approach to improve crushing practice

on hospital wards

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BACKGROUND

Crushing tablets is an important risk factor for medication administration errors in patients with swallowing problems and feeding tubes. Information regarding patients requiring crushed medication does not routinely reach the hospital pharmacist. Measures to improve crushing practice may consist of introducing guidelines, training nurses or giving pharmacy advise.

OBJECTIVE

To describe an integrated multifaceted approach using an audit and feedback strategy to improve crushing practice on hospital wards in a 500-beds general hospital.

RESULTS

METHODS

- · clinical pharmacy project
- pre-intervention questionnaires + disguised observations to assess nurses' knowledge and current practice
- gradual implementation of several interventions
- audit = retrospective analysis prescriptions
- feedback = educational sessions + poster

PRESCRIPTION

- mention "to crush" on drug prescriptions
- order enteral tube feeding using specific order form



PATIENT-TAILORED SUBSTITUTIONS & ADVICES

- pharmacists provide <u>information form</u> listing substitutions & advices
- retrospective analysis of 160 prescriptions:
- · 601 drugs to crush
- 18% substituted by alternative dosage form
- 2 hazardous drugs to administer
- substitutions for same drug and patient may differ

ADMINISTRATION

- oral syringes available
- test desintegration of commonly crushed tablets
- procedure "syringe method" as closed system for administration of hazardous drugs and dispersable tablets



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using oral syringes

"SYRINGE METHOD"

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TOP 20 of most commonly drugs "to crush"

CONCLUSIONS

Patients in need of crushed medication may benefit from medication review by a pharmacist.

Audit and feedback provides relevant information to other caregivers to prescribe and administer medication correctly and safety.

To evaluate and sustain the impact of our interventions, the clinical pharmacist, as member of the putrition support to an will regularly

pharmacist, as member of the nutrition support team, will regularly review drug therapy of patients on enteral tube feeding during their ward visits.



Qual Saf Health Care 2006;15:44-7, Nutr Hosp 2012;27:1309-13,
Pharmacoepidemiol Drug Saf 2013;22(4):423-9