Background and importance The clinical pharmacist ensures the effective and rational use of drugs through the application of technical and scientific knowledge. Residence in the intensive care unit (ICU) allows greater proximity to the patient and the multidisciplinary team, resulting in rapid and efficient support in all issues related to drugs.

Aim and objectives To describe and characterise the interventions developed by the clinical pharmacist residing in the ICU, and thereby demonstrate its added value, namely in pharmacotherapeutic follow-up and on the spot rapid and assertive support in a multidisciplinary environment.

Material and methods The clinical pharmacist’s workplace was transferred to the ICU of a private hospital in Lisbon, with 12 inpatient beds. Ove a 10 month period (November 2018 to August 2019), the unit had a monthly average of 165 inpatients, of which 115 (70%) were in postoperative recovery and 50 (30%) in a critical condition. All pharmaceutical interventions for critically ill patients were recorded (Excel file and/or BSimple software), categorised and analysed.

Results Nearly 79% of critically patients admitted during the study period were the subject of pharmaceutical interventions, performing a total of 394: 86 (17%) related to dose and dosage adjustments; 49 (10%) related to dilution/reconstitution; 46 (9%) were regarding training and preparation of technical and scientific support material; 44 (9%) related to route of administration; 40 (8%) related to logistics and supply issues; 30 (6%) were interactions, compatibility and stability; 27 (5%) were in the field of clinical nutrition; 19 (4%) were related to records of drug allergies; 18 (4%) were support in the establishment of guidelines based therapy; 13 (3%) were internal audits of narcotic drugs, blood products and emergency vehicles; 11 (2%) were clarification of questions on wound care material; 7 (1%) were requests for out of hospital medication; and 4 (1%) were therapeutic reconciliations.

Conclusion and relevance Residence of the clinical pharmacist in the ICU is fundamental for safe and effective use of drugs. The evidence presented in this study demonstrated the added value of providing a patient centred pharmaceutical service in a multidisciplinary and interdisciplinary team, adding value to the care provided by other health professionals. This proximity also allowed quick intervention in the resolution of various day to day pharmacotherapeutic and/or circuit related issues.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

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