

2nd Global Pharmacy and Healthcare Services Research Symposium (GPHSRS) 2017

3rd - 4th November 2017, Dubai, UAE

Documentation of Potential Role of Clinical Pharmacist in a Multidisciplinary Heart Failure Team

Majid Al muzlif , Fadwa Al Khuraisy

Prince Sultan Cardiac Center, Riyadh, Saudi Arabia

Introduction

Pharmacy is the profession of not only drug dispensing, but also patient care. Clinical pharmacy was developed to ensure the reduction in drug related problems and the improvement in clinical outcomes. Patients with heart failure (HF) are generally suffering from multiple comorbidities. HF patients are predisposed to polypharmacy and medication errors. They need pharmaceutical care services such as: accurate medication reconciliation; drug therapy selection, dosing, monitoring of drug, promoting medication adherence, and counseling regarding complexities of drug therapy.

Aim

The aim of the current study is to document the potential interventions for clinical pharmacists in a multidisciplinary HF team.

Methodology

This is a retrospective observational study. The files of heart failure patients will be inspected for pharmacist interventions for evaluation and significance assessment.

Results and Discussion

The study included 99 patients of heart failure and receiving a clinical pharmacist intervention. Males were prevalent (68.7%). The mean ejection fraction percent (EF%) is 29.2%. The mean value of brain natriuretic peptide (Pro BNP) is 2235.9 ng/L. The mean number of drugs that the patient of heart failure is taking is 7.3. The current study is documenting the pharmacist interventions, as a member of the HF team. These interventions included several aspects such as detection of drugs with no indication 20.2%, identification of inappropriate drugs 10.1%, changing doses 32.3%, increasing or decreasing administration frequency 9.1%, discovering possible drug-drug interactions 1.1%, omitting duplicate order drugs 4%, addition of medication 45.5%, and asking for extra laboratory tests 28.3%. Clinical pharmacists offered patient education regarding life style, exercise, and diet.

The agreement between the clinical pharmacist recommendation and the consultant decision:

In 79.7% the consultant agreed and implemented the advice of the clinical pharmacist. In 3.8% the consultant decision and course of action was not compatible with the clinical pharmacist advice.

Conclusion

The clinical pharmacist proved very essential as a member in the heart failure team. Interventions made by the pharmacist were important and lifesaving. Most of the pharmacist recommendations were implanted by the physician. The pharmacist recommendations aimed at the improvement of the HF patient quality of life and maximum benefit of the drugs.

Globalhealthcareactivities@gmail.com