

5PSQ-217. MEDICATION RECONCILIATION ON ADMISSION OF THE COMPLEX CHRONIC PATIENT IN A TRAUMATOLOGY AND ORTHOPEDIC SURGERY SERVICE

SERVICE

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Background and importance

Patient safety has become an essential component of quality of care. Medication errors constitute an important health problem due to both their clinical and economic impact. For this reason, management of the chronic polymedicated patient during hospitalization is a highly relevant task in clinical practice.

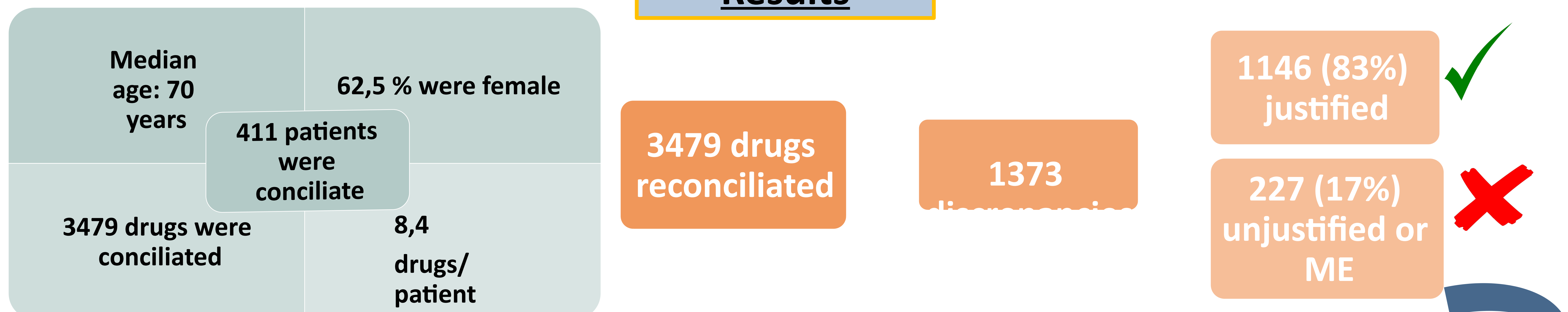
Objective

Quantify and analyze the discrepancies and reconciliation errors (RE) in a Traumatology and Orthopedic Surgery Service (TOS) through a Medication Reconciliation (MC) program at hospital admission.

Materials and Methods

Observational, prospective study (October 2019- September 2020). Patients older than 65 years who received at least 5 drugs with more than 24 hours of admission in the General Surgery and Urology units were included. Variables considered: age, sex, number of prescribed drugs and medication errors (ME). The best pharmacotherapeutic history was developed, including diagnosis, medical history, and complete list of chronic home medication, consulting the electronic history program of electronic prescription and electronic recipe. This information was completed with the interview with patient/caregiver. In case of finding any discrepancy, the responsible doctor was contacted.

Results



Most frequent NJD type: omission (76, %), different dose, route or frequency (19%), wrong medication (2.6%), commission (1.3%).

Others, with a degree of acceptance of 62%, correcting the discrepancy in most cases before 24 hours have elapsed. Communication with the doctor was done by electronic messaging in 91% of cases.

Conclusions

Medication reconciliation within the first 24 hours of admission is a useful tool to detect errors in prescription.

The identification of the most frequent ATC groups in RE allows us to identify those drugs for which it is advisable to review the prescription when validating the treatment in the TOC Service.