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## **Pharmaceutical Care: Guidelines on Optimizing the Use of Limited Resources to Provide Pharmaceutical Care (2001)**



Canadian Society of Hospital Pharmacists  
Société canadienne des pharmaciens d'hôpitaux

## Pharmaceutical Care: Guidelines on Optimizing the Use of Limited Resources to Provide Pharmaceutical Care

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# Pharmaceutical Care: Guidelines on Optimizing the Use of Limited Resources to Provide Pharmaceutical Care

## PREFACE

This is the 2001 edition of the CSHP Pharmaceutical Care: Guidelines on Optimizing the Use of Limited Resources to Provide Pharmaceutical Care . These Guidelines were developed to assist pharmacists and administrators in health care facilities to understand and promote pharmaceutical care. The patient is the main focus for the provision of pharmaceutical care, and the pharmacist is directly responsible to the patient for the quality of that care. (*Refer to the CSHP Statement on Pharmaceutical Care.*)

These guidelines were approved under the title of Guidelines to Optimize the Practice of Pharmaceutical Care in the Health Care Facility; the title was fine-tuned in 2009.

## 1. SCOPE

### 1.1

These Guidelines are intended to describe pharmacist activities which are an integral part of the global approach to providing individualized patient care.

### 1.2

These Guidelines are intended to augment the CSHP Standards of Practice and the organizations' existing policies and procedures.

### 1.3

These Guidelines are not intended to describe all aspects of pharmacists' activities.

### 1.4

The pharmacist should also refer to the CSHP Standards of Practice, the CSHP Statement on Pharmaceutical Care, An Information Paper on

Pharmaceutical Care: Responsibility for Outcomes, An Information Paper on Optimizing the Use of Limited Resources to Provide Pharmaceutical Care, and Information Paper: How Are You Doing with Pharmaceutical Care?

## 2. GOALS

### 2.1

The primary goal of the pharmacist should be to improve the quality of life of individual patients.

### 2.2

The pharmacist's goal is to apply their specialized skills and knowledge in order to provide pharmaceutical care to all patients, in a manner which optimizes resource utilization.

## 3. PHARMACIST ACTIVITIES

### 3.1

For a pharmacist to work together with the patient and other health professionals to solve or prevent drug-related problems, it is necessary to have a clear understanding of the outcomes that are desired and possible, and for which the pharmacist can accept responsibility, based on dialogue with the patient and other health care professionals.

**Note:** *Discussion with the patient also refers to the family, caregiver and/or substitute decision maker where appropriate.*

CSHP Mission:

CSHP is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related healthcare settings.



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### 3.1.1

To ensure the patient receives drugs only for a medically valid indication, the pharmacist should:

- a) review the patient's medication usage on admission, during hospitalization and prior to discharge to ensure that all agents prescribed are being used for a medically valid indication;
- b) discuss with the patient and members of the health care team, the rationale for use of all medications prescribed in hospital to ensure they are indicated;
- c) ensure the drug distribution system minimizes the risk of exposure to unnecessary medications through medication errors (e.g., patient receiving a drug for which there is no order, or a drug being given to the wrong patient); and
- d) ensure that drugs which are usually given for a finite period of time (e.g., antibiotics) are reviewed and reassessed at the appropriate intervals.

### 3.1.2

To ensure the patient receives medication therapy for medical problems that can be treated or prevented by medications, the pharmacist should:

- a) assist the patient and members of the health care team to identify medical problems which may respond to medications;
- b) assist the patient and members of the health care team to identify medical problems which may be prevented or avoided by medications; and
- c) discuss with the patient if any undesirable effects are being experienced as a result of medication therapy which can be treated or prevented by medication therapy (e.g., constipation secondary to analgesics).

### 3.1.3

To ensure the patient receives the best medication for his/her identified medical problems, the pharmacist should:

- a) discuss with the patient and members of the health care team, the appropriate drug therapy to treat all identified medical problems;
- b) discuss with the patient and members of the health care team, risks and benefits of particular medications in patients at risk of toxicity (e.g., children, pregnant women, elderly);
- c) communicate with the patient and members of the health care team, to ensure the patient is receiving the drug in an appropriate dosage form (e.g., tablet, liquid suspension, injectable, topical);
- d) ensure patients are receiving optimal pharmacotherapy, taking into consideration efficacy, time frame of effect, laboratory results, pharmacokinetics, adverse effect profile, concurrent medication use, and patient convenience;
- e) ensure patients are receiving the most cost-effective drug therapy for the individual patient as well as society;
- f) communicate with the patient and members of the health care team, including community pharmacists and/or home care programs or caregivers, to ensure there is continuity of care following discharge from the hospital; and
- g) identify patients who may be eligible for current clinical trials.

