

ROLE OF HOSPITAL PHARMACIST IN AUTOMATICALLY REMOVING PRESCRIPTION OF CONTINUOUS ANALGESIA PUMPS IN A TRAUMA SERVICE.

Poquet-Jornet JE, Marti-LLorca A, Franco-Ferrando N, Cuesta-Grueso C, Munilla-Das A, Sanjuan-Cervero R, Trenor-Gomis C.
Pharmacy Department. Orthopedic Trauma Service. *Health Department of Denia.*

OBJECTIVE

Ours aims were to find out how the different drugs are used in postoperative pain and how much money can be saved with automatically removing prescription of continuous analgesia pumps in a trauma service.

METHODS

- The study was performed over a period of 8 months (January to August 2013).
- All prescriptions for continuous infusions for postoperative pain in trauma patients were stopped by pharmacist 48 h after their prescription.
- All analgesics were diluted in sodium chloride 1000 mL and were infused over 24 hours.
- We knew, from an earlier pilot study, that analgesics pumps were usually used for five days.

RESULTS

- We validated 43 different analgesic bags for 224 patients.

Most frequent continuous pumps	Porcentaje
metamizole 6 g plus metoclopramide 30 mg	17.9 %
metamizole 6 g plus dexketoprofen 150 mg	12.6 %
dexketoprofen 150 mg plus tramadol 150 mg plus metoclopramide 10 mg	9.8 %
dexketoprofen 150 mg	9.4 %

- Continuous infusion of analgesia has led to a reduction of pain scores going for all the patients (first 48 postoperative hours.)
- Cost of analgesia for 48 hours was 1,388 € but if the analgesic pumps had not been removed by the pharmacy department, the cost would have increased to 3,471 €.
- **Total savings: 2,066 €.**

DISCUSSION

Nowadays, the management of postoperative pain is a requirement for quality care but the excessive length of use of continuous infusion pumps can be associated with unnecessary costs.

CONCLUSION

Pharmaceutical intervention reduced the cost associated with an excessive duration of post-surgical analgesia with continuous pumps for trauma patients.