

PHARMACEUTICAL CARE ISSUES AT A PAEDIATRIC ONCOLOGY WARD: A SNAPSHOT

Sephorah Falzon, Nathalie Galea, Victor Calvagna, Louise Grech, Lilian M Azzopardi

Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta

email: sfalz02@um.edu.mt

INTRODUCTION

Paediatric oncology patients are a high-risk patient population due to complex pharmaceutical care needs. The input of a ward-based clinical pharmacist optimises the holistic interdisciplinary service offered to this patient cohort and their carers.

AIMS

To analyse pharmaceutical care issues identified at the Paediatric-Adolescent Cancer Ward (PAW) at Sir Anthony Mamo Oncology Centre (SAMOC).

METHOD

- Following ethics approval, the pharmacist attended consultant specialist-led ward rounds where patient files, treatment charts and chemotherapy 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 healthcare team, pharmaceutical interventions were proposed and the outcomes were recorded.

RESULTS

- A total of 545 PCIs were identified during 325 pharmaceutical care sessions provided over 8 months.
- Most of the PCIs featured in the counselling [27.0% (n=147)], the drug selection [23.7% (n=129)], the dose selection [19.3% (n=105)] and the monitoring [15.4% (n=84)] categories (Figure 1).
- Out of the total number of pharmaceutical interventions proposed, 95% (n=516) were accepted and implemented by the healthcare professionals or the parents.

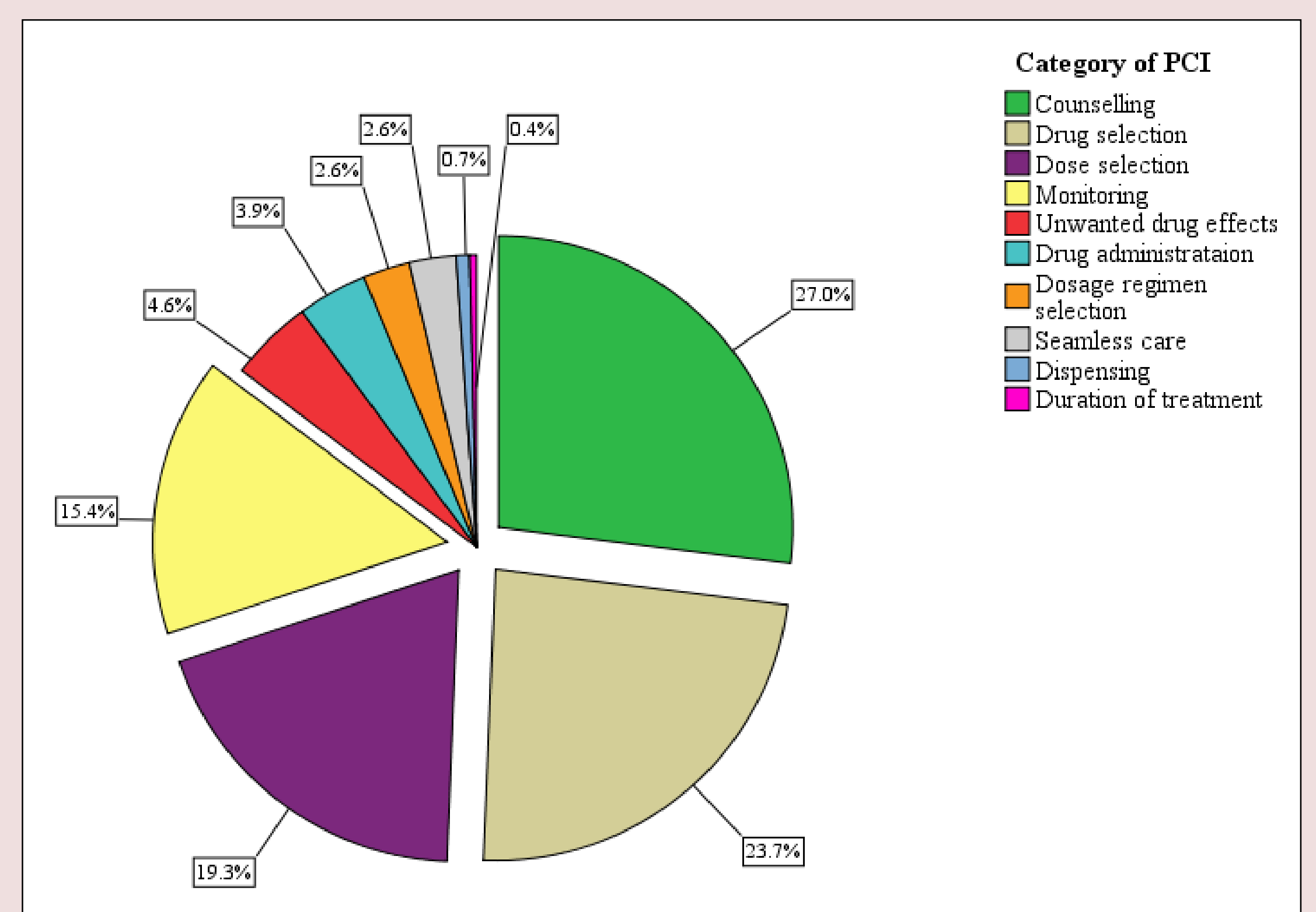


Figure 1: Categories under which the identified PCIs (N=545) were classified.

CONCLUSION

This study indicates the valued contribution of the pharmacist at a paediatric oncology ward level which focuses on PCIs and patient specific needs. The high acceptance rate for the pharmaceutical interventions put forward by the pharmacist gives a strong indication that the pharmaceutical care model implemented by the pharmacist was of a very high quality.

REFERENCES

1. Pharmaceutical Care Network Europe (PCNE) Foundation: PCNE Classification for drug related problems. V8.0. 2017. Available from: http://www.pcne.org/upload/files/215_PCNE_classification_V8-01.pdf.
2. Williams M, Peterson G, Tenni P, Bindoff I, Stafford A. DOCUMENT: A system for classifying drug-related problems in community pharmacy. International Journal of Clinical Pharmacy. 2011;34(1):43-52.