

ANALYSIS OF CLINICAL PHARMACIST INTERVENTIONS CARRIED OUT IN AN INTENSIVE CARE UNIT

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Background

The clinical instability of patients in intensive care units (ICU), makes them subject to have Drug-Related Problems (DRP) that may have an impact on the efficacy and safety of treatments.

Purpose

To analyse clinical pharmacist interventions (PIs) carried out over DRP registered in an ICU.

Material and methods

This prospective and descriptive study was carried out in one month (15th May to 15th June) in an ICU of 18 beds in a tertiary hospital. PIs detected by a resident pharmacist in his ICU period during the validation of physician orders.

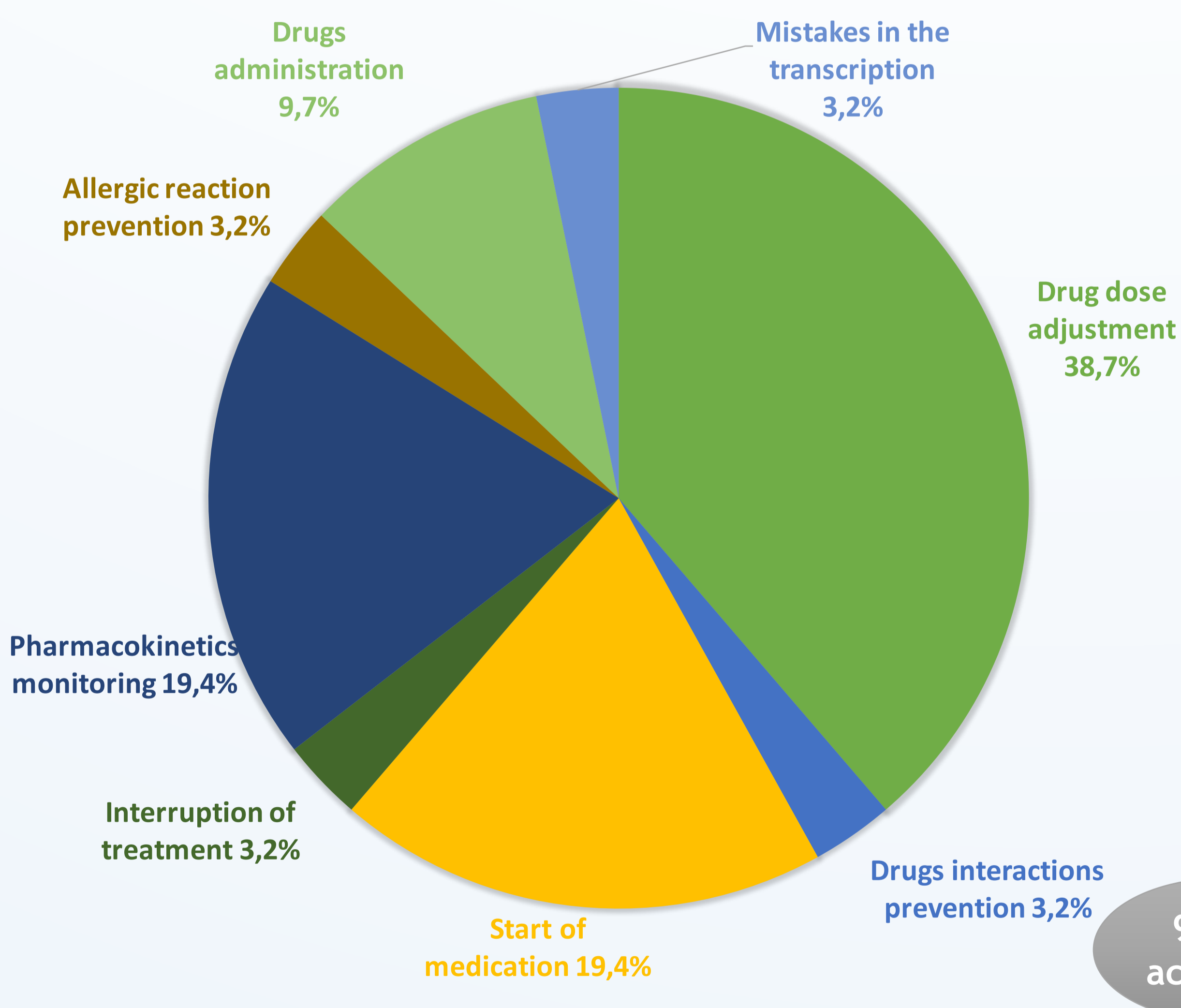
The variables of this study are:

