

A REVIEW ON MEDICATION RECONCILIATION IN THE PERIOPERATIVE PERIOD: VARIABLES THAT LEAD TO MEDICATION ERRORS

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Background and importance

Medication reconciliation (MR) are key to prevent omissions, duplications, dosing errors, or drug interactions; especially in the perioperative period, where a correct management on medication becomes imperative to the patients' safety

Aim and objectives

To evaluate which pharmacological groups are prone to lead to medication errors during the perioperative period and to find a possible correlation between said errors and the patients' both demographic factors and prescription-based factors

Material and Methods

Prospective observational study (July 2023 - September 2023)



- Traumatology
- Ophthalmology
- Urology
- General surgery wards



Selected patients with chronic medication



Analyzed discrepancies in MR pre-op and post-op considering:

- Age
- Gender
- Duration of admission
- Number of prescribed medications

Results

52 patients' prescriptions
214 medications were reviewed:

- **Age:** median of 67 years of age
- **Gender:** 56% males
- **Duration of admission:** median of 5 days (2-46)
- **Number of prescribed medications:** median of 4 (1-13)

MR errors

- Statins (65% pre-op, 55% post-op)
- Diuretics (50% pre-op, 36% post-op)
- Duration of admission >5 vs <5 days (64,7% vs. 65,7%)
- Number of prescriptions >4 vs. <4 (63% vs. 70%)

Conclusions and relevance

- Although MR in the perioperative period can be rigorous process; it is a must-have in any hospital to guarantee patients' safety
- Pharmaceutical interventions are key to prevent risks due to medication errors; especially in those prone to error
- A more precise statistical model is needed to figure out which variables lead to medication errors in the perioperative period