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DEVELOPMENT OF A PHARMACEUTICAL CARE MODEL WITHIN PAEDIATRIC ONCOLOGY

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INTRODUCTION

Pharmacists contribute to improved health outcomes and quality of care of paediatric oncology patients by supporting the safe and optimum use of complex pharmacotherapy.

AIMS

To develop and implement a Pharmaceutical Care Model (PCM) at the Paediatric-Adolescent Cancer Ward (PAW) at Sir Anthony Mamo Oncology Centre (SAMOC).

METHOD

- The study design followed non-randomised sampling and included all the patients attending the PAW at SAMOC.
- Following ethics approval, the pharmacist investigator attended ward rounds where patients' files, treatment charts and prescriptions were reviewed to identify pharmaceutical care issues (PCIs).
- The identified PCIs were classified according to a novel PCI classification system based on the Pharmaceutical Care Network Europe (PCNE) Foundation classification for drug related problems version 8 and the DOCUMENT system.[1,2]
- The PCIs were discussed with the team, pharmaceutical interventions were proposed and the outcomes were recorded.
- Other pharmaceutical services which were required to support the ward service were also developed.

RESULTS

- A total of 545 PCIs were identified during 325 pharmaceutical care sessions provided over 8 months.
- PCIs which were identified included counselling need to parents about medications (n=147); incorrect dose (n=91); monitoring need (n=84); no indication for drug (n=55); no drug treatment despite existing indication (n=35); missing, wrong or unclear instructions on treatment chart or prescription (n=29); side effect (n=25) and seamless care need (n=14).
- Out of the total number of pharmaceutical interventions proposed, 95% (n=516) were accepted and implemented by the healthcare professionals (HCPs) or the parents.
- Other pharmaceutical services provided to support the ward service included dosage calculations (n=965); drug information to HCPs (n=374); liaison with other pharmacy sections of the hospital (n=48); attendance of interdisciplinary meetings (n=27); liaison with the unit responsible for patient access to treatment on the national health scheme (n=8) and preparation of chemotherapy flowcharts and proformas (n=8).

CONCLUSION

This study reflects the relevant contribution of the pharmacist at ward level within the interdisciplinary healthcare team through the implementation of a novel PCM which focuses on PCIs and patient specific needs.

REFERENCES

[1] Pharmaceutical Care Network Europe (PCNE) Foundation: PCNE classification for drug related problems. V8.01. 2017. Available from: http://www.Pcne.Org/upload/files/215_pcne_classification_v8-01.Pdf

[2] Pharmaceutical Society of Australia. Standard of guidelines for pharmacists performing clinical interventions. 2011. Available from: https://www.Psa.Org.Au/download/practice-guidelines/pharmacists-performing-clinical-interventions-guideline.Pdf