

Inpatients education about newly prescribed medications during hospitalization

Raouf Mohamed

King Faisal Specialist Hospital and research center, KSA

Abstract

Patients insufficient knowledge or misinformation about their medications may lead to poor treatment outcome. Inpatient pharmacist of KFSHRC-J developed a structured process to educate eligible patients in selected units about their newly prescribed medications (indications and side effects) during hospitalization.

Hospital discharge can be a complex and challenging time for physicians and patients alike. Patients are being discharged sooner, often in the process of convalescence rather than at baseline health status. This requires physicians to more effectively communicate instructions for post-discharge care to patients, family members, and outpatient providers. A comprehensive review on improving all aspects of this process is beyond the scope of this article; we will focus specifically on improving medication use. Patients are very susceptible to medical errors in the days immediately following hospital discharge. Forty-nine percent of hospitalized patients experience at least one medical error following discharge, most commonly involving medication use. An estimated 19–23% of patients suffer an adverse drug event (ADE) after discharge. Most of these errors and ADEs could be prevented through better communication. This commentary will discuss several common barriers to proper medication use after hospital discharge and review potential solutions based on the experience in the United States.

Increasing medications for blood pressure when discharging older patients from the hospital may pose a greater risk of falls, fainting and acute kidney injury that outweighs the potential benefits, according to a study by researchers at UC San Francisco and the affiliated San Francisco VA Health Care System. Medication is often changed or discontinued during hospital admission, and this is especially true for medications prescribed to elderly patients. However, after discharge further changes to medication regimens are not always intentional and may be due to poor communication. For example, in an earlier study, we found that adverse drug reactions detected during hospitalization and requiring cessation of the causative drug were poorly communicated to primary care professionals (general practitioners and pharmacists), leading to a rate of represcription of withdrawn medication of 27% during the first 6 months after discharge. The study highlighted the need for better communication of reasons for discontinuation of medication. Adequate communication of these reasons can only exist on the condition that these reasons are well

documented. Our experience in daily practice is that such documentation is often inadequate. The objectives of the present study were to evaluate the frequency of reasons for discontinuation of medication and the documentation thereof in hospitalized patients.

Results: On weekly basis data extracted from excel sheet generated by the Microsoft form, and analyzed to determine the percentage of educated patients. Percentage of educated eligible patients in selected units during September and October 2020 was 64 % (190 patients) educated for the newly prescribed medications. Percentage of patients received education within 24 hours of prescribing medications was 75% (142 patients).

Conclusions: Inpatient education increase patient's knowledge about their medications and compliance. Efforts will be continued by inpatient pharmacists and more resources will be allocated to expand for more units and to improve medication education service.