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OBJETIVES

To describe positive and negative aspects that the implementation of an electronic prescribing system (EPS) produces in a physician when prescribes, in a nurse during the administration of the drugs and in the pharmacist when validates.

METHODS

We recorded the advantages and disadvantages identified by pharmacists in different professionals from the introduction in January 2010 of a system of EPS.

RESULTS



POSITIVE ASPECTS

PHARMACIST

- real-time validation (it avoids administration errors and facilitates communication between healthcare professionals)
- no unreadable or incomplete prescriptions
- chance to check nurse graph (administration time, observations and incidents)
- quick access to ambulatory care and other hospital admissions medication
- possibility to see and change drugs administration rates
- instant information of the drugs through connection to different drugs databases.



PHYSICIAN

- availability of protocols
- rapid access to the hospital formulary
- drug automatic change
- automatic allergy alert.



NURSE

- drugs appear automatically at the administration graph
- they can ask for medication directly from prescription screen.



NEGATIVE ASPECTS

PHARMACIST

- repeated validation of unchanged prescriptions
- errors made during change of medication (e.g. duration of treatment)



PHYSICIAN

- errors due to lack of knowledge of trade names (e.g. insulin)
- the existence of protocols can lead to incorrect prescriptions (e.g. elderly people)
- errors due to ignorance of the program (duration of different frequencies)
- need to delete old prescriptions.



NURSE

- they can not change administration schedule
- some services don't use yet the EPS.



CONCLUSIONS

The implementation of EPS improves many aspects of all the health professionals involved. Pharmaceutical validation is more complete, real and faster. It is necessary to know the program properly to detect the emergence of new errors in order to correct them.

