

PAUSING NON-CRITICAL MEDICATION DURING SHORT HOSPITALIZATION

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WHY?

Patients in **acute phase of illness** may experience fatigue, nausea, swallowing difficulties, and cognitive challenges when faced with large amounts of oral medicine. **Prioritizing life-critical medicines during hospitalization is essential, while non-critical medicines could temporarily be paused.** Additionally, there is often medicine waste, where drugs are assumed to be administered but remain untouched on the bedside table. In acute care units with complex patients, optimizing nursing time, shelf space in the medicine room and managing costs is crucial for appropriate medication.

HOW AND WHAT?

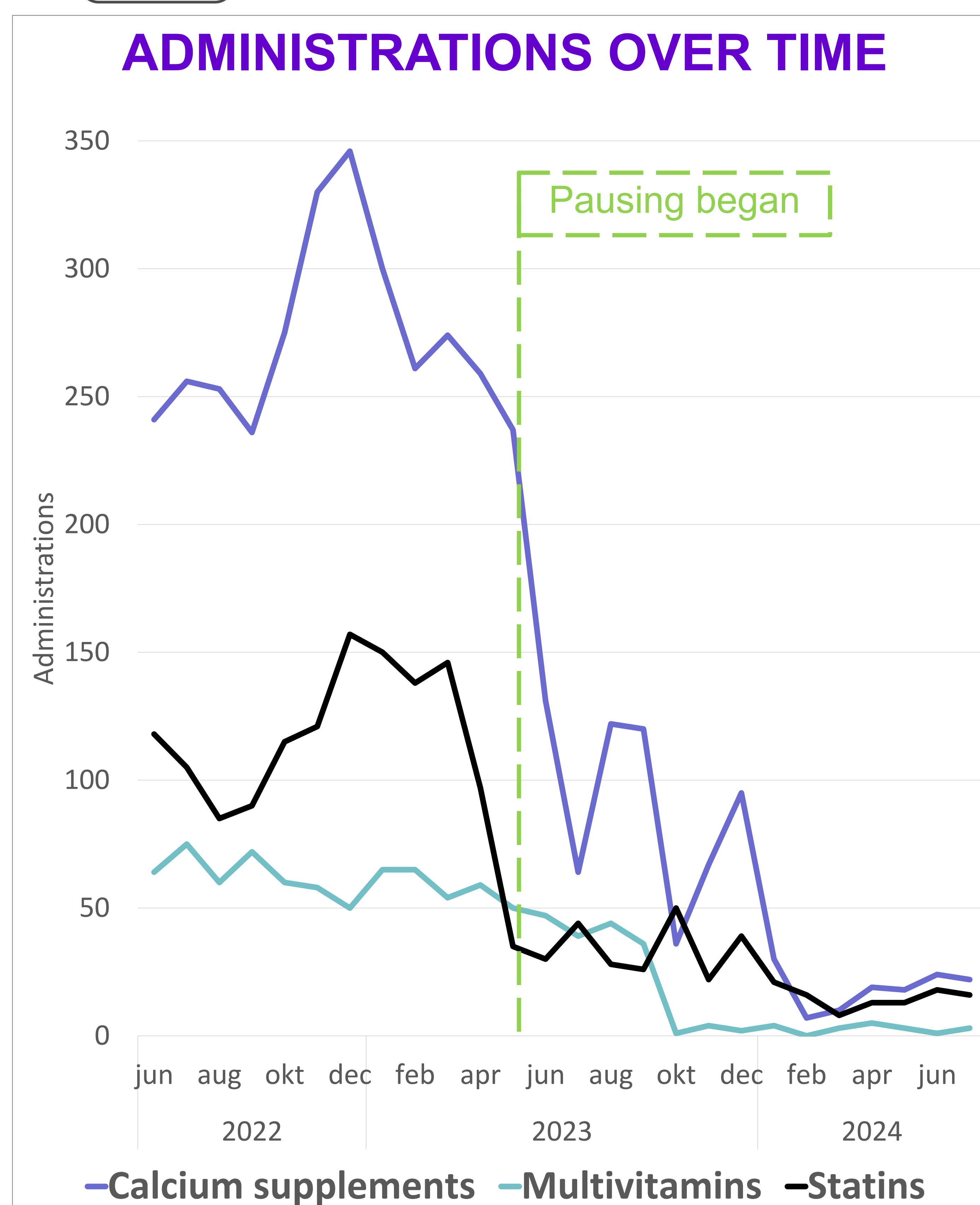
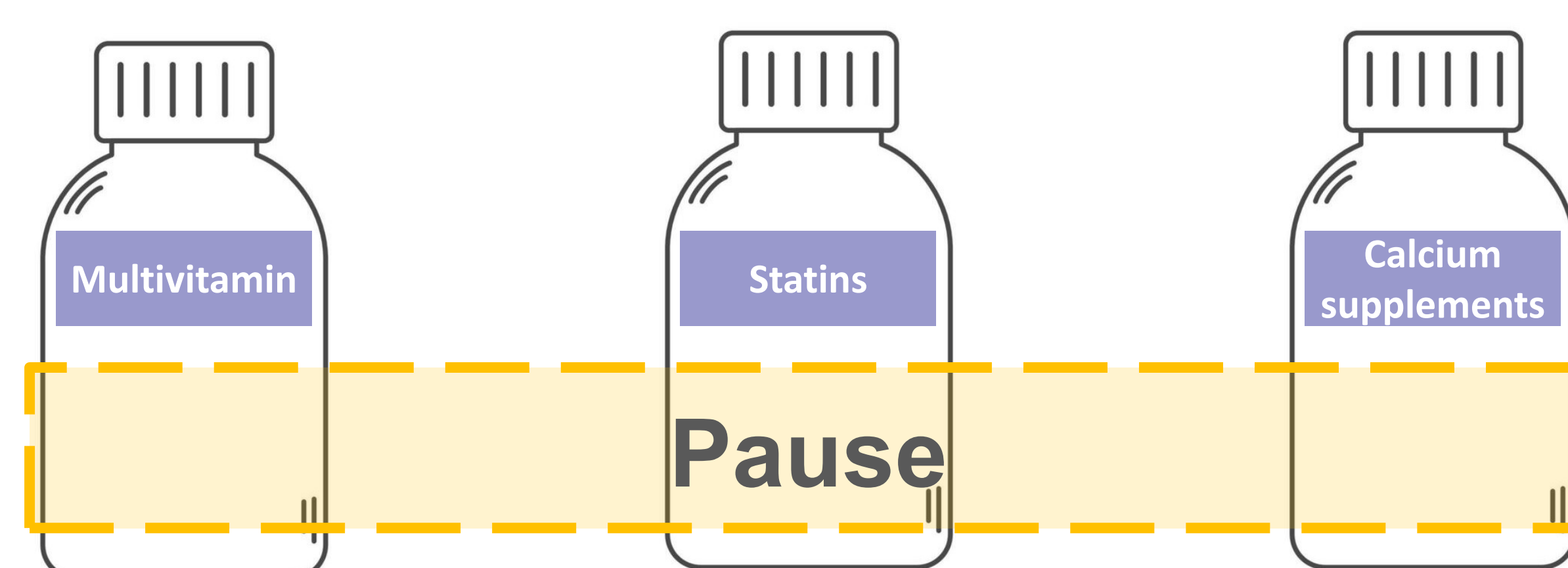
An interdisciplinary group consisting of physicians, nurses, pharmacists, and the Hospital Pharmacy was initiated to determine which medicines could be paused during shorter hospital admissions at The Medical Acute Care Unit, Bispebjerg Hospital. **Statins, multivitamins and calcium supplements** were identified as non-critical and removed from the shelves in the medicine room.

ACHIEVEMENTS

- Medicine administrations by nurses were **reduced by 87-96%.**
- **Medicine waste** were reduced.
- **Nurse time** were freed up got other nurse-specific tasks.
- Optimized **shelf space** in the medicine room, making space for more critical medicine such as epilepsy- and Parkinson's medicine.

INTERDISCIPLINARY COLLABORATION

- **Physicians:** Prescribe critical medicine and temporarily pause non-critical medicine
- **Nurses:** Do not administer non-critical medicine. If prescribed request the physician to pause.
- **Pharmacists:** Assist in pausing non-critical medicines
- **Hospital Pharmacy:** Ensure availability of the correct medicine in the medicine room.



WHAT'S NEXT?

Continue the good work and expanding the list of non-critical medicine.