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IMPLEMENTATION OF PHARMACO-LOGICAL CONSULTATION AS PART OF GERIATRIC TRAUMA TREATMENT

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1 What was done?

The geriatric trauma center aims to provide geriatric patients with the best possible peri- and post-operative care after a fall with a fracture so that they resume their usual life and environment after the hospital stay. The pharmacist joined the interdisciplinary team with the aim of a medication review for the often multi-morbid and multi-prescription patients.

2 Why was it done?

The team of the geriatric trauma center according to the German society for orthopedic surgery (DGU) and now also a pharmacist who performs risk screening for drug-related problems such as e.g. fall, dizziness, cognitive impairment, conspicuous laboratory values, lack of appetite, immediately after admission, in order to optimize drug therapy.

3 How was it done?

After the patient has been assigned to geriatric complex therapy according to the DGU criteria (see table):

• doctor requests a pharmacological consultation for this patient via the digital patient record

• pharmacist carries out a medication analysis with information from the record and bed side visits focusing on possible medication based problems.

Results are stored in the consultation report, serving as documentation and as basis for later evaluation. Important information for immediate implementation is highlighted in the digital file and transmitted to the attending physician by telephone.
Once a week, the entire team meets, with the scope for each patient being:
• What are the remaining problems?
• How can these be interdisciplinaryly solved?

4 What has been achieved?

During four months, medication reviews were carried out for about 100 patients. In the areas of bleeding risk, anticholinergic adverse events, antibiotics, malnutrition, dose adjustments and medicines inappropriate for geriatric patients, for one third of patients corrections led to an improvement in patients. For nearly 10% of patients also a prescription cascade was resolved and some medical device training has increased drug therapy safety.

Two criteria for geriatric complex therapy
- seventy years or above
- unsteadiness, frequent falls
- impairment of e.g. vision, hearing
- cachexia, decubitus, incontinence,
- more than five prescribed medicines

5 What is next?

Future benefit evaluation will be done based on patient resumption due to a fall, in the categories: Adoption of optimized medication plan, time until and reason for next hospital admission

Patient safety: root cause analysis

Drug prescription and dosing: Prescription appropriateness

Hospital setting: Multidisciplinary team