Does the transfer from an intensive or intermediate care unit to a medicine ward lead to inappropriate prescribing?

INTRODUCTION

☆ Intra-hospital transfers can lead to medication errors, medication reconciliation is a prerequisite to ensure the continuity of treatment
☆ Patients transferred from an intensive or intermediate care unit (ICU/IMC) are at high risk of inappropriate prescribing, when:
  - discontinuing a necessary treatment
  - continuing a treatment that is no longer needed

⇒ Aim: Identification and description of the inappropriate prescriptions (IPs) associated with the transfer from an ICU/IMC to a medicine ward

METHOD

☆ Prospective, descriptive study for 10 consecutive weeks
☆ Regional hospital, inclusion of adult patients transferred from an ICU/IMC to a medicine ward
☆ Identification of IPs by reviewing the medical charts at 2 specific times:
  - 1 working day after the transfer from an ICU/IMC to a medicine ward
  - at the discharge from the medicine ward

⇒ Main outcome measure: nb of patients with at least 1 IP

Inappropriate prescriptions (IPs):
- inappropriate length of treatment
- failure to adapt the treatment to the evolution of the patient’s condition (lack of adjustment of dosage or route of administration)

RESULT

☆ At least one IP was detected in 16/35 patients (45.7%)

☆ 22 identified IP:
  - 16 (73%): inappropriate length of treatment
  - 4 (18%): overdose

☆ 4/22 IP (18%) were potentially serious:
  - 2 overdoses
  - 1 underdose
  - 1 inadequate stop

☆ 10/22 IP (45%) spontaneously corrected by a physician
  - 8 during the stay in the medical ward
  - 2 at discharge

☆ 3/22 IP (14%) corrected following the intervention of a pharmacist

☆ 9/22 IP (41%) not corrected at the discharge from the medicine ward
☆ IP were caused by proton pump inhibitors: 13/22 at transfer from ICU/IMC and 7/9 at discharge from the medicine ward

CONCLUSION

☆ Inappropriate prescribing seems to occur frequently when patients are transferred from an ICU/IMC to a medical ward

⇒ A systematic and careful review of the current treatment before transfer could contribute to improve the continuity of care in our hospital.

<p>| Table 1: Examples of identified IP |</p>
<table>
<thead>
<tr>
<th>IP type</th>
<th>IP description</th>
<th>Nb of IP at transfer from ICU/IMC (and still present at discharge from medicine ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of treatment</td>
<td>Esomeprazole continued at 40mg/d for a patient without risk factors for ulcers</td>
<td>8 (5)</td>
</tr>
<tr>
<td></td>
<td>Fluconazole continued despite the infectologist’s note</td>
<td>1 (0)</td>
</tr>
<tr>
<td></td>
<td>Esomeprazole stopped while ulcer risk factors present</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Overdose</td>
<td>High daily dose of enoxaparine with body weight &lt; 42 kg</td>
<td>1 (0)</td>
</tr>
<tr>
<td></td>
<td>High daily dose of esomeprazole for Helicobater pylori eradication</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Underdose</td>
<td>Low dose of esomeprazole with active bleeding</td>
<td>1 (0)</td>
</tr>
</tbody>
</table>

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