




PHARMACIST INTEGRATION IN THE MULTIDISCIPLINARY EMERGENCY TEAM

5PSQ-032

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BACKGROUND AND IMPORTANCE

Hospital pharmacists' activity is turning toward the direct care on clinical units. In Emergency Department (ED), medication errors (ME) may occur due to multiple factors: lack of coordination between services or pressure in medical care. Numerous studies, highlight the benefit of pharmacist intervention in the multidisciplinary health team.

AIM AND OBJECTIVES

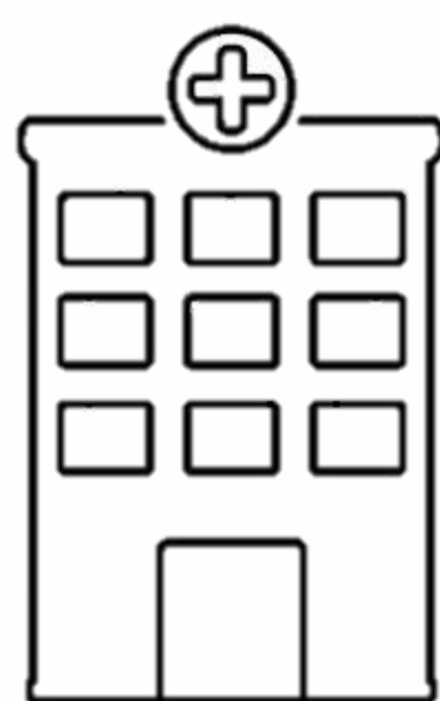
The aim of this study was to analyse pharmaceutical interventions (PIs) carried out in ED, studies ATC group of drugs involved and evaluate medical acceptance.

MATERIAL AND METHODS

Two month (April-May 2022) prospective study carried out in the Half-Stay Unit (HSU) the ED in a second level hospital.



- Inclusion criteria: age ≥ 65 age and polypharmacy (≥ 5 drugs in chronic treatment).
- Variables collected: demographic, PIs, cause of PIs, medical acceptance and ATC group of drugs involved.
- Daily list of patients was obtained through the electronic prescription program and PIs were notified on-site or using this program.
- PIs were considered accepted when doctor modified treatment in medical order or discharge report.



PIs classified according to the Consensus of Granada modified in:

- Drug discontinuation (unnecessary/duplicity/contraindication/interaction)
- Drug change (contraindication,interaction)
- Change of dose, frequency or schedule
- Initiation of treatment (usual treatment not prescribed/need additional treatment)
- Monitoring (determination of plasma levels and follow-up)
- Prescription errors



RESULTS

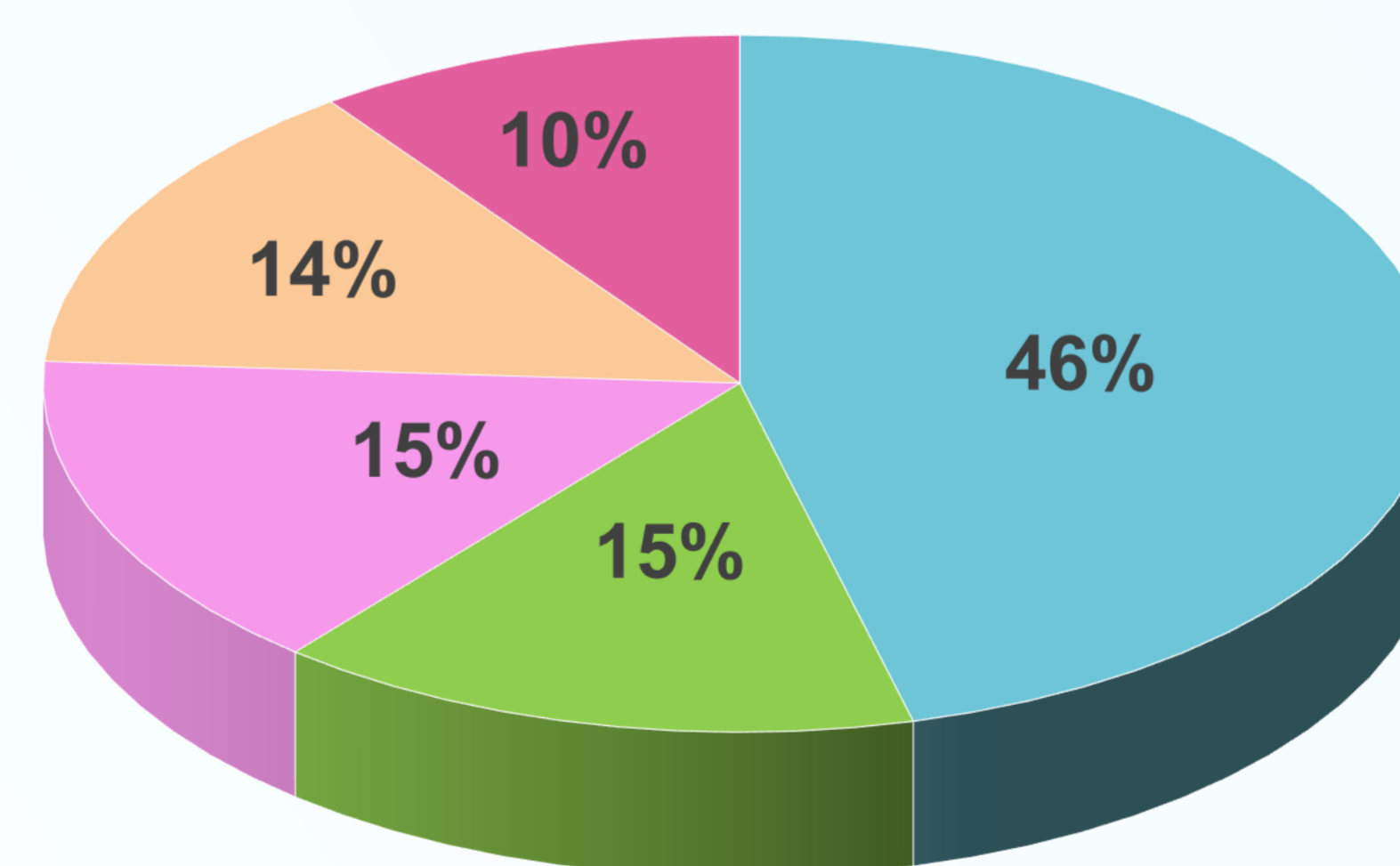


- Final analyses included 52 patients, 58% men
- Median age 82 years (IQR: 68-88)
- 120 PIs were performed and 77% were accepted

✓ ATC groups most frequently involved were C group (cardiovascular system) (35%) B group (blood and blood forming organs) (25%) and N group (nervous system) (20%).



Pharmaceutical Interventions (PIs)



- Initiation of treatment (usual treatment not prescribed)
- Discontinuation (unnecessary drug)
- Change in dosage, frequency or schedule
- Prescription errors
- Others

CONCLUSION AND RELEVANCE

- ✓ Most of PIs corresponded to initiation of usual non-prescribed treatment followed by discontinuation of unnecessary drugs.
- ✓ Medical acceptance was high.
- ✓ Highlight PIs carried out around group C (lipid-lowering and antihypertensive drugs).
- ✓ Multidisciplinary team helps improve pharmacotherapeutic profile and patient safety.