- Demographic data: sex and age
- Type of medical intervention
- Degree of response
 - Accepted: if they changed the physician order
 - Rejected: if the change was not accepted
- The drugs used

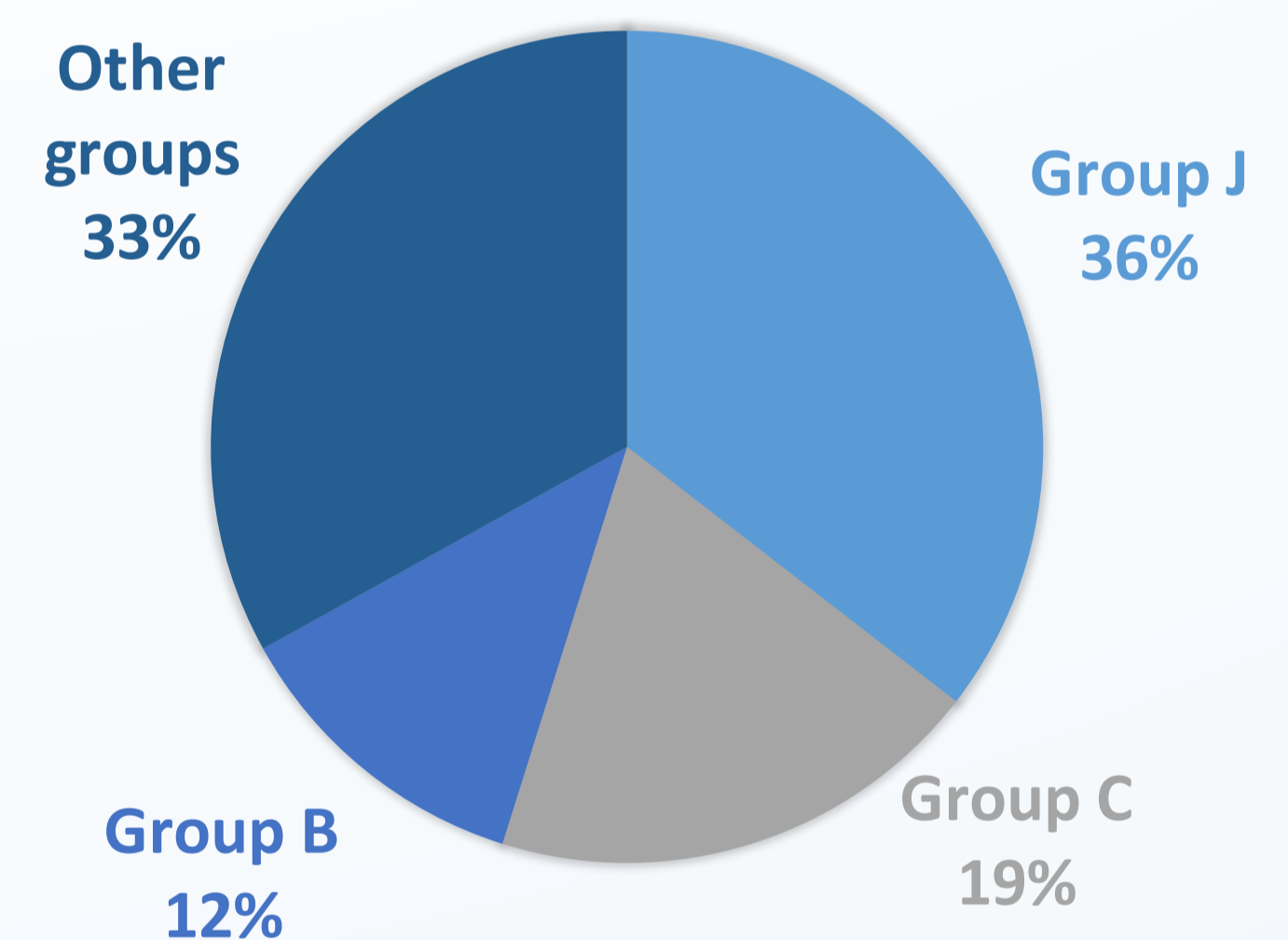
PIs were carried out in relation to DRP in the Third Consensus of Granada and the prescribing physician was orally informed of all of them.

