Background Over recent decades, the pharmacist's role has evolved with the development of pharmaceutical care, defined as the active participation of the pharmacist in patient care, in collaboration with the doctor and other healthcare professionals in order to improve the patient’s quality of life. Based on this, we have established a pharmaceutical care programme in an emergency department (ED).

Purpose
1. To describe more frequent pharmaceutical interventions (PIs) in an ED
2. To analyse the rate of acceptance of the PIs and which were accepted.

Materials and Methods Descriptive-prospective study, for six months, in a University Hospital. All medical prescriptions from the ED were evaluated. If any drug-related problems (DRPs) were detected, the prescriber was notified of a recommendation. The following variables were collected: sex, age, reason for the intervention: DRP especially adaptation to the pharmaceutical guide used in the hospital (AE), medical service (emergency, medical unit, surgical unit), type of PI, type of DRP, acceptance rate (accepted, not accepted, not assessable). Data were analysed with SPSS vs. 5.

Results The pharmacist reviewed the medical orders of 987 patients. A total of 669 interventions for 320 patients (77 years ± 15, 50.3% female) were recorded. The pharmacist carried out an average of 0.7 interventions/patient throughout the study period. PIs/unit: emergency 85%, medical unit 75%, surgical unit 76%. Of all 25 interventions, 14 removed the potentially risky drug; in 4 the doctor reduced the dose and the other 7 the appearance of adverse reactions was monitored. In all prescriptions with severe and moderate/severe risk the drug with potential risk was replaced and the number of DIs reduced due to pharmaceutical interventions.

Conclusions The study demonstrated the importance of pharmaceutical evaluation of potential DIs in prescriptions and provided information for the prescribing physician to increase patient safety. In addition this study showed that potential DIs generally unnoticed by the prescribing physician were detected by pharmaceutical intervention.

References

No conflict of interest.