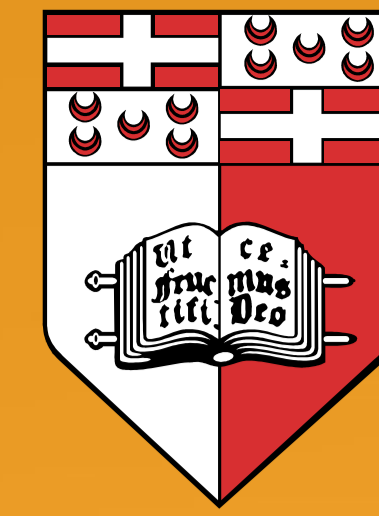


Development and Evaluation of Shared Paediatric Pharmaceutical Care Plans in Rheumatoid Arthritis

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INTRODUCTION

In Malta, paediatric rheumatology patients are followed up at the paediatric rheumatology out-patient clinic where the clinical pharmacist is part of the interdisciplinary team. An individualised pharmaceutical care plan documentation template is currently in use. However this template limits sharing of pharmaceutical care needs to the hospital setting only. The serious gap in seamless care impacts on the quality of service and level of attention patient care requires.

AIMS

- ◆ To review the currently in-use paediatric pharmaceutical care template in order to introduce seamless care.
- ◆ To propose a new pharmaceutical care plan template.
- ◆ To validate the new pharmaceutical care plan template.

METHOD

Preliminary talks and literature review were carried out to identify the most appropriate template to use. A discussion with an expert panel consisting of the rheumatology clinical pharmacist and a community pharmacist was held in order to identify which sections of the pharmaceutical care plan template required updating to facilitate communication and sharing of identified pharmaceutical care needs. The current pharmaceutical care plan template consists of mainly three sections which need updating.

Figure 1
Proposed Pharmaceutical Care Plan

RESULTS

The pharmaceutical care plan was amended as follows:

Section A

Records patient's details, carer's details, allergies, and co-morbidities. This section was reviewed and details of the community pharmacy from where the patients get their medication supply as well as the general practitioner were added.

Section B

Consists of the first clinic date visit and drug history which is updated accordingly to the date of subsequent visits. This section was reviewed such that the drugs the patients were taking on presentation to the Paediatric Rheumatology Clinic

are to be listed in the drug history. Changes were to be noted as stopped or continued and dated on the first visit to the paediatric Rheumatology Clinic. The drug therapy prescribed during the Paediatric Rheumatology clinic on the first visit and subsequent visits are to be documented separately. Each treatment review is clearly dated accordingly.

Section C

The pharmaceutical care plan categorizes drug therapy problems as actual or potential drug therapy problems; it helps to document the pharmacist's action, monitoring plans and seamless care requirements.

CONCLUSION

In the absence of an electronic system which gives community pharmacists access to medical notes and changes in drug therapy, the effective seamless continuous provision of pharmaceutical care between the clinical pharmacist in hospital and in community pharmacists is lacking. The use of the developed pharmaceutical care plan templates puts forward a system which facilitates sharing of identified pharmaceutical care issues between pharmacists at primary and secondary settings. This is essential to further improve the pharmaceutical care service offered to patients.

References

American Society of Health-System Pharmacists. ASHP guidelines on documenting pharmaceutical care in patient medical records. Am J Health-Syst Pharm. 2003; 60:705-7.