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WHAT WAS DONE?

The aim of our study is to determine the integration into clinical practice of a protocol for the administration of dangerous depot drugs in the social health field after a year has elapsed since its implementation

WHY WAS IT DONE?

When the National Institute for Occupational Safety and Health (NIOSH) published a list that included drugs considered dangerous for general and reproductive health, we had to devise a protocol in our field so that parenteral drugs could be administered in a safe way for health personnel

HOW WAS IT DONE?

- ✓ The Depot Dangerous Drug Administration Protocol was intended to increase the safety of healthcare personnel in their preparation and administration
- ✓ The recommendations contained therein, issued by official agencies and in force at the time, were transmitted by different means of communication:
 - **Verbal:** in a physical meeting with the nursing coordination of all the residences
 - **Written:** through the distribution of the protocol via e-mail and in folders shared with the centers
 - **Audiovisual:** elaboration and diffusion of a video explaining the preparation of the different drugs affected
- ✓ For its implementation: a reference pharmacist was made available to each residence to resolve any doubts in this regard
- ✓ Within a year of its implementation, from our socio-sanitary pharmacy service and in collaboration with the 16 residences specialising in geriatrics, disability and mental illness, the degree of adaptation to the protocol was measured.

WHAT HAS BEEN ACHIEVED?

In December 2017, the aforementioned protocol was implemented in the 16 residences. Within a year, more than half of the residences, 9 of the 16, acknowledged not taking any of the precautions indicated in the protocol. Of the rest of the residences, 4 stated that they have adopted all the recommendations in each preparation and administration of dangerous drugs and the remaining 3 placed their adaptation to the protocol at between 25% and 50%

WHAT NEXT?

We believe it is necessary to reinforce the information contained in the protocol every 1–2 months in person. It is also necessary to keep the protocol continuously updated to detect changes in it