

PRIORITISATION OF PHARMACEUTICAL INTERVENTIONS WITHIN THE MULTIDISCIPLINARY TEAM IN THE INTENSIVE CARE UNIT

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BACKGROUND AND IMPORTANCE

The safety and efficacy of drug treatments are critical for reducing patient morbidity and mortality in the Intensive Care Unit (ICU). The inclusion of a pharmacist may enhance patient safety in this setting.

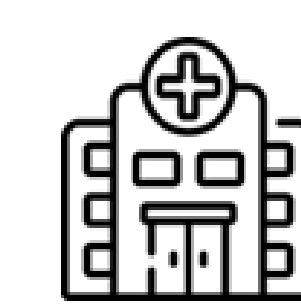
AIM AND OBJECTIVES

This study aims to evaluate the efficacy of the Medication Regimen Complexity-ICU (MRC-ICU) tool in prioritising pharmaceutical interventions based on drug-related problems (DRPs). The goal is to enhance the allocation of pharmaceutical care within the multidisciplinary ICU team.

MATERIALS AND METHODS

The clinical pharmacist interventions were recorded using the Pharmaceutical Care Network Europe criteria.

The MRC-ICU scale¹ was utilized to assess medication regimen complexity and rank patients according to their need for pharmaceutical care.



350-bed hospital
21 ICU beds



Single-centre
Retrospective
Observational
October-December 2023

RESULTS

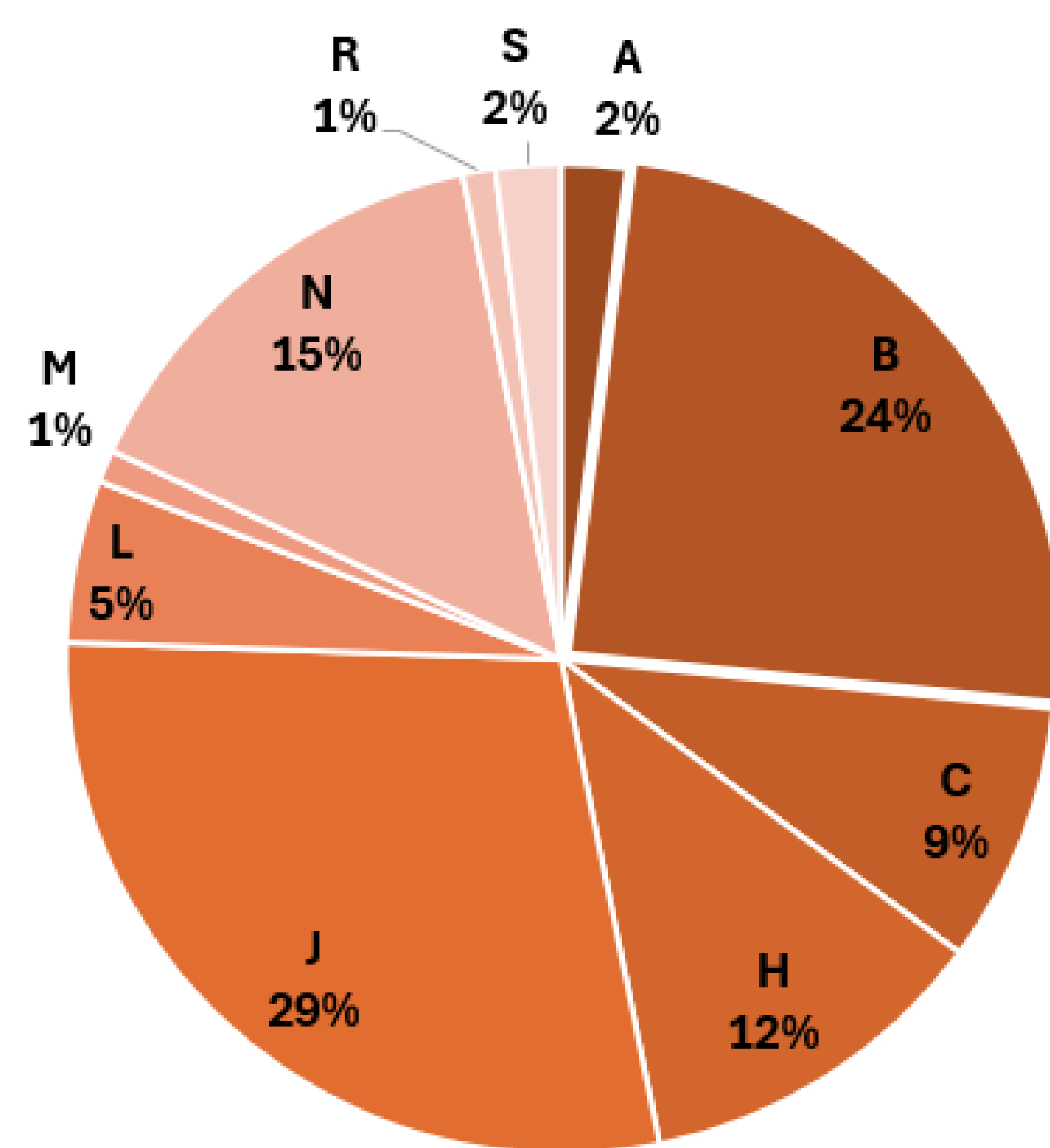


280 ICU admissions
♀ 47% ♂ 53%
Average age: 55.7 years
(range: 19 to 94 years)

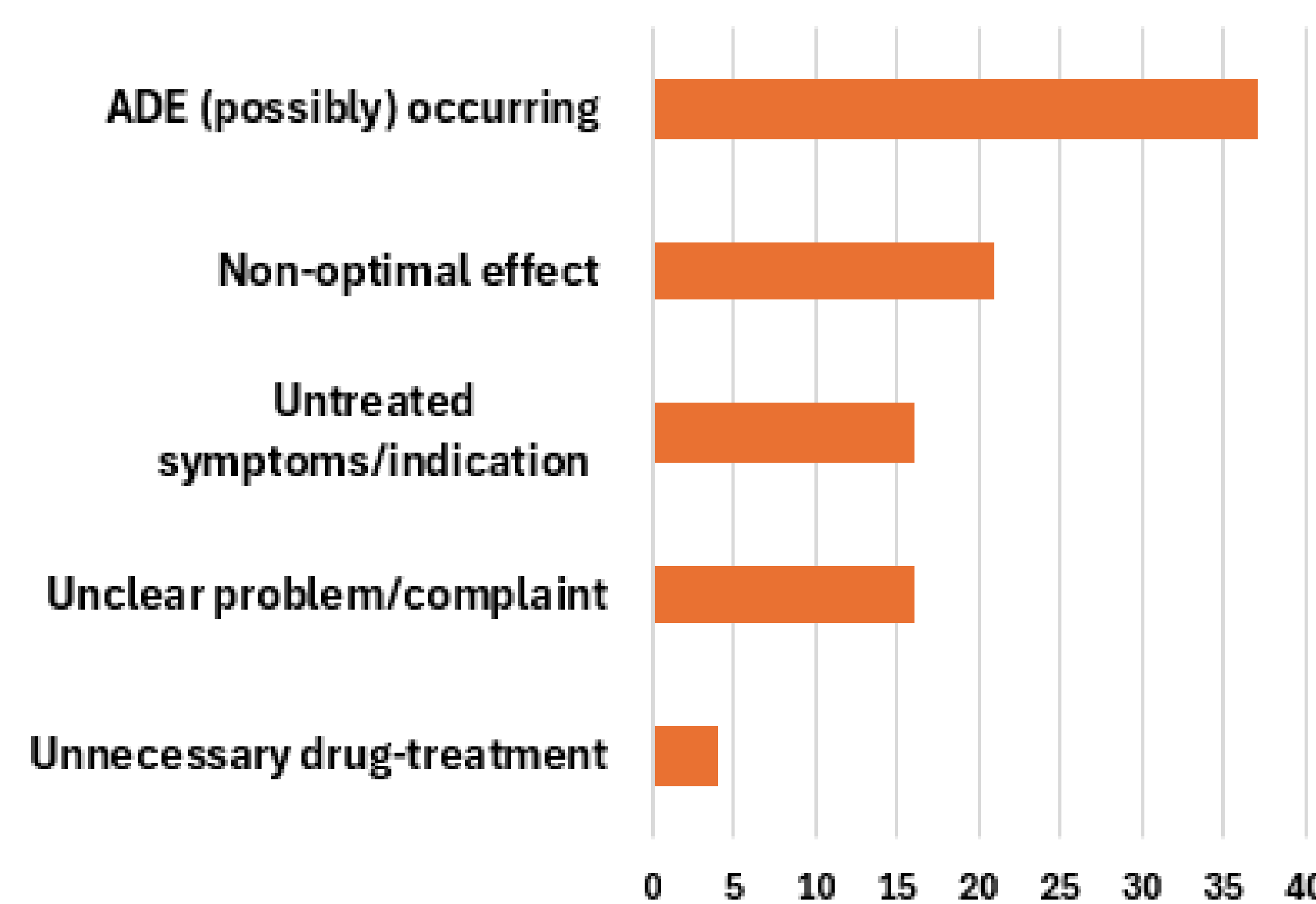
Acceptance: 73%



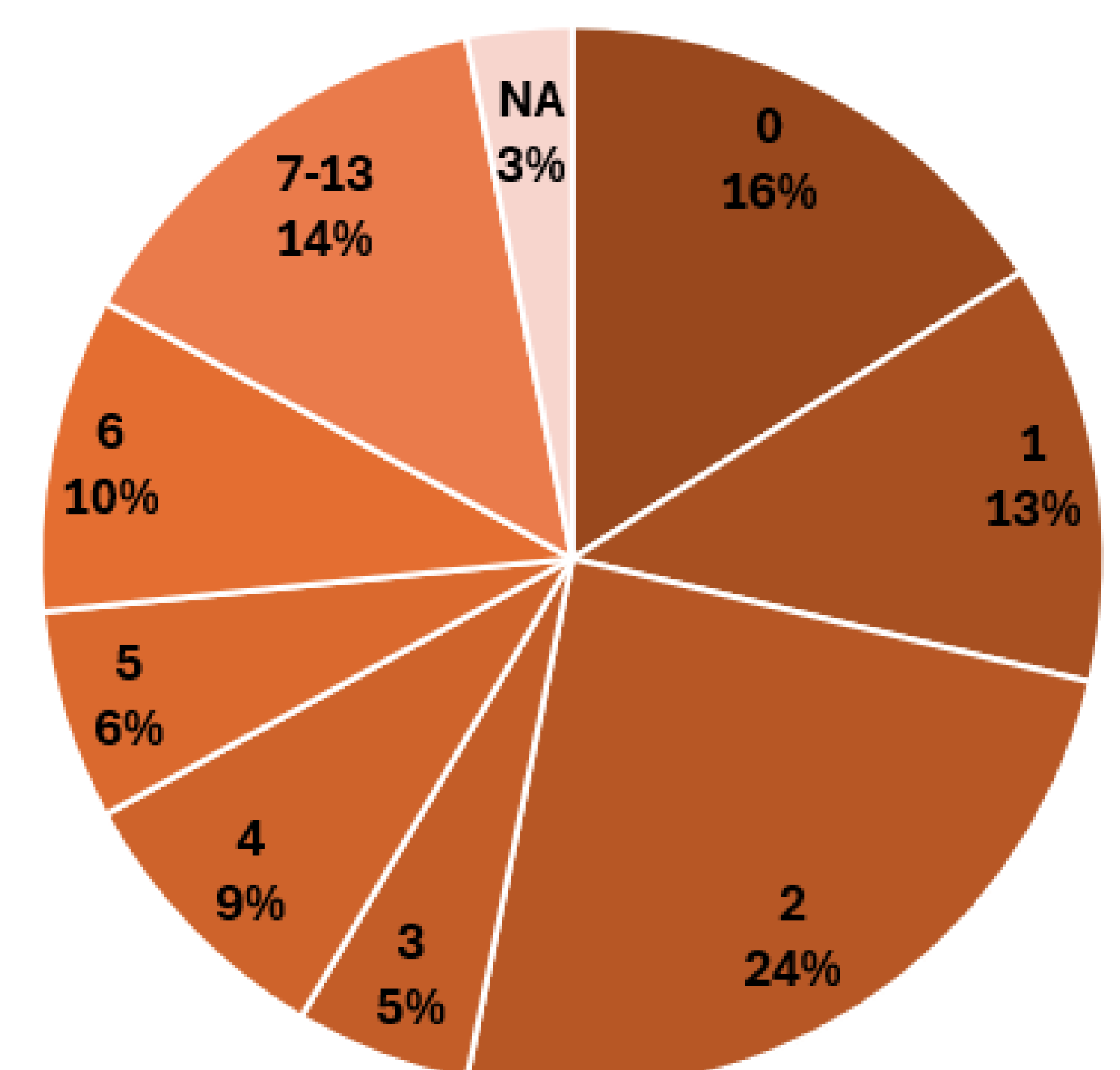
152 pharmaceutical interventions



ATC groups



Classification of DRP
ADE: Adverse drug event



Patient's MCR-ICU Score

CONCLUSION AND RELEVANCE

The MRC-ICU tool was found to have limited applicability for prioritising pharmaceutical interventions in this ICU context. Nevertheless, the findings highlight the **importance of structured evaluation of pharmaceutical interventions to improve patient safety and treatment efficacy**. Future research should explore alternative tools better tailored to ICU-specific needs.

REFERENCES

¹ Webb, A. J., Rowe, S., & Newsome, A. S. (2022). A descriptive report of the rapid implementation of automated MRC-ICU calculations in the EMR of an academic medical center. *American Journal of Health-System Pharmacy*, 79(12), 979-983. <https://doi.org/10.1093/ajhp/zxac059>