Pharmaceutical Care in Emergency Department

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Mariners Hospital
BAPTIST HEALTH SOUTH FLORIDA
- 25 Bed Critical Access Hospital
- Baptist Health South Florida- largest not-for-profit healthcare organization in South Florida
- 65 miles south of Miami in the Florida Keys FY 2014
  - Inpatient Admissions = 561
  - Emergency Visits = 12,304
  - Outpatient Visits = 21,208
Implications of Pharmaceutical Care in the ED

• Medicine is about making decisions:
  – Forced to act in the face of uncertainty
  – Area of high risk medication utilization
  – Time constraints

• ED is 3rd most likely site for significant errors
  – ED staff looks to pharmacy to lower the risk of ADE to the patient
  – Special Populations
  – *Improve Quality & Patient Safety*
Medication Reconciliation at ED Admission

• Current medications reconciled with medications about to be prescribed
  – Home medication vs. clinical presentation
  – Emergency presentation compromises accurate information
  – Secondary to immediate care

Number of ED Visits

- Aug-13
- Sep-13
- Oct-13
- Nov-13
- Dec-13
- Jan-14
- Feb-14
- Mar-14
- Apr-14
- May-14
- Jun-14
- Jul-14
- Aug-14
Case Study

- 25 year old female with L flank pain
- NDKA, Vital signs, sepsis screen negative
- Chief compliant N & V pain radiating to groin
- PMH: kidney stones, currently pregnant near term
- Social-HX-lives on a boat in the rural islands of the Florida Keys
Case Study Continued

• Patient home medications
  – Prenatal vitamins
• Abdominal Sonogram
  – moderate hydronephrosis right kidney
• Pelvic Sonogram
  – third trimester-38 weeks
Case Study Continued

- Patient prescribed Macrobid 100mg po bid for UTI
- No discharge medication reconciliation by pharmacy
- Culture and sensitivity review done (+) culture 3 days later
- Pharmacist noted Macrobid contraindication
- Attempted to contact patient
Medication Reconciliation at ED Discharge

• Process Opportunities:
  – No process in ED to notify Pharmacists of patient discharge and/or discharge medication prescribed
  – Increased ED “through put times”

• Process Improvements:
  – ED established an alert to notify pharmacist
  – Pharmacist alerts nursing when med/reconciliation is completed
  – Documentation audited for compliance
  – Discharge process problems overcome with multidisciplinary approach
Examples Discharge Medication Reconciliation

• Bactrim DS/Coumadin
• Celexa/Levaquin
• Keflex-anaphylaxis to PCN
• Pediatric dose adjustment
• Pregnant patient/Toradol
• Breast feeding patient
• Flexeril/ Imitrex
• Zithromax/Celexa/Tramadol
Medication Reconciliation

• Zithromax/hepatitis
• Patient in renal failure/Discontinue Colcrys
• Zithromax/Lexapro/Trazodone

• Summary
  – Dosage Adjustments
  – Allergy
  – Drug Interaction/Contraindication
  – Pregnancy/Breast Feeding
Summary of Pharmaceutical Care

- Reduction of Risk Issues; Improved Patient Safety, Quality of Care, and Patient Outcome
  - Avoid allergic reactions
  - Avoid drug interactions
  - Avoid duplication of therapy
  - Provide drug information
  - Identify foreign medications
  - Identification of pregnant and breastfeeding patients
  - Patient, Family, Friend and Community trust