

Pharmacist's contribution to the intensive care unit (ICU)

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INTRODUCTION. It is recognised that critically ill patients require the multidisciplinary team to receive optimum care. Specialist clinical Pharmacists (SCPs) have been shown to improve clinical and economic outcomes of patients contributing to their care by preventing medication errors, rationalising therapy, identifying interactions or suggesting alternative therapies. [1,2]

OBJECTIVES. To describe SCP activity and interventions across a range of critical care units in the UK. To provide essential data ^{1,2}n rate of ICU prescribing error and prescription optimization, to identify the mechanism and impact of each intervention in the prevention of harm and improve patient therapy.

METHODS. A prospective observational study was undertaken in 21 critical care units over the United Kingdom (UK) from 5-18th Nov 2012 inclusive. A data collection web portal was designed where SCP recorded all interventions. Each intervention was classified into either: prescribing error, optimisation and consult. In addition, a scale of clinical impact was used to code the interventions. Interventions were scored as low, moderate, high impact and life saving.

RESULTS. 20,740 prescriptions were reviewed with 3,390 interventions recorded by the SCP. This resulted in an overall intervention rate of 16.3%: 6.8% were classified as prescribing errors, 8.3 % optimisations and 1% consults. Using the scale the interventions were classified as: low impact (33.6%), moderate impact (47.1%) high impact (19.3%) and one as life saving.

CONCLUSIONS. This observational study demonstrates that both prescribing error and optimisation rates were high. Almost 1 in 6 prescriptions required an intervention from the SCP. Error rate was similar to an ³earlier error study (EQUIP) [3]. Two thirds of the interventions were of at least moderate impact. SCPs embedded into the critical care team provide a valuable contribution, reducing patient harm from medication errors and optimising pharmacotherapy.

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