### 3.1.4

To ensure the patient receives the appropriate medication regimen, the pharmacist should:

- a) use therapeutic, pharmacokinetic and pharmacodynamic knowledge to ensure the patient receives the most appropriate regimen for their needs (i.e., drug dose, frequency, route and duration);
- b) ensure that patients at risk of drug toxicity because of their age and/or underlying disease states are receiving the most appropriate dose to obtain benefit and minimize toxicity;
- c) discuss with the patient and members of the health care team, appropriate monitoring to ensure

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the patient continues to achieve desirable outcomes and avoids toxicity;

- d) discuss with the patient and members of the health care team regarding the need, appropriate timing and interpretation of serum drug concentration measurements;
- e) discuss with the patient and members of the health care team, appropriate monitoring to detect therapeutic failure, to avoid adverse effects or drug interactions; and
- f) communicate with community pharmacists and/or home care programs to ensure that patients continue to receive the most desirable dose.

### 3.1.5

To ensure patients receive all scheduled doses of prescribed medication, the pharmacist should:

- a) discuss with the patient and members of the health care team, regarding doses of medication which are not administered to determine the reason;
- b) review medication errors with members of the health care team to reduce the potential for recurrence; and
- c) educate the patient regarding the importance of correct medication use and compliance in preparation for self administration while in hospital or in anticipation of discharge.

### 3.1.6

To ensure the patient avoids preventable adverse drug reactions, the pharmacist should:

- a) discuss with the patient and members of the health care team, the best way to administer drugs to minimize potential side effects (e.g., give alendronate in the morning on an empty stomach, with the patient sitting upright for 30 minutes, to avoid oesophageal ulceration);
- b) discuss with the patient and members of the health care team, drugs that have caused problems

for the patient in the past and recommend alternatives when possible;

- c) document in the health record if the patient has experienced a problem with medication in the past (e.g., drug allergy or intolerance) so this information is readily available to other health care professionals;
- d) recommend adjunctive or prophylactic therapy when appropriate to prevent subsequent adverse reactions;
- e) discuss with the patient and members of the health care team, potential adverse reactions the patient might experience based on his/her individual characteristics, concomitant illness or the pharmacology of the drug;
- f) ensure that patients at high risk for toxicity (e.g., age-related, disease-related risks) are monitored closely for signs and symptoms of toxicity; and
- g) communicate with community pharmacists and/or home care programs to ensure that they are also aware of the above information.

### 3.1.7

To ensure patient morbidity related to an adverse drug reaction is appropriately managed once it does occur, the pharmacist should:

- a) question the patient about new signs or symptoms of discomfort which may be drug-induced;
- b) when the patient's status changes, consider whether any drugs the patient is currently receiving could have been responsible;
- c) discuss with the patient and members of the health care team, regarding appropriate supportive care and/or antidotes or corrective treatments, and ensure they are administered in a timely manner;
- d) discuss with the patient how similar reactions can be avoided in the future;
- e) if the reaction is identified as an allergy, advise the patient to wear a Medic Alert(R) bracelet or necklace and alert other health professionals of their allergy status; and

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f) ensure adverse drug reactions are documented in the patient's health record and reported to the appropriate professional and government organizations.

### 3.1.8

To ensure patients avoid any preventable drug-drug, drug-food, drug-lab test or drug-disease interactions and that patient morbidity related to a drug interaction is minimized and the interaction resolved, the pharmacist should:

- a) review each drug ordered for the patient for potential or actual interaction with other drugs the patient is taking, food, or lab tests which may be ordered;
- b) discuss with the patient and members of the health care team, how to resolve drug-related problems associated with drug-drug, drug-food, drug-lab test or drug-smoking interactions;
- c) discuss with the patient and members of the health care team, which drugs should not be administered because of the patient's underlying disease process;
- d) discuss with the patient and members of the health care team, which drugs should not be given concomitantly, and how much time should elapse after one drug is given, before the second drug is administered;
- e) discuss with the patient and members of the health care team the appropriate and most effective method of administering the medications (e.g., proper administration via nasogastric tube, which drugs should not be crushed or chewed, which drugs should be administered with meals or on an empty stomach);
- f) discuss with the patient and members of the health care team which foods or over-the-counter medications (including herbal products, nutritional supplements, etc.) should be avoided when a patient is taking a particular medication;
- g) discuss with the patient and members of the health care team, which lab results may potentially

be abnormal, or not interpretable because of medication the patient is receiving; and

h) discuss with the patient, the need to make health care providers aware of medications they are currently taking, particularly when new medications are prescribed, or when they undergo various medical procedures (e.g., dental, surgical, diagnostic tests).

