DISCHARGE AND COUNSELLING

Adapted from slides by Bhabitha Santhakumaran and
the original presentation by Medication Services Queensland

Objectives

- Understand the role of the pharmacist in the discharge process
- Understand the importance of counselling

Background

- ≤ 40% of medications used at admission are discontinued at discharge[1]
- ≤ 45% of medications prescribed at discharge are new[1]
- Stowasser et al: Medication Liaison Service (MLS) trial [2]
  - 14%: GP discharge summary did not match MLS
  - 52 interventions made by GP to drug therapy

Steps in discharge process (in Australia)

1. **Decision to discharge patient**
   - Patient should be informed for emotional and logistic reasons

2. **Medical officer to communicate intended medicine regime for discharge**
   - Cease any medicines to be discontinued on discharge.
   - Ensure doses and frequencies reflect those intended for the patient on discharge.
   - Add any medicines to be started on discharge

3. ***Assemble***
   - Medication chart
   - Discharge prