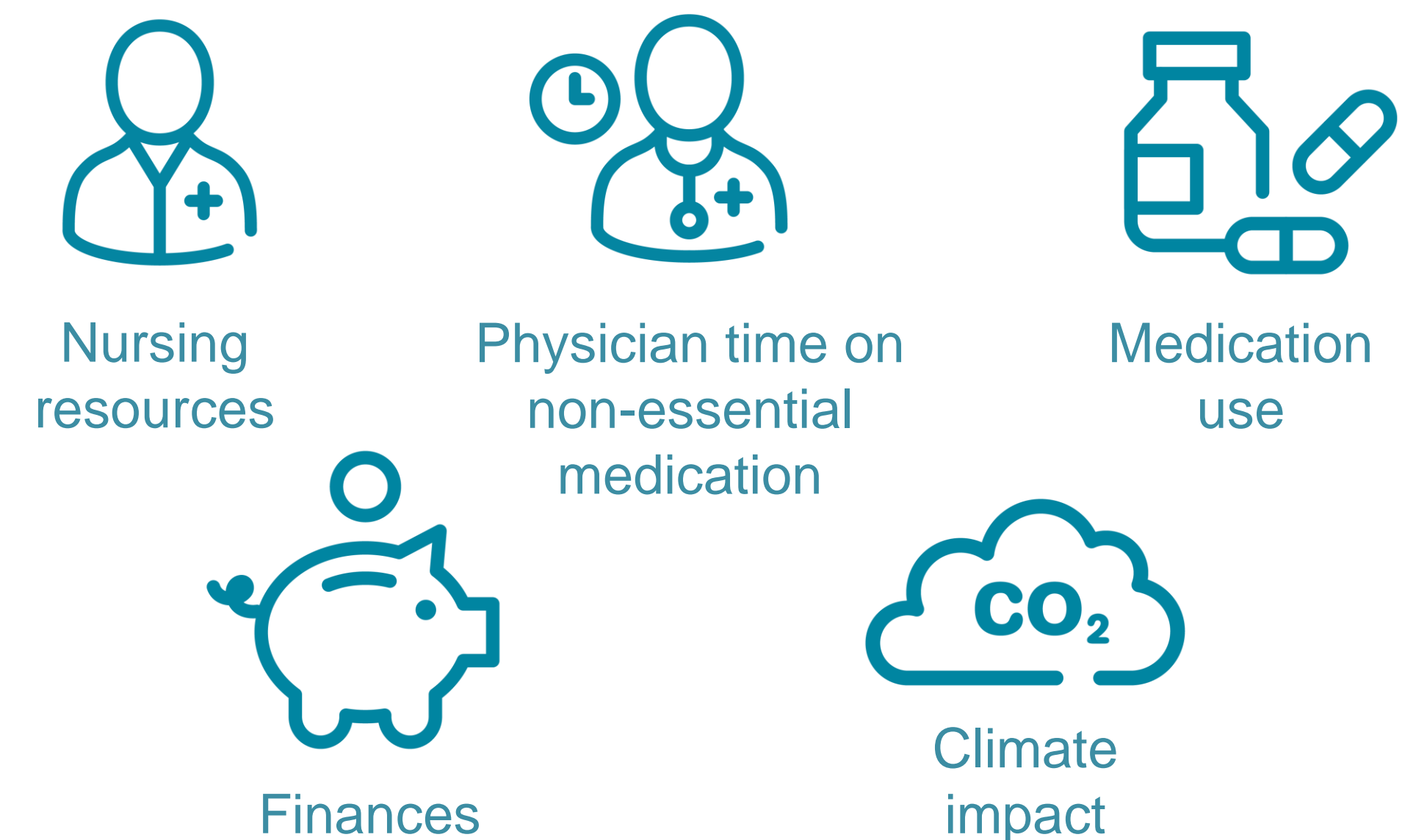
BACKGROUND

Patients admitted to the acute wards in Danish hospital have a mean of 8 prescriptions on their medication list. These medications can be considered vital, preventative or symptomatic treatment. In an acute medical unit, some preventative and symptomatic medication can be held without causing harm to the patient. Clinical pharmacists on the wards may support this in different ways. This study aimed to limit the use of non-essential medication during an acute admission and assess the usability of a pharmacist-developed pocket card designed to assist pharmacists and physicians in a temporary hold of non-essential medications.

AIM

To evaluate the number of medications that may be paused during acute hospital admissions.

