

# PHARMACIST'S CONTRIBUTION ON THE WARDS

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## BACKGROUND:

During the fourth year of training, pharmacy resident, performs a rotation with the team doctor for the various clinical units.

## OBJECTIVE:

To describe and to classify the interventions realised during the rotation by the clinical units and to analyze the level of acceptance of the interventions by the doctor.



## MATERIALS AND METHODS:

- Prospective study during 8 months.
- Data collected: name, age, sex, allergies, weight, date of admission and discharge, toxic habits, medical history, primary diagnosis, drug treatment, income and home diagnostic tests performed.
- Intervention was considered any contribution made to drug treatment. These are classified:
  - Change in dose/ frequency
  - Start/ stop treatment
  - Therapeutic interchange
  - Modified via
  - Other (request for information, diagnostic tests and pharmacokinetics).

## RESULTS:

- Clinical units were: Cardiology, Children's Oncology, Intensive Care, Gastroenterology, Internal Medicine HIV and Internal Medicine Infectious.
  - The average stay per unit was 1.3 months.
  - 98 interventions were performed in 85 patients treated (1.15 interventions / patient).
  - 89% of the interventions were accepted. 11% of the interventions were not accepted, but they were justified by the doctor.
- Classification of interventions:
- Change in dose (25.5%)
  - Request for information (23.5%)
  - Starting treatment (17.3%)
  - Discontinue treatment (9.2%)
  - Frequency change (8.2%)
  - Pharmacokinetic studies (6.1%)
  - Change in treatment (5.1%)
  - Modified via (3.1%)
  - Request additional tests (2%)
  - Therapeutic interchange (0%)

## CONCLUSIONS:

The integration of the pharmacy residence in the clinical units has been widely accepted because it has helped the adjustment of treatment at the time of prescribing, providing safety to the care process.