

Usefulness of a ward-based clinical pharmacist in detecting and managing drug related problems: experience from a tertiary care hospital in Sri Lanka



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INTRODUCTION

Clinical pharmacist interventions may have an impact on preventing drug related problems (DRPs)^{1,2,3}
This is the first evaluation of clinical pharmacy practice in Sri Lanka

OBJECTIVES

- To evaluate the ability of a ward-based clinical pharmacist to detect DRPs
- To identify opportunities to resolve DRPs through interventions with healthcare professionals and patients.

METHODS

- Data for this study was gathered as a part of a controlled clinical trial conducted in a tertiary care hospital in Sri Lanka
- In the intervention arm a prospective review of medications and medical records was performed by a clinical pharmacist, in patients with non-communicable chronic diseases during their hospital stay
- DRPs were classified according to the Pharmaceutical care Network Europe Classification system-V4⁴
- The pharmacist performed relevant interventions with healthcare professionals and patients when a DRP was identified

CONCLUSION

Addition of a clinical pharmacist to the ward resulted in identification of DRPs and in the majority potential solutions were accepted and implemented by healthcare professionals and patients

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RESULT

- Average number of medications per patient was 6.18±2.99
- 466 DRPs identified in 361 patients ; mean 1.3 (±1.4)/patient
- The final outcome was assessed in 457/466 DRPs (9 patients deceased)
- 266 DRPs were discussed with healthcare professionals (264 with doctors: 2 with nurses); 74.8% were successfully resolved [Fig 1]
- 191 DRPs were related to the patients regarding the way they use medicine ; 87.4% of them were resolved after patient education [Fig 1]
- Untreated indication was the most common type of DRP [187/457] ; 72% were resolved after interventions [Fig 2]

