# ANALYSIS OF PHARMACEUTICAL INTERVENTIONS RELATED TO HIGH-RISK-DRUGS IN THE EMERGENCY DEPARTMENT

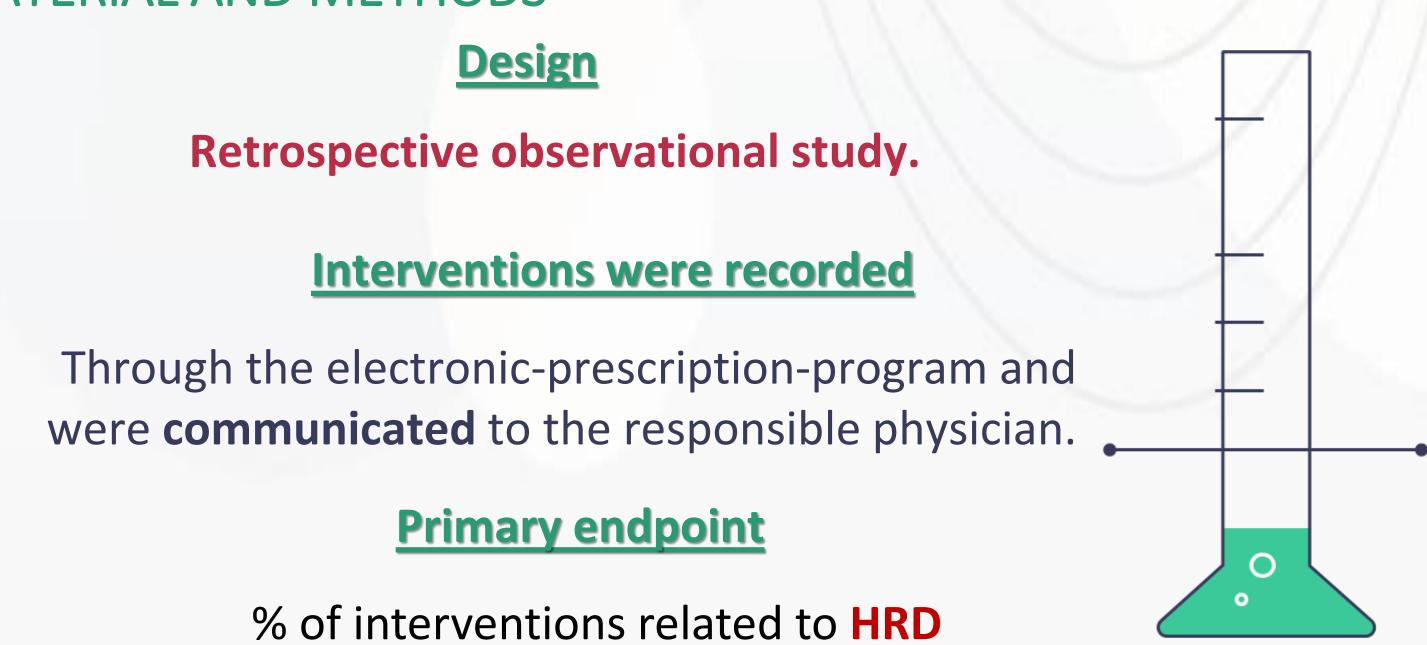
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## BACKGROUND AND IMPORTANCE

Medication errors are frequent in the Emergency Department(ED) and the most common drugs involved are high-risk-drugs (HRD), which are drugs that are more likely to cause serious or even fatal harm to patients when used incorrectly.

## MATERIAL AND METHODS



#### AIM AND OBJECTIVE

- ✓ Describe the evolution of pharmaceutical interventions in the ED related to HRD in two comparable time periods.
- ✓ Evaluate the acceptance degree.

#### **Interventions selected**

All interventions performed in the ED during the periods between July and December 2019 and 2020 were included.

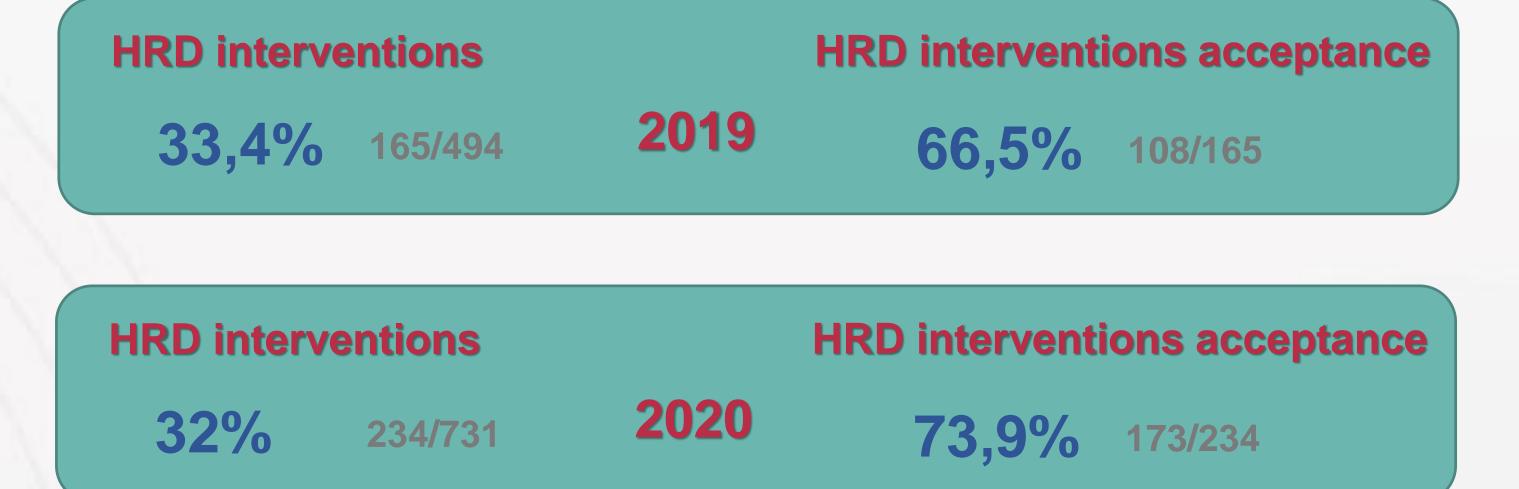
Data processing Excel 2013®.