Results

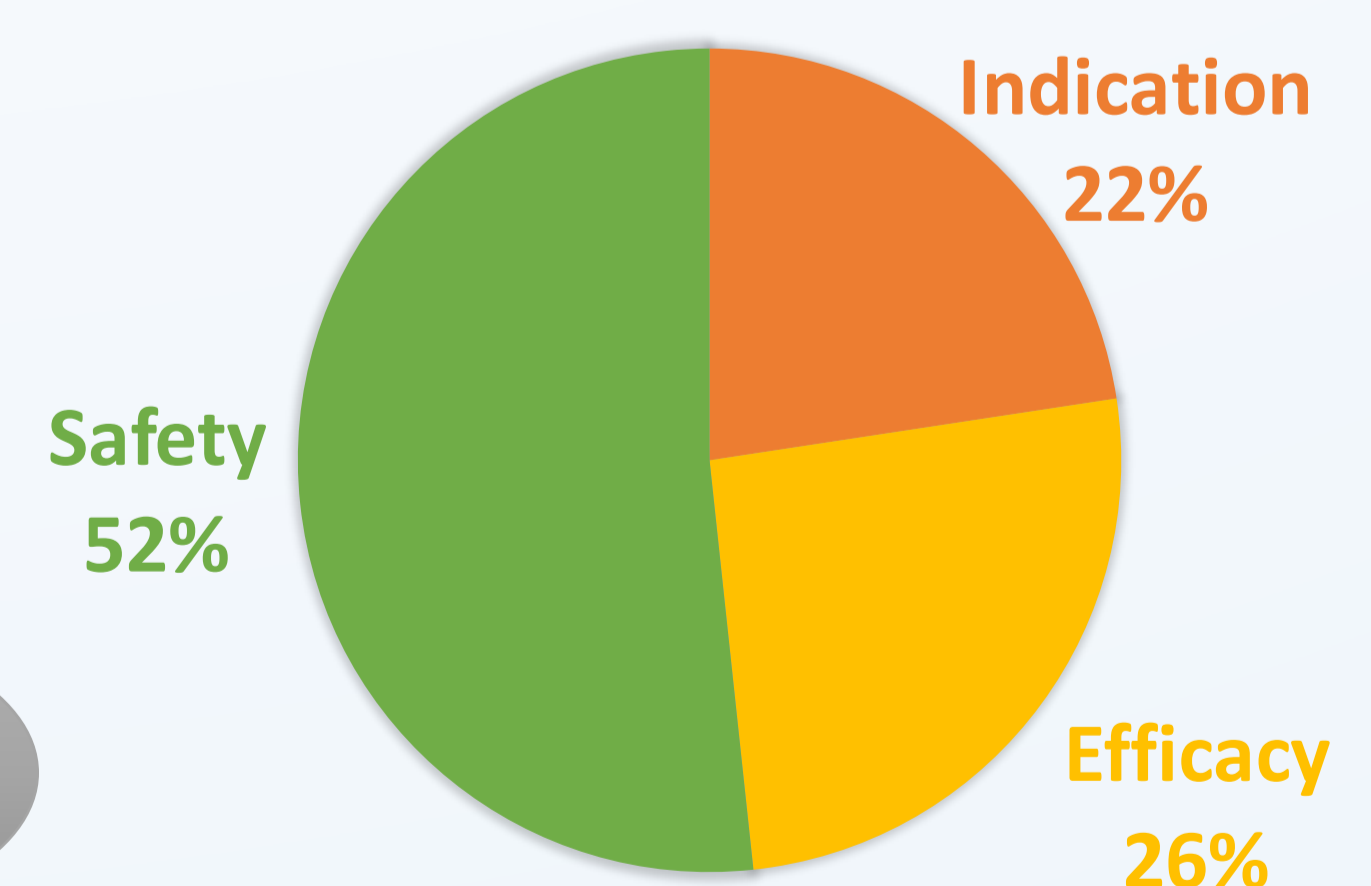
31 INTERVENTIONS REGISTERED



GROUPS OF DRUGS MORE INVOLVED



DRUG-RELATED PROBLEMS



93,3% accepted

Conclusion

The high level of acceptance of the proposed interventions and its clinical relevance demonstrates the significance of clinical pharmacists that prevent, detect and solve DRP in the prescription process before they affect the patient. According to published literature, the presence of a clinical pharmacist in critical patient care multidisciplinary teams provides improvements in terms of safety, efficacy and cost of treatments.