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### BACKGROUND AND IMPORTANCE

Patients hospitalised within ICUs are prescribed twice as many medications in comparison to patients hospitalised within other areas of the hospital. This increases the likelihood of possible drug therapy problems such as drug interactions as well as medication errors impacting safety and cost.<sup>1</sup>

### AIM AND OBJECTIVES

To capture the expected role and perceived value of a ward based pharmacist in the ICU as deemed by the critical care physicians and nurses at an acute general teaching hospital prior to the introduction of the service.

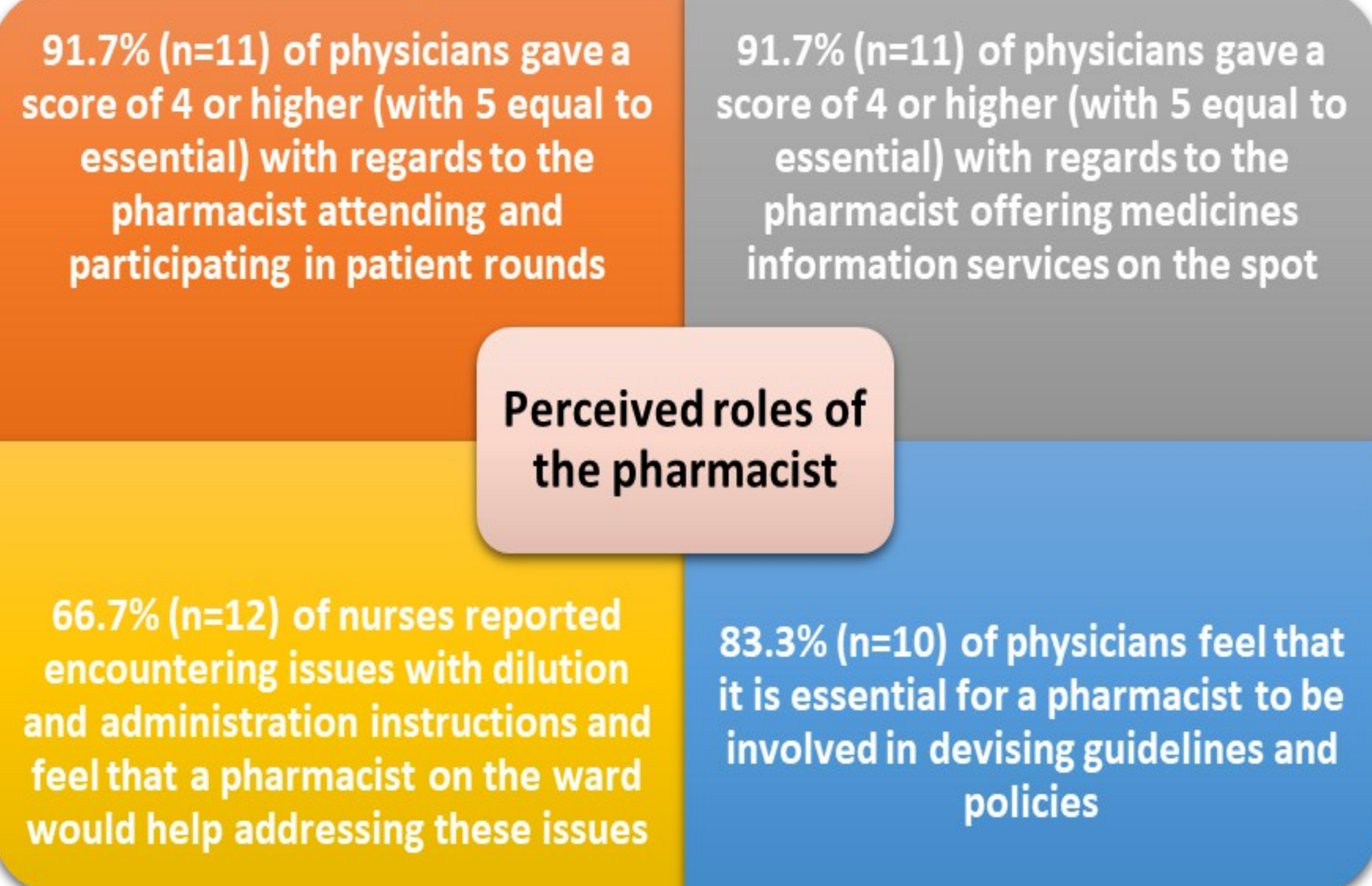
### MATERIALS AND METHODS

- ◇ The Pre-Service Questionnaires developed by Portelli<sup>2</sup>, targeting nurses and physicians respectively, were adapted to gather the requirements of a critical care setting.
- ◇ The questionnaires were validated for content by an expert panel consisting of two Medicines Information pharmacists, two Quality Assurance pharmacists and the author of the original tools.

- ◇ Questions asked consisted of a mix of open ended, closed ended and 5-point Likert scales.
- ◇ The validated tools were disseminated among ICU based physicians and nurses.
- ◇ The questionnaire took not more than ten minutes to complete and consisted of 25 questions for physicians and 27 questions for nurses.

### RESULTS

- ◇ 12 physician responses out of 20 disseminated and 18 nurse responses out of 45 disseminated
- ◇ 73% of the respondents were females
- ◇ Physicians: 16.7% were consultants, 41.7% were resident specialists and 41.7% were higher specialist trainees
- ◇ Nurses: 28% have been working at the ICU for 1 to 5 years, 22% for 6 to 10 years, 22% for 11 to 15 years and 28% for 16 years and over



### CONCLUSION AND RELEVANCE

The study highlights the positive response of critical care physicians and nurses towards the presence of a pharmacist at the ICU. This would improve the outcomes for patient safety and better quality care.

The delivery of direct, proactive, patient-centered care by pharmacists has been correlated with both actual and perceived patient outcome improvement.<sup>3,4</sup>

### REFERENCES

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