

# Pharmaceutical Care in the Management of Paediatric Rheumatology Patients

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## Introduction

The role of the clinical pharmacist within an adult rheumatology multidisciplinary team has long been established. In Malta however this service was not extended to cover the paediatric rheumatology out-patient clinic.

## Aim

The aim of this study was to introduce a pharmaceutical care service and create an ongoing pharmaceutical care model specifically for paediatric patients in order to ensure patient safety, education and seamless care.

## Method

A pharmaceutical care model rationale which highlights the role of the clinical pharmacist within the clinic was compiled, discussed with the consultant rheumatologist and disseminated to the paediatric clinic nurse. The individualised pharmaceutical care model includes mainly 3 sections. Section A records patient’s details and carer’s details, allergies, other co-morbidities and comments (whereby any particular notes such as family history can be listed). Section B consists of the first clinic date visit and drug history which is updated according to the date of subsequent visits. Section C documents the pharmaceutical care plan. The pharmaceutical care plan categorises drug therapy problems as actual or potential and documents the pharmacist’s action, monitoring plans and seamless care requirements. A referral checklist for healthcare professionals who wish to contact the clinical pharmacist was developed. An individualised patient pharmaceutical care record sheet was compiled to document pharmaceutical care issues identified.

## Results

Between January and September 2011, the clinical pharmacist attended a total of 5 paediatric clinic sessions. A total of 24 patients were seen together with the consultant and 9 required a pharmacist’s intervention at some point. A total of 31 pharmaceutical care issues were identified and resolved with a mean of 3.4 care issues per patient requiring the pharmaceutical care session. The majority of the drug therapy problems (n=26 out of a total of 31) were classified as actual drug therapy problems whereas 5 were classified as potential drug therapy problem. The majority of the actual drug therapy problems were related to additional medication needs (7 out of 26), followed by inappropriate compliance (4 out of 26) (Table 1). Out of a total of 5 potential drug therapy problems, 4 were potential adverse drug related problems. The referral checklist was used in 4 cases so far – 3 cases were related to potential adverse drug reactions and in the other case the mother required further education on her child’s drug therapy.

Table 1. Categorisation of Actual Drug Therapy Problems

Drug Therapy Problem	No.
Additional medication needs	7
Inappropriate compliance	4
Unnecessary medication	3
Dose too low	3
Education	3
Inappropriate drug prescribed	2
Adverse drug reaction	2
Ineffective drug prescribed	1
Dose too high	1

## Conclusion

The use of individualised pharmaceutical care plans proved to be a helpful tool for the clinical pharmacist who can update the patient pharmaceutical records according to the pharmaceutical care issues identified. The referral checklist serves as a communication tool between the clinical pharmacist and the clinic nurse.