

CONTINUITY IN PERIOPERATIVE MEDICATION MANAGEMENT



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What was done?

• To develope a guideline to achieve the continuity of quality use of medicines between hospital and community in surgical patients.

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Why was it done?

• There is evidence of discontinuity medication between different health care levels. In fact, on admission to hospital, up to one in two patients has an incomplete medicine list, resulting in a medicine not being adminestered during the hospital stay. This situation could be associated with an increased risk of hospital readmission or adverse drug reaction (ADR). Some studies show that an elevated percentage of surgical patients take mediations prior to surgery, cardiac medications principally, but almost 50% of the drugs are omitted on the day of surgery.



How was it done?

• The lack of medical evidence is reflected by the large variation in perioperative management recommendations among several group of experts. The recommendations in this guideline are to a large degree expert opinion, based on information from other reviews and textbooks, along with clinical experience. After a thorough review, the guide has obtained the consent of the Commission of Pharmacy and Therapeutics of the hospital.



What has been achieved?

• The guide of conciliation of the medication includes a medication review structured according to the classification made by WHO "Anatomical, Therapeutic, Chemical classification system". In each one of them, including the benefits and risks of continuing with this therapy during the perioperative process. It also includes various annexs, on antihypertensive, glucocorticoids and medicinal plants.



What next?

• In the future, we would recommend prioritizing the conciliation to the discharge with respect to other points of transition assistance, since the potential severity of a error of conciliation not intercepted the discharge of the patient is greater than if it occurs within the hospital.





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