EVALUATION OF THE FORM’S QUALITY OF MEDICAL PRESCRIPTIONS FROM PUBLIC HOSPITALS AND PRIVATE CLINICS

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Purpose The purpose of this work was to explain the quality of the form of medical prescriptions from public hospitals and private clinics.

Material and methods This was a transversal descriptive study of 210 medical orders. The quality of the form was evaluated using two parameters: the presence of the obligatory mentions and their legibility. An analysis grid with several items was used to collect the information needed to describe the form quality of the medicinal prescriptions. The pharmacist used a scale of 1 to 3 to evaluate the readability of prescriptions.

Results In our study, 210 patients were included taking a total of 588 drugs. 28.57% (60) medical prescriptions came from public hospitals, while 71.42% (150) prescriptions stemmed from private clinics. For all the medical prescriptions analysed, only 21 were computerised and came from private clinics. Only one medical prescription from a public hospital was undated. All prescriptions were written with commercial drug names. In the sample studied, 15.71% (33) prescriptions had no patient identity (first and last name) and came from public hospitals. Only six medical prescriptions contained the age and weight of the patient and came from private clinics. The identity of the prescribing physician was absent in 14.2% (30) medical prescriptions and 38.57% (81) medical prescriptions did not contain a treatment period.

Conclusion The different outcome data types used in studies counter the intention to prove the cost-effectiveness of CPOE systems. It is clear that no generally accepted definition is present over which system can be called CPOE. On the other hand, it will only be possible to compare different CPOEs if common agreement is developed in terms of outcomes observed by studies. Clinical pharmacists can play an important role in the unification of the upcoming studies and collection of data.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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