

Medication conciliation of admission of hospitalization of patients with kidney disease

Douglas Nuernberg de Matos¹.

ABSTRACT

Introduction: Pharmaceutical interventions (FI) aim to solve problems related to drug therapy and are performed with the medical team. **Objectives:** To quantify, evaluate, and analyze the outcome of FIs performed during the conciliation of admission of patients with kidney disease in a high-complexity hospital in southern Brazil. **Methods:** Data were collected in the AGHUse system on FIs performed by the clinical pharmacist specialized in nephrology for patients hospitalized between March 2021 and May 2022, except kidney transplant recipients. The chi-square test in Excel was used to assess adherence to FIs by mode of communication, considering it significant $p < 0.05$. **Results and Conclusions:** A total of 618 FIs were performed for 152 patients, resulting in an average of 4.1 FIs per patient. A discrepancy was observed between home therapy and hospitalization prescription in 61% (93) of the patients, resulting in 381 FIs for resolution. Medications for home use were absent from the initial prescription of 90% (84) of the patients, with request for inclusion being the most frequent cause of FI (78.5%, 299). According to the ATC classification, drugs from the digestive system and metabolism (group A) accounted for 26.4% (79) of the inclusion FIs, followed by drugs from the blood and hematopoietic organs (group B) with 25.1% (75), nervous system (group N) with 17.1% (51) and cardiovascular system (group C) with 14.7% (44). The FIs of the other anatomical groups corresponded to 16.7% (50). The medical team included the requested medication in 55.9% (167) of the cases, with 85.3% (255) of the contacts made through the electronic system. FIs performed in person had higher adherence ($p < 0.05$). There is a significant risk of omission of home medications during hospitalization. Clinical pharmacist interventions, especially when done in person, increase the chance of resolving these problems in pharmacotherapy. CAAE 02591218.2.0000.5327.

Keywords: Clinical pharmacy, Nephrology, Conciliation, Hospitalization.

¹ Porto Alegre Clinical Hospital - RS



REFERENCE

ANATOMICAL THERAPEUTIC CHEMICAL (ATC) CLASSIFICATION. (n.d.). Retrieved from <https://www.who.int/tools/atc-ddd-toolkit/atc-classification>. Accessed on: June 26, 2024.

CONSELHO FEDERAL DE FARMÁCIA. (2016). Serviços farmacêuticos diretamente destinados ao paciente, à família e à comunidade: contextualização e arcabouço conceitual (1st ed.). Brasília: Conselho Federal de Farmácia. Retrieved from https://www.cff.org.br/userfiles/Profar_Arcabouco_TELA_FINAL.pdf. Accessed on: April 8, 2023.