

The background features a dark blue gradient with several white circular gauges and arrows. One large gauge on the left has numerical markings from 140 to 260. Other smaller gauges and arrows are scattered across the scene, creating a technical or scientific aesthetic.

THE ROLE OF THE CRITICAL CARE PHARMACIST

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AIM OF SESSION

- Discuss role of critical care pharmacist
- Importance of critical care pharmacist

- Who has a critical care pharmacist in their place of work?

WHY HAVE A CRITICAL CARE PHARMACIST?

- Role has evolved over past 3 decades
- Integral part of the multidisciplinary critical care team (ICS & FICM 2016)

WHAT DOES A CRITICAL CARE PHARMACIST DO?

- Play important role in improving the safe & effective use of medicines (Bourne et al 2016)
- Recognised in GPICS - must be a critical care pharmacist for every critical care unit
- GPICS - must contribute to the daily consultant led ward round (ICS & FICM 2016)

WHY DOES CRITICAL CARE NEED THEIR OWN PHARMACIST?

Critically ill patients often have

- Frequent formulation & dose changes of medicines are required (Arora 2018) due to various patient-related factors and also the speciality of critical care
- Large amount of enteral & parenteral medicines
- Complex pharmaceutical regimens

WHY DOES CRITICAL CARE NEED THEIR OWN PHARMACIST?

- Prone to drug-drug and drug- food interactions
- Acute changes in organ function
- May need treatments such as renal replacement therapies

CRITICAL CARE PHARMACIST

- A pharmacist's intervention in critical care is associated with the prevention and detection of medication errors and optimisation of medication therapy
- Unintentional medication omission is a potential for harm and a source of medication error on admission to a hospital (Barrett et al 2012)

HOW DO WE PREVENT THESE?

- Medicine reconciliation
- Process of obtaining and communicating ‘the most accurate list of a patient’s current medicines (including drug name, dosage, frequency and route)
- Compare them to the current list in use
- Recognising and documenting any changes and discrepancies

(NICE 2015)

HOW DO WE PREVENT THESE?

- Primary focus in critical care is the acute medical problem

BUT

- Discrepancies relating to the omission of medication used in long term health conditions should be reviewed & resolved by the medical team prior to discharge from critical care

ROLE OF CRITICAL CARE PHARMACIST

Critical care pharmacist –

- Improves medicines-related patient outcomes
- Reduces adverse events
- Intervention by CCP associated with prevention & detection of medication errors
- Optimisation of medication therapy

ROLE OF THE CRITICAL CARE PHARMACIST

- Optimise the impact of medicines prescribed during daily individual patient medication review
- Attendance on ward rounds
- Drug-use evaluation
- Provision of in-service education for nurses and doctors
- Part of nutrition team
- Some may be independent prescribers (GPICS encourages this) as this allows them to prescribe within their level of experience and sphere of competence (ICS, FICM 2016)

The background is a dark blue gradient with a subtle pattern of white stars and technical diagrams. On the right side, there are several circular diagrams resembling gauges or dials with numerical scales (e.g., 100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210) and arrows. There are also dashed lines and other geometric shapes scattered across the scene.

- ANY QUESTIONS?