

Service Priorities and Programmes

Electronic Presentations

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Impact of Clinical Pharmacy Service in a Haematology Out-patient Clinic

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Introduction

Chemotherapy agents are often associated with numerous adverse effects. Drug education is of significant importance to optimize the use of supportive medications, antibiotics and antifungal prophylactic therapies. A new Haematology Clinical Pharmacy Service was started in October 2015 at Princess Margaret Hospital. The service aim was to provide patient counselling and clinical screening of chemotherapy orders for haematology patients.

Objectives

To evaluate the impact of clinical pharmacy service in a haematology outpatient clinic.

Methodology

Patients were referred to the clinical pharmacist by haematologists at the out-patient haematology clinic. Drug counselling on the prescribed chemotherapy & other supportive medications was provided for each patient. Pharmacist performed clinical screening for prescriptions (including chemotherapy and other supportive medications). Chemotherapy dosages were verified against patient's latest body surface area. Correctness of diluent, drug compatibility, drug concentration, infusion time, supportive medications, antibiotics & antifungal prophylaxis were also checked against the chemotherapy protocols.

Result

There were 37 sessions of haematology pharmacist out-patient clinic during October to December 2015. A total of 152 patients counselling sessions were performed and 112 chemotherapy prescriptions were clinically screened. Twenty-three pharmacist interventions were documented and all were accepted by the haematologists. Eleven (47.8%) interventions were related to the supportive medications (i.e. therapeutic duplication, medications omitted unintentionally). Five (21.7%) were related to antibacterial or antifungal prophylaxis (i.e. inappropriate dosages, unintentional omissions). Four (17.4%) were related to chemotherapy regimens (i.e. incorrect drug dosages, incorrect drug concentrations). In conclusion, clinical pharmacists were able to identify and prevent near misses for medication errors. Clinical pharmacists

were also able to provide the necessary drug counselling to patients on their chemotherapy and on the use of supportive, antibacterial and antifungal medications.