

Álvarez-Payero M, Ucha-Samartín M, Vázquez-López C, Martín-Vila A, Martínez-LópezdeCastro N, Piñeiro-Corrales G. Pharmacy, University Hospital of Vigo. Spain.

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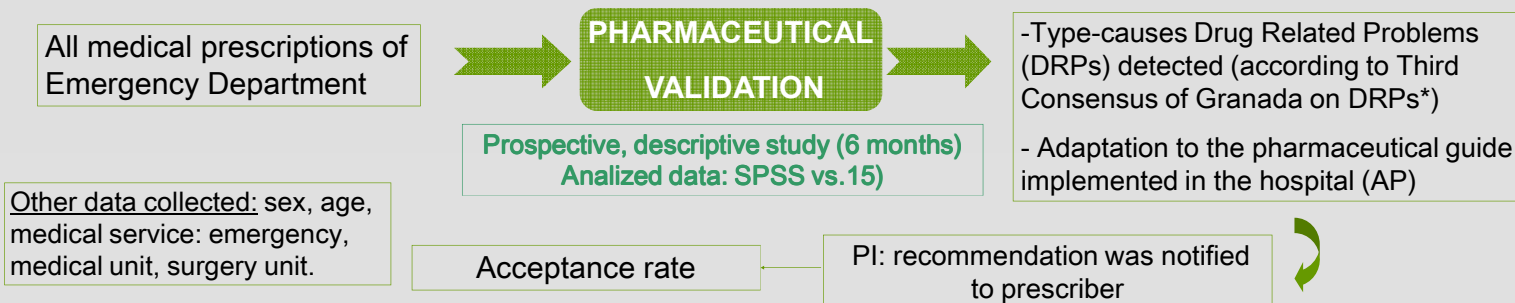
BACKGROUND AND OBJECTIVES

Over recent decades, the pharmacist's role has evolved with development of Pharmaceutical Care, defined as the active participation of the pharmacist in patient care, in collaboration with the doctor and other healthcare professional in order to achieve results which improve the patient's quality of life. Based on this, we have established a pharmaceutical care programme in an Emergency Department (ED).

Objectives:

- To describe more frequent Pharmaceutical Interventions (PI) in an ED.
- To analyze the rate of acceptance of the PI and which affected.

MATERIAL AND METHODS



RESULTS

987 patients reviewed
320 patients with PI (50,3% women)
Median age: 77,0±15,9 years
669 PI → **0,7 PI/patient**

Fig.1: Reasons for PI (n=669)

40% AP

60% DRPs

INDICATION= 32,6%

EFFICACY= 26,6%

SAFETY= 40,8%

Fig.2: More frequent PI

AP: 40%

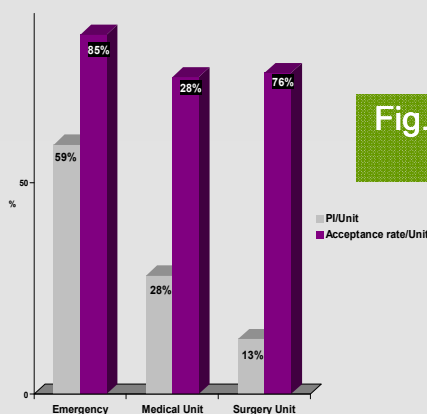
Dosage/posology change: 26%

Start treatment: 13%

Form administration change: 10%

Stop treatment: 8%

Fig.3: PI/Unit and acceptance rate/ patient (%)



76,8 % of PI: ACCEPTED

CONCLUSIONS

- More frequent PI were adaptation to the pharmaceutical guide and dosage/posology change.
- Emergencies physicians accept more PI by medical or surgery physicians and medical units reject more PI than other units (25%).
- Interventions by a clinical pharmacist had a major impact to reducing prescribing errors in the study period, thus improving the quality and safety of carried provided.