

Preparing the medication chart: pre-emptive intervention by the peri-operative pharmacist.

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Aim:

To determine if incorporating a pharmacist in the peri-operative clinic (POC) reduces the number of regular medications omitted or prescribed inaccurately on the drug chart for overnight stay surgical patients.

Method:

The POC pharmacist completed pre-admission medication interviews immediately prior to surgery for overnight stay patients.

The pharmacist was given authority to directly transcribe regular medications onto the inpatient drug chart ready for the doctor to review, sign and thus authorise as suitable for administration by the nursing staff.

To prevent administration from orders yet to be authorised, a large pink removable sticker was placed over the administration columns of the drug chart, pending removal by the doctor at the time of signing the medication orders.

Data was collected for 10 working days pre and post the introduction of the POC pharmacist. This included the time from admission until pharmacist review and the accuracy of medication orders on the drug chart.

Results:

The average time from admission until a pharmacist completed a medication interview was 24hr 2min (+/- 4hr 35min) in the pre-group (31 patients), compared to 1hr 23min (+/- 1hr 19min) in the post-group (55 patients).

In the pre-group, 52.38% of patients had errors on their drug chart (either regular medications omitted or inaccurate medications prescribed), compared to 5.13% of patients in the post-group.

Conclusion:

The number of regular medications either omitted or prescribed incorrectly was significantly reduced when the POC pharmacist transcribed the medications onto the drug chart.

Overall, the continuity of patient care for overnight stay surgical patients was improved. A greater impact would be expected should this service be extended to the more complicated medication regimens of longer stay surgical patients.