A temporary hold of non-essential medication may affect several different parameters:



PREPERATION

Development of pocket card based on an audit of physicians' previous medication management

The pocket card consists of a broad collection of medication assessed as non-essential for an acute admission (< 3 days)

Before implementation, the pocket card was evaluated and approved by leading physicians



PRÆPARATER DER OFTE KAN PAUSERES UNDER AKUT INDLÆGGELSE	
Præparater i tabel 1 kan ud fra en generel antagelse ofte pauseres under en akut indlæggelse. Pauseringen revurderes ved længerevarende indlæggelse.	
Tabel 1	
Lægemiddelgruppe	Indholdsstof og bemærkninger
Cremer, glukokortikoid	Hydrocortison, Betamethason, mometasone (Locoid, Diproderm, Enstilar, Elocon, Oxison)
Cremer og shampoo, svamp	Ketoconazol (Nizoral), Micronazol (Grentan), Clotrimazol (Canesten)
Cremer, virus	Aciclovir (Aciclodan, Zovir)
Cremer, smertestillende	Diclofenac (Voltaren, Solaraze), Ibuprofen (Ibuprof)
Cremer, øvrige	Fluoruracil (Folax), Heparinoid (Hirudoid), Pimecrolimus (Eliel)
Tilskud	Calcium (Unikaik Basic, Silver, Forte, Extra), Obs. Pt. med hypoparathyroidisme, Zink (Zinklet), Magnesium (Mablet), Jern (Jern-C, Ferro Duretter), Mælkesyrebakt., probiotika (Lactocare, Paraghurt, Zelicin), Tranebærkapsler, Multivitamin, Vitamin B12 (Betovex, TrioBe, Hydroxocobalamin), D-vitamin
Mod erektil dysfunktion	Sildenafil (Viagra)
Midler mod migræne	Triptaner (Sumatriptan)
Osteoporose	Alendronat, ibandronsyre
Øjendråber, tørre øjne	Artelac, Viskase øjendråber, Viscolears, Thealoz duo
Øjendråber, antihistamin	Azelastin (Allergodil), Ketotifen (Zaditen), Levocabastin (Benaiv), Natriumcromoglicat (Lomudal), Olapatadin (Opatanol, Toreclin)

WEEK 1

Physicians paused medications without pocket card

Physicians paused medications based on their usual practice and prior knowledge, without using the pocket card
Pharmacists subsequently used the pocket card to review and adjust the physicians' initial medication management

