

4CPS-260

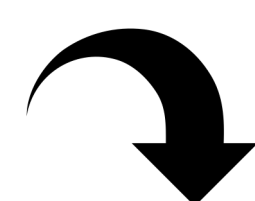
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## BACKGROUND

In the orthopaedic surgery department, anaesthetists prescribe medicines to programmed patients during the pre-surgery anaesthesia consultation.

A three months (2016) long study on medication reconciliation (MR) at admission, realised by a clinical pharmacist on 215 patients :

☞ There is at least one unintended medication discrepancy (UMD) for **53%** of them.



A pre-anaesthesia best possible medication history (**PA-BPMH**) has been implemented

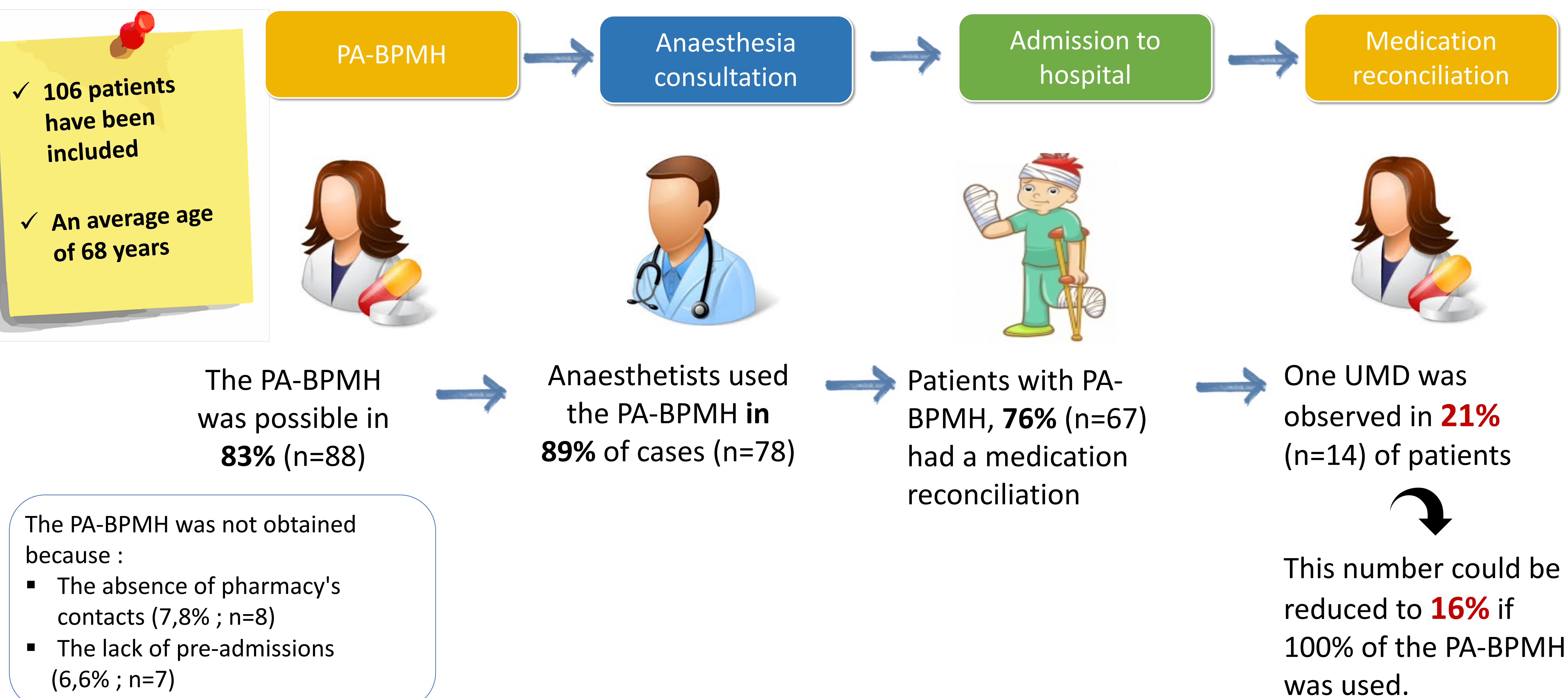
## OBJECTIVE OF THIS STUDY

**To test the impact of this PA-BPMH on the number of UMD**

## MATERIAL & METHODS

- A monocentric prospective study was realised during three months (from February to April 2018) in an orthopaedic surgery department.
- Have been included programmed patients for three different surgeries (hip bone, knee bone and spine).
  - ✓ The PA-BPMH is obtained before the anaesthesia consultation from data given by the patient's usual pharmacy.
  - ✓ If necessary, the pharmacist contacted the patient.
  - ✓ The PA-BPMH recorded into the prescription software on pre-admission is at the anaesthetists' disposition.
  - ✓ Finally, a medication reconciliation is performed at admission.

## RESULTS



## CONCLUSIONS

This test phase allowed to evaluate the PA-BPMH's feasibility. Obtaining a BPMH before the anaesthesia consultation has **reduced the number of unintended medication discrepancies** at admission (**53% vs 16%**). The difficulty of exhaustivity led us to **create a pre-anaesthesia pharmacist consultation** in the patients' presence in order to improve the efficiency.



<http://www.eahp.eu/24-4CPS-260>