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UNINSURED PATIENTS: TOOLS AIMED AT SAFE DISP



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BACKGROUND

Context

- In France, uninsured patients, mainly foreigners, are able to have free access to
- The pharmacy staff of our pediatric hospital dispenses treatments for their children
- In pediatrics, the risk of mistakes is important because of few pharmaceutical forms for

Parents don't speak fluently french

Purpose

Realize tools for helping dispensation

Safe dispensation

MATERIALS AND METHODS

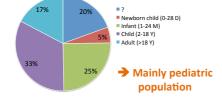
- 1. Retrospective prescriptions analysis of the uninsured patients on over one year
 - Demographic (age, weight) and medical (prescribing departments, handled pathologies, prescribed drugs) descriptions of this population
- Investigation with the pharmacy technicians on the following matters
 - Used and wished tools, most concerned medicines, patient's comprehension feelings
- 1+2 → Development of necessary tools
- 3. Tools creation

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RESULTS

1. Demographic and medical datas

- 370 prescriptions were dispensed to 235 : one dispensation per day approximately (included weekend)
- Prescriptions distribution according to patient age



Three prescription categories

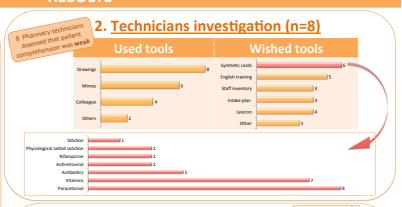
Acute pathologies (pain/fever, infections) versus Chronic pathologies (epilepsy, sickle cell anemia and asthma, HIV)

- + Exit of maternity department.
- Prescribing departments

Emergencies (44 %), Maternity - Gynecology (20 %), Pediatrics (11 %), other (25 %)

Most prescribed drugs

Paracetamol syrup (16 %), vitamin D and vitamin K1 (8 %), physiological salted solution for nose wash (6 %) and antibiotics (4 %)



3. Created tools

- 13 synthetic instruction cards in French and in English about :
- → Medicines (paracetamol syrup, antibiotics (amoxicilline and amoxicilline + ac. clavulanique), vitamins, ...)
- → Administration modalities (capsule and tablet dilution, ...)
- → Pathologies (diarrhea, mange)
- French-English lexicon
- 3 intake plans (3 intakes by 24 hours, 6 intakes by 24 hours and a weekly intake plan) being able to be completed by color stickers









CONCLUSION

Uninsured patients must not be neglected: Treatment misunderstanding may lead to serious consequences

Short-term objectives

- Validation, providing and evaluation of the tools
- (dilution, mange)

Further-term objectives

- Tools created will be spread to other pharmacy hospitals
 - Creation of new tools