Background and importance Since 2015, a pharmacist/resident duo has been conducting drug reconciliation and medication review in the orthopaedic surgery department. They participate in multidisciplinary team (MDT) meetings to discuss patient with osteomyelitis. These clinical case conferences take place every week to determine the most suitable surgical and medical treatments for individual patients.

Aim and objectives The objective of this study was to assess the impact of the pharmacist’s involvement in the MDT meetings on the medical management of patients with osteomyelitis.

Material and methods A prospective study was conducted on all pharmaceutical recommendations (PRs) made during the MDT meetings. The data collection period was from June to September 2019. All patients had their medications reconciled previously. We used the drug related problem classification system (DRP) \(^1\) to rate the PRs and to identify the problems, causes, types and outcomes of these interventions.

Results Of the 17 MDT meetings, 220 patient records were reviewed and 24 PRs were identified. The pharmacist provided information about the patient, along with treatment and recommendations in 38\% of cases (renal function, galenic alternatives, previous prescriptions, availability and cost of the drug). For 62\% of patients, this information changed the therapeutic decision: choice of antibiotic (33\%), potential interactions with long term medications (29\%), need to add a drug (12.5\%) and optimal dosing for 8\% of cases (subtherapeutic in 4\%, overdosing in 4\%). A large majority (95.8\%) of the recommendations were accepted by the prescribers. The most common class of medication was systemic antibiotics (88\%).

Conclusion and relevance The work of medication reconciliation and checking prescriptions was carried out by the pharmacist in the orthopaedic department and this allowed better understanding of the patient and their medication. By participating in MDT meetings, the pharmacist can communicate directly with the prescriber and contribute to clinical decision making regarding anti-infective medications. The clinical pharmacist provided a comprehensive review and therefore played a major role in the medical management of patients with osteomyelitis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

https://www.pcne.org/upload/files/334_PCNE_classification_V9-0.pdf

No conflict of interest.