INTEGRATION OF THE CLINICAL PHARMACIST IN A MULTIDISCIPLINARY TEAM IN A BURNS UNIT

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What was done?

The integration of the pharmacist into a multidisciplinary group of assistance to the burns patient constituted as the Managing Committee of Cases.

Why was it done?

- ❑ The burns unit of a third-level hospital includes a patient's great **heterogeneity** depending on his:
  - ❑ Population group
  - ❑ Clinical condition
  - ✓ Extension, degree and depth of the burns
  - ✓ Etiological agent of the burns
  - ✓ Comorbidities and polipharmacy
- ❑ The extensive burns provoke physiopatological alterations that involve changes in the pharmacokinetical and the pharmacodynamical modeling of some drugs:
  - ❑ Clearance
  - ❑ Distribution volume
  - ❑ Union to plasmatic proteins

The knowledge that the pharmacist has about all this aspects makes his active participation in the care of the burns patient, and in the optimization of his pharmacoterapeutic plan, very interesting.

How was it done?

A protocol was devised that standardizes and systematizes the review of the pharmacotherapeutic plan of all patients in the burns unit, including burn critical and pediatric. Also, there is included a model of record and codification of pharmaceutical interventions. The multidisciplinary group meets weekly and every patient is analyzed from all clinical points of view, the pharmacist intervening in relation to the pharmacotherapeutic and nutritional plan.

DRUG RELATED PROBLEMS DETECTION

Pharmacoterapeutic plan systematic review

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CLARIFICATION

Modification proposal to the Managing Comitee of Cases

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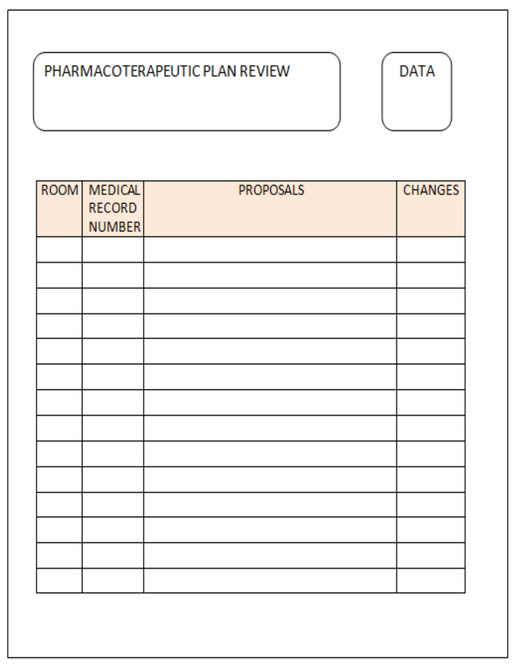
RESOLUTION

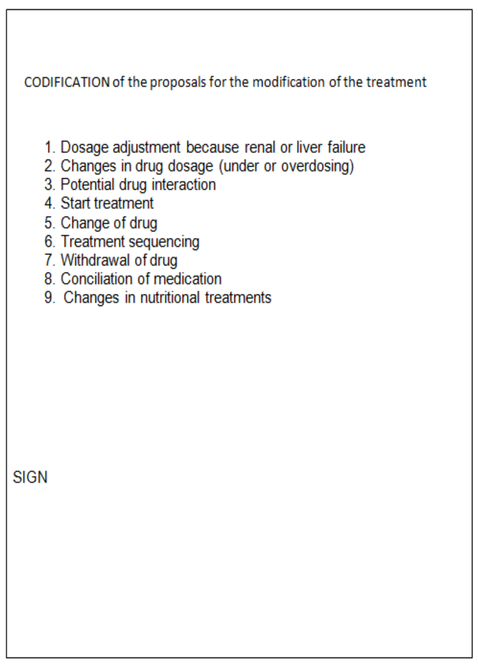
Treatment update



PHARMACOTERAPEUTIC PLAN REVIEW

DATA

ROOM	MEDICAL RECORD NUMBER	PROPOSALS	CHANGES



CODIFICATION of the proposals for the modification of the treatment

1. Dosage adjustment because renal or liver failure
2. Changes in drug dosage (under or overdosing)
3. Potential drug interaction
4. Start treatment
5. Change of drug
6. Treatment sequencing
7. Withdrawal of drug
8. Conciliation of medication
9. Changes in nutritional treatments

SIGN

What has been achieved?

The active integration of the pharmacist has been achieved in the clinical group of assistance to the burns patient. In addition, there has been created a collaborative attitude that has benefited joint projects of investigation. The degree of acceptance of the offers of modification that the pharmacist realizes is 90%.

What next?

The following step must be, depending on the obtained results, to establish improvement assistance measures, including the accomplishment of protocols and the development of investigation projects that help to generate knowledge about the use of some drugs in burns patients, such as immunoglobulin or proteolitic enzymes for the extraction of bed sores.

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http://www.eahp.eu/gpis/integration-clinical-pharmacist-multidisciplinary-team-burns-unit