

INTRODUCTION TO MEDICATION WARD ROUND

- ❑ A ward round is a visit made by a medical practitioner, alone or with a team of health professionals and medical students to hospital inpatients at their bedside to review and follow-up progress in their health.
- ❑ At least one ward round is conducted everyday to review the progress of each inpatient. However more than one is not uncommon.

GOALS OF MEDICATION WARD ROUND

- ❑ The goal of the ward round is to closely monitor the patient's condition and take immediate intervention to improve the patient condition and avoid death.
- ❑ The doctors visit all the patients admitted in their unit in an order beginning from intensive care unit.
- ❑ Here also there is documented case reports to remind the case history of the patients who quickly updates and is able to change the strategies of treatments.

OBJECTIVES OF MEDICATION WARD ROUND

- Gain an improved understanding of the patient's clinical status and progress, current planned investigations and therapeutic goals.
- Provide relevant information on various aspects of the patient's drug therapy, such as pharmacology, pharmacokinetics, drug availability, cost, drug interactions and ADRs

CLASSIFICATION OF MEDICATION WARD ROUND

1. Pre-rounds
2. Registrar/resident rounds
3. Professor/unit chief rounds
4. Teaching rounds

1. PRE-ROUNDS

- ✓ Interns or post graduates students perform a daily review of patients in their unit or ward.
- ✓ Learning opportunity to familiarise themselves with the cases
- ✓ Trainee clinical pharmacists may join the intern or postgraduates in their pre rounds and complete the patient medication and clinical review.

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2. REGISTRAR/RESIDENT ROUNDS

- Registrar or resident individually or in a team conduct ward rounds at least once a day at a fixed time.
- These rounds are extensive and may also involve clinical teaching to medical postgraduate students and interns.
- Useful rounds for clinical pharmacists of all level of experience to join.

3. PROFESSIONAL AND UNIT CHIEF ROUNDS

- ❑ Unit/ward chief conducts the round together with their registrar, residents, postgraduate students and interns for all the patient under their care.
- ❑ These rounds are extensive and address more complex issues regarding diagnosis and management.

4. TEACHING ROUNDS

- In teaching hospitals, academic medical staff conduct bedside clinical teaching rounds for residents, medical postgraduate students, interns and medical undergraduate students.
- Conducted few times a week
- These round provides opportunity for pharmacist to improve their clinical knowledge.

PRE-ROUNDS PREPARATIONS

- Prepare adequately before participating in ward rounds.
- Accurate and up-to-date information on the patient's health status, disease management and medical and medication history is essential for active participation in clinical decision making.
- Review of the medication chart and case record

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PRE-ROUNDS PREPARATIONS

- A pharmacist intervention is defined as any action by a pharmacist that directly results in a change in patient management or therapy.
- Opportunities for intervention may arise during various clinical pharmacy activities including medication history interview, medication chart review, therapeutic drug monitoring, provision of drug information.

ROLE OF THE PHARMACISTS IN WARD ROUNDS

- The pharmacist being an expert in the matters of drug should be available for the ward round team to decide upon the matters of dosage regimens, formulary interpretations, ADR monitoring, Drug-drug interactions, Drug-food interactions and drug and poison information services.
- The availability of pharmaceutical services definitely enhances accuracy of treatment, patient safety and efficacy.

ROLE OF THE PHARMACISTS I

DUTIES OF THE PHARMACISTS IN WARD ROUNDS

- The pharmacist in ward round should take to 2 times one with the doctors and another one with himself alone.
- In the first ward round he follows the treatment given and checks the formulary for the dose prescribed.
- Further he may also critically think any possible risk to the patients due to drug administered he will alert the team for its prevention.
- In the 2nd round the pharmacist targets the patients prior to discharge and advice the patients regarding discharged medication practice.

MEDICATION CHART REVIEW

- It is a fundamental responsibility of a pharmacist to ensure the appropriateness of medication orders.
- It serves as starting point for other clinical pharmacy activities (medication counselling, TDM, DI and ADR).
- Organizing information according to medical problems (e.g., disease) helps breakdown a complex situation into its individual parts.

Goals:

- To optimize the patient's drug therapy.
- To prevent or minimize drug related problems/medication errors.

Procedure:

- The patients' medical record should be reviewed in conjunction with the medication administration record.
- Recent consultations, treatment plans and daily progress should be taken into account when determining the appropriateness of current medication order and planning each patient's care.
- All current and recent medication orders should be reviewed.

COMPONENTS OF MEDICATION ORDER REVIEW INCLUDE:

- Checking that medication order is written in accordance with legal and local requirements.
- Ensuring that the medication order is comprehensible and unambiguous, that appropriate terminology is used and that drug name are not abbreviated. Annotate the chart to provide clarification as required.
- Detecting orders for medication to which the patient may be hypersensitive /intolerant.
- Ensuring that medication order is appropriate with respect to:
 - (a) The patient's previous medication order.
 - (b) Patient's specific considerations e.g., disease state, pregnancy.
 - (c) Drug dose and dosage schedule, especially with respect to age, renal function and liver function.
 - (d) Route, dosage form and method of administration.
- Checking complete drug profile for medication duplication, interactions or incompatibilities. 6. Ensuring that administration times are appropriate e.g., with respect to food, other drugs and procedures.

- Checking the medication administration record to ensure that all ordered medications have been administered.
- Ensuring that the drug administration order clearly indicates the time at which drug administration is to commence.
- Special considerations should be given especially in short course therapy as in antibiotics and analgesics.
- Ensuring that the order is cancelled in all sections of medication administration record when the drug therapy is intended to cease.
- If appropriate follow up of any non-formulary drug orders, recommending a formulary equivalent if required.
- Ensuring appropriate therapy monitoring is implemented.
- Ensuring that all necessary medication is ordered. ex. premedication, prophylaxis.
- Reviewing medication for cost effectiveness.
- Identification of drug related problems:
 - (a) Untreated indication.
 - (b) Inappropriate drug selection.
 - (c) Sub-therapeutic dose.
 - (d) Adverse drug reaction.
- (e) Failure to receive drug.**
- (f) Drug interactions.**
- (g) Drug use without indication.**
- (h) Over dosage.**

Medication Chart Endorsement:

- Another important goal of treatment chart review is to minimize the risk of medication errors that might occur at the level of prescribing and/or drug administration.
- A medication error is any preventable error that may lead to inappropriate medication use or patient harm.
- To prevent potential morbidity and mortality associated with these errors, pharmacists should systematically review the medication chart and write annotations on the chart where the medication orders are unclear.