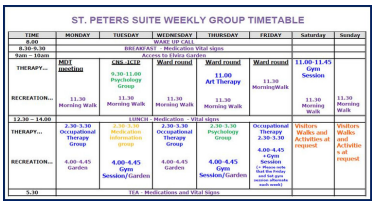
Patient-centred clinical pharmacy and medicines information service on a psychiatric intensive care unit

Authors:

Caroline Hynes & Dolores Keating
Pharmacy Department
Saint John of God Hospital
Stillorgan
Co. Dublin

What was done?

A liaison pharmacist was assigned to the psychiatric intensive care unit (PICU) at Saint John of God Hospital to provide both a clinical pharmacy service including regular medication chart review and development of patient-centred clinical guidelines, and to provide medicines information and support directly to patients.



ST. PETERS SUITE WEEKLY GROUP TIMETABLE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday	Sunday
8.00	WAKE UP CALL						
8.30 & 9.30	BREAKFAST – Medication Vital signs						
9am – 10am	Access to Elvira Garden						
THERAPY…	MDT meeting	CBS - ICP 9.30-11.00 Psychology Group	Ward round	Ward round 11.00 Art Therapy	Ward round	11.00-11.45 Gym Session	
RECREATION…	11.30 Morning Walk	11.30 Morning Walk	11.30 Morning Walk	11.30 Morning Walk	11.30 MorningWalk	11.30 Morning Walk	11.30 Morning Walk
12.30 – 14.00	LUNCH – Medication – Vital signs						
THERAPY…	2.30-3.30 Occupational Therapy Group	2.30-3.30 Medication information group	2.30-3.30 Occupational Therapy Group	2.30-3.30 Psychology Group	Occupational Therapy 2.30-3.30	Visitors Walks and Activities at request	Visitors Walks and Activities at request
RECREATION…	4.00-4.45 Garden	4.00-4.45 Gym Session/Garden	4.00-4.45 Garden	4.00-4.45 Gym Session/Garden	4.00-4.45 + Gym Session (+ Please note Gym session and not gym session alternate each week)		
5.30	TEA – Medications and Vital Signs						

Why was it done?

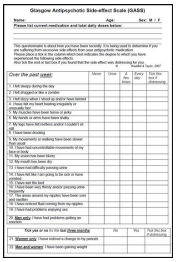
Psychiatric intensive care is for patients who are in an acutely disturbed phase of a serious mental disorder. Psychotropic medicines play a pivotal role in the treatment of these disorders which is why the pharmacist is a key part of the patient care team. The introduction of a designated pharmacist to address not only the clinical needs of the PICU team but also the medicines information needs of the patient was essential to optimise patient outcomes. As positive experience with psychotropic medicine has implications for adherence and outcome, the role of the pharmacist in maintaining or improving this experience is of high importance.

3.2.26. All patients should have access to independent education and advice about medicines, preferably from a specialist mental health pharmacist in the PICU.
3.2.23. All prescriptions for medicines should be 'clinically screened' by a pharmacist to ensure suitability, safety, and that the relevant legal requirements are followed.

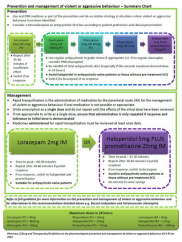
napicu
national association of psychiatric intensive care & low secure units

How was it done?

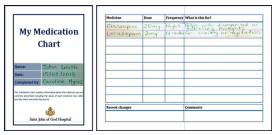
The main obstacle to the introduction of this initiative was establishing a relationship with patients, as visible pharmacist interventions were new to patients on the PICU. In order to overcome this obstacle, the pharmacist was required to be present on the unit and regularly meet patients to enquire about their experience of taking medicine for their mental health and provide information as required.



Glasgow Antipsychotic Side-effect Scale (GASS)



- The pharmacist hosts a weekly medicines information group on the unit where; medicines are discussed openly, patients are provided with medicines information leaflets and medication charts detailing all of their current medicines and what they are for, and those taking antipsychotics are systematically assessed for side-effects using validated rating scales
- The pharmacist develops new patient-centred guidelines for use on the PICU, such as the guidelines on the pharmacological prevention and management of violence or aggressive behaviour
- The pharmacist carries out a regular clinical pharmacy review where medication charts are clinically assessed and any interventions are relayed to the relevant consultant psychiatrist and registrar



What was achieved?

A liaison pharmacist was assigned to the psychiatric intensive care unit (PICU) at Saint John of God Hospital to provide both a clinical pharmacy service including regular medication chart review and development of patient-centred clinical guidelines, and to provide medicines information and support directly to patients.

What next....

Now that the pharmacist is a well-established member of the patient-care team on the psychiatric intensive care unit, future research will look at the impact this has on patient experience with psychotropic medicine and whether patient-centred pharmacist interventions improve attitude, adherence and ultimately outcome.

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