In the FP group, 188 PIs were registered (mean interventions/patient 3.1 (DE 2.3)): 43.6% were medical reconciliation errors, 16.5% were to discontinue a prescription (DP), 11.2% were omission of a drug in the acute treatment (ODAT) and 12.7% were other reasons. A total of 22.3% of the interventions were made in HRD (85.7% accepted) and 12.2% in PIDs (73.9% accepted).

In the ROP group, 370 PIs were registered (mean interventions/patient 1.25 (DE 0.6)): 29.5% were incorrect dose, 18.1% were medical reconciliation errors, 14.7% were exchange of a drug was proposed, 7.8% were adjustment to renal function, 5.4% were DP, 5.1% were ODAT and 19.4% were other. A total of 19.5% of interventions were done in HRD (75.0% accepted) and 11.4% in PID (40.5% accepted).

The approval rates for FP and ROP were 80.9% and 69%, respectively. Results were presented to the hospital’s security commission. Six security measurements were accepted and implemented, two related to HRD (insulin and anticoagulants).

Conclusion and relevance The high rates of acceptance of the PIs showed that the integration of the pharmacist in the multidisciplinary ED team improved the safety of the prescriptions, especially when the pharmacist was physically present.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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