

PHARMACIST'S CONTRIBUTION TO THE OPTIMIZATION OF DRUG THERAPY IN ONCOLOGY INPATIENTS



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BACKGROUND

Numerous studies have proven that the presence of a pharmacist on hospital rounds as a full member of the patient care team has been shown to prevent drug errors.

PURPOSE

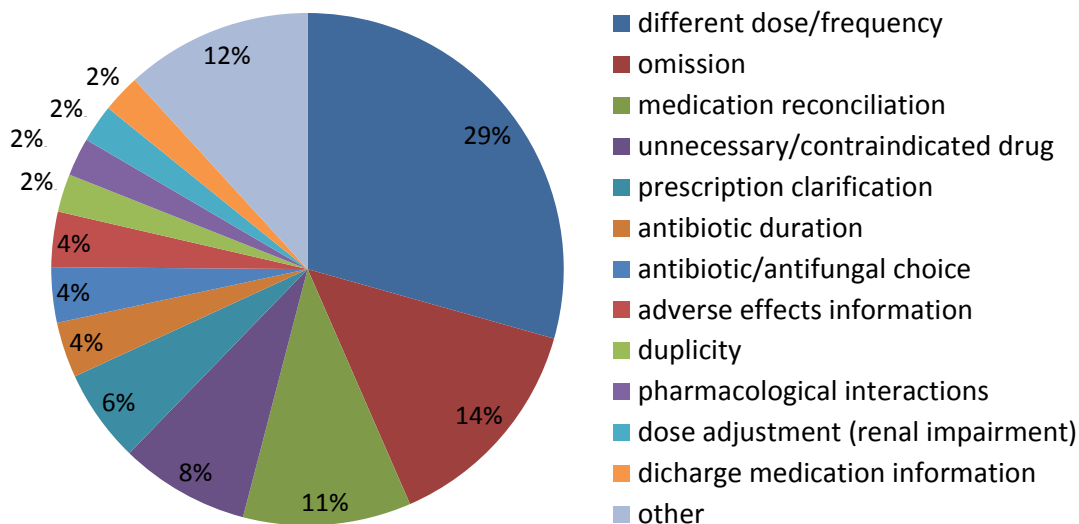
To analyse pharmaceutical interventions made by a fourth year pharmacy resident to optimize drug therapy in oncology inpatients, as well as the acceptance rate of recommendations.

MATERIALS AND METHODS

2-months prospective observational study, conducted during the rotation of a fourth year pharmacy resident in the Oncology ward. In order to perform the patient daily follow-up, the following pharmaceutical care activities were carried out: 1) participation in medical rounds; 2) review of medical records and analytical data; 3) prescription validation; 4) medicines reconciliation upon admission and discharge; 5) discharge medication information. Pharmaceutical interventions and their acceptance by the medical team were recorded.

RESULTS

An average of 16 patients were followed up everyday
85 interventions were recorded



82.4% of recommendations were accepted by the medical team

CONCLUSIONS

The presence of a pharmacist on the ward contributed to a close follow-up of the drug therapy in oncology inpatients. Thanks to this daily follow-up multiple pharmaceutical interventions were made, mainly related to change in dose or frequency, which had a high acceptance rate by the medical team. This shows the need and importance of the integration of pharmacists in the medical team, to improve the quality and safety of the drug therapy provided to the oncology inpatient.

REFERENCES

An evaluation of pharmacist contribution to an oncology ward in a Swedish hospital. Bremberg ER, Hising C, Nylén U, Ehrsson H, Eksborg S. *J Oncol Pharm Pract.* 2006 Jun;12(2):75-81