### **Secondary endpoint**

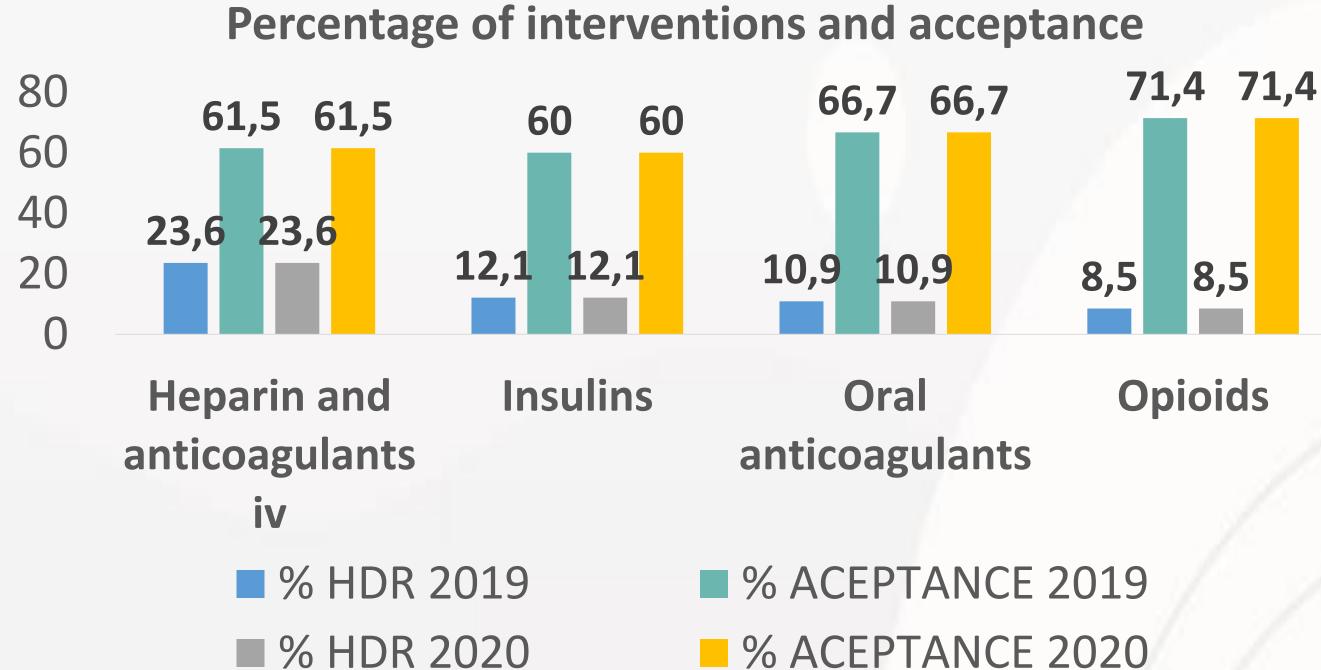
- > % of interventions related to HRD according to therapeutic group\*
- Their <u>acceptance</u> percentage.
- > The main reasons for intervention (>15%).

#### RESULTS

Percentage of interventions and acceptance



and their acceptance percentage



	2019	2020
Heparin and parenteral anticoagulants	Need for treatment (66,7%)	Need for treatment (57,4%)
Insulins	Need for treatment (60,0%)  Medication reconciliation (15,0%)  Inadequate dose (10,0%)	Need for treatment (41,2%) Medication reconciliation (23,5%) Inadequate dose (17,6%)
Oral anticoagulants	Medication reconciliation (55,6%) Inadequate dose (11,1%)	Medication reconciliation (41,9%) Inadequate dose (19,4%)
Diuretics	Medication reconciliation (50,0%) Renal insufficiency (16,7%)	Medication reconciliation (43,6%) Renal insufficiency (12,8%)

## **CONCLUSIONS AND RELEVANCE**

- The percentage of interventions related to HRD was similar in both periods. However, there was an increase in acceptance degree in the 2020 period.
- More than a half of HRD interventions were performed on parenteral heparin, insulins, oral anticoagulants, and diuretics.
- The most prevalent reasons for intervention were the need for additional treatment and medication reconciliation.