30 patients were included

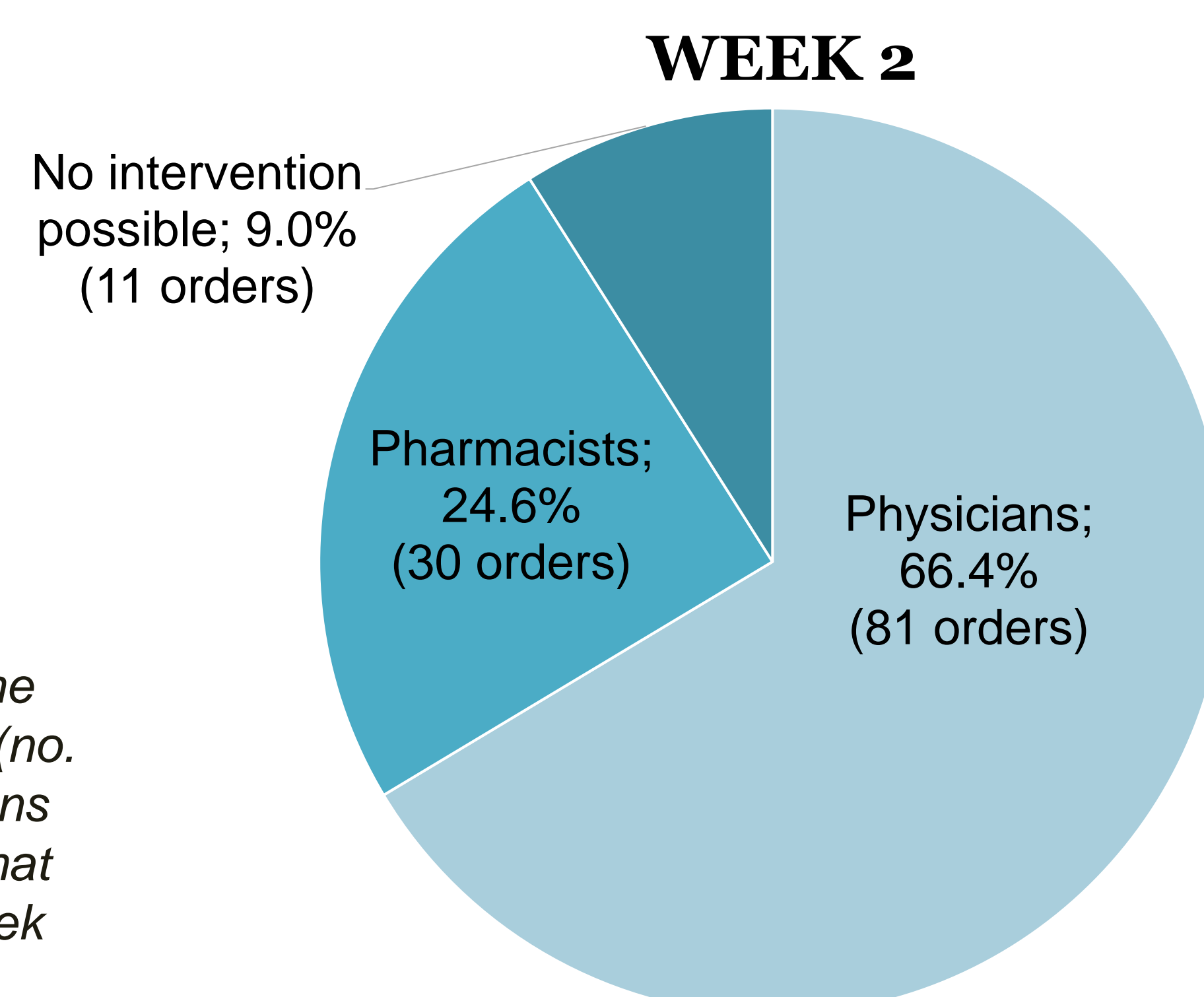
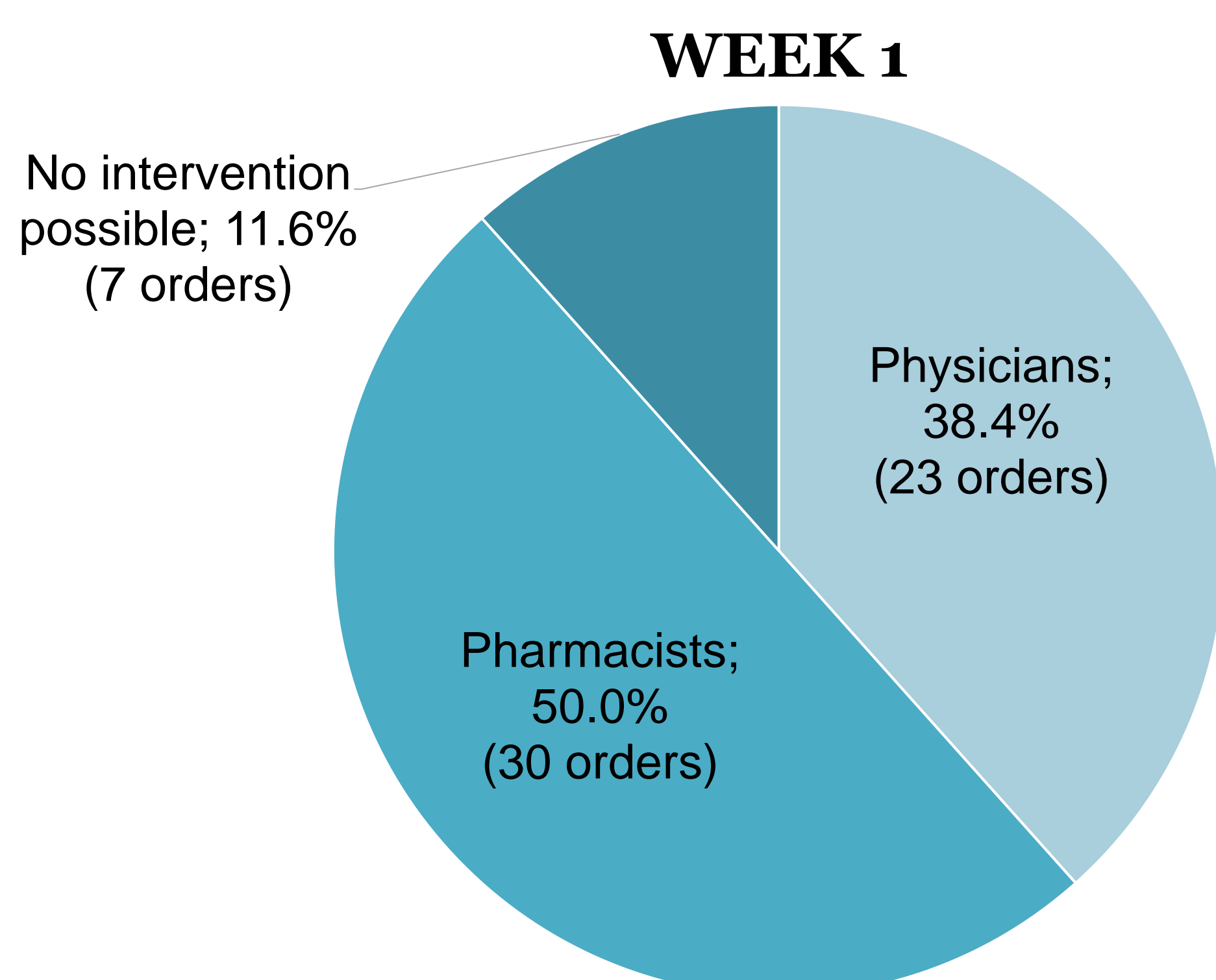
WEEK 2

Physicians paused medications by using pocket card

Physicians paused medications using the pocket card, which was introduced to them each morning by a pharmacist
Pharmacists subsequently used the pocket card to review and adjust the physicians' initial medication management

35 patients were included

RESULTS



The diagrams show the percentage distribution (no. of orders) of medications from the pocket card that were paused each week

In total, the interventions made by physicians and pharmacists accounted for 16.2 % (week 1) to 23.7 % (week 2) of all medication orders.

CONCLUSION

The clinical pharmacist services as well as the pharmacist-developed pocket card effectively supports medication management.



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