

# How can clinical pharmacists make waves in the busy world of the Emergency Department?



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## BACKGROUND AND AIM

Calvary Public Hospital Bruce is a secondary adult hospital with a capacity of 256 beds and approximately 150 ED presentations per day. An Emergency Department (ED) pharmacist role was established there in 2012. Currently ED is staffed with one full time pharmacist working business hours Monday to Friday and the role has never been reviewed in the context of the Emergency Medicine SHPA Standards of Practice. The aim was to review pharmacist activities and patient selection and gather feedback on the current clinical pharmacy services to ED.

## METHOD

### STAGE 1

Data was collected prospectively over two months by pharmacists working in ED on patient selection and clinical activities undertaken

### STAGE 2

All clinical pharmacists completed a survey, examining their experience in ED and usual patient selection and prioritisation practices

### STAGE 3

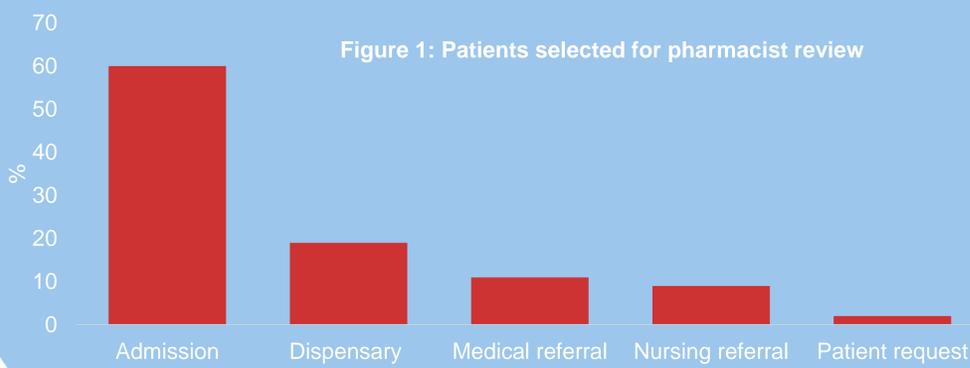
Nursing and medical staff in ED completed a survey about current clinical pharmacy services provided to ED

## RESULTS

### STAGE 1

- Main clinical pharmacy activities identified were: medication reconciliation, chart review, clinical interventions and clinical handover

Figure 1: Patients selected for pharmacist review



### STAGE 3

- 25 ED staff completed survey (convenience sample)
- Forty one percent stated there should be pharmacy service for evening, weekend and ideally 24 hours a day
- Fifty nine percent know how to refer patients for a pharmacist's review
- The main roles for a pharmacist in ED were identified as:
  - liaising with patients regarding their regular medications
  - review of medications for interactions, side effects and appropriate dosing
  - providing education to patients and ED staff
  - medication safety
  - medication information
  - promoting quality use of medicine
  - assisting doctors with prescribing medicines
- Results identified complex patients still requiring a workup for an admission should be prioritised over patients who are already admitted or getting discharged
- Sixty two percent of respondents recognised a role for a pharmacist in the resus room, with specific tasks identified: medication review and assisting with safe administration, medication history gathering and medication supply
- A need for more frequent, structured pharmacy education services for nursing and medical staff was identified

### STAGE 2

- 11 pharmacists completed the survey (73% response rate)
- Average confidence rating for pharmacists in ED was 6/10
- Reasons cited for reduced confidence: poor understanding of the role, lack of training, no mentoring, lack of confidence, difficulty building rapport, difficulty getting medication related issues addressed, and limited knowledge in paediatrics
- Inconsistent prioritisation of patients was noted; some prioritised admitted patients over non-admitted patients, others prioritised by targeting patients most likely to require pharmacist intervention
- Conditions most likely to be prioritised were: stroke requiring thrombolysis, septic patients, and those prescribed restricted antibiotics
- Half of pharmacists prioritised review of paediatric patients
- Half of respondents stated they would prioritise services to the resus room; the other half felt unprepared to manage acutely deteriorating patients

- Elderly fall due to polypharmacy
- Supply of medications
- Discharges and transfers
- Thrombolysis and resus
- Opioid replacement program
- Multiple adverse drug reaction
- Overdoses, antidotes
- Infections and sepsis
- Other

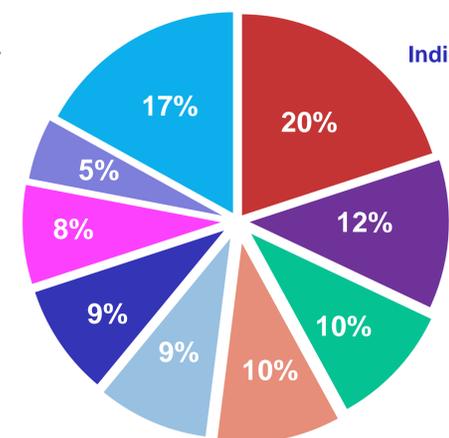


Figure 2: Indications for ED staff referral to pharmacist

## DISCUSSION

### KEY MESSAGES

Not all pharmacists prioritise paediatric patients

Not all pharmacists review patients in resus room

Difference in patient selection by ED staff and pharmacists

Pharmacist confidence working in ED needs improving

59% of ED staff think hours of ED pharmacist are appropriate

35% of ED staff used our on call pharmacy services after hours

## CONCLUSION

This review revealed the diversity of clinical pharmacist daily activities and prioritisation processes in ED. Results have stimulated discussion and service review, identifying key areas for standardisation, pharmacist development and quality improvement. Current service does not cover all roles described by the Emergency Medicine SHPA Standards of Practice and will be reviewed again once the new standards are released.