## 4. RECOMMENDED STRUCTURAL ELEMENTS, TOOLS AND RESOURCES TO FACILITATE THE PROVISION OF PHARMACEUTICAL CARE

### 4.1

It is important that each pharmacist have sufficient structure, tools and resources to provide optimal pharmaceutical care.

#### 4.1.1

To provide direct patient care these include, but are not limited to:

- a) access and time to communicate with the patient or substitute decision maker (if appropriate) at periodic intervals;
- b) access to the patient's health care record and authority to document drug-related problems, recommendations and follow-up in the health record (CCHSA Standards now require all care providers to document care plans and interventions in the patient's health record);
- c) opportunity to communicate with other health care professionals, either one on one or in a multidisciplinary forum (e.g., patient care rounds) regarding the above;
- d) appropriate tools and standards are necessary for assessing medication use for each patient (e.g., patient medication profile and/or pharmacy or multidisciplinary care plan);

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- e) access to specialized knowledge (e.g., pharmacokinetics, drug information, nephrology, psychiatry, critical care medicine) regarding specific individual patient care needs; and
- f) opportunity to meet with other pharmacists to review specific patients and collaborate on programs to support pharmaceutical care.

### 4.1.2

For administrative issues regarding pharmaceutical care, these include, but are not limited to:

- a) opportunity to participate in the development of hospital policies and procedures related to patient care;
- b) opportunity to participate on, or have input into hospital patient care committees; and
- c) adequate administrative support to develop and implement programs which support and enhance patient care, including resources to ensure pharmacist education and professional development.

### 4.1.3

For administrative issues regarding departmental management, these include but are not limited to:

- a) pharmacist involvement in the hiring process of other pharmacists;
- b) a system to verify that pharmacists are licensed by the provincial regulatory body;
- c) a good understanding of legislation relating to drugs and pharmacy practice;
- d) clearly defined job descriptions with input from existing staff;
- e) a formalized mechanism to ensure that standards of practice are consistently reviewed and met;
- f) a system to ensure staff are competent to perform the tasks assigned to them; and
- g) a system to ensure performance appraisals are done effectively and in a timely manner, incorporating self, peer and supervisor review.

### 4.1.4

For support systems for distribution, these include but are not limited to:

- a) a multidisciplinary approach and mechanism to document and review medication incidents;
- b) sufficient qualified support staff and technology to effectively manage the operation of the drug distribution system to allow the pharmacist optimal time available to devote to pharmaceutical care;
- c) a safe and effective drug distribution system;
- d) adequate inventory to meet patient care needs; and
- e) an appropriate inventory control system to ensure proper stock rotation, control of expiry dates and documentation of drug receipts and issues.

### 4.1.5

For support systems for drug use management, these include but are not limited to:

- a) a multidisciplinary approach to and mechanism for adverse drug reaction reporting;
- b) a Pharmacy and Therapeutics Committee (or equivalent) which manages the formulary, and makes recommendations on all matters related to medication therapy;
- c) an effective mechanism for the evaluation of medications and the addition and deletion of drugs to/from the formulary;
- d) a mechanism to monitor and assess the use of non-formulary drugs;
- e) an effective mechanism for drug use evaluation and reporting;
- f) a communication link with community pharmacists, home care organizations, etc.; and
- g) an interdisciplinary quality management program using a variety of outcome indicators (e.g., medication incidents, adverse drug reactions).

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### 4.1.6

For support systems for resources, these include but are not limited to:

- a) guidance or support by a mentor/role model for less experienced pharmacists;
- b) adequate resources (time, programs and financial) to assist pharmacists to meet their continuing education needs; and
- c) appropriate drug information resources to allow complete and timely responses to drug information inquiries, or to adequately research the medical literature to aid in the resolution of an individual patient's drug related problem(s).

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## 5. SUMMARY

It is recognized that the full implementation of the concept of pharmaceutical care will continue the evolution of pharmacy as a clinical profession. Pharmaceutical care will help to:

- a) shift the emphasis from providing drug information to assuming greater responsibility for patient outcomes related to drug therapy;
- b) identify the patient as the primary customer, not physicians and nurses;
- c) define a standard of care for all patients; and
- d) move the pharmacist from a consultative to a direct patient care clinician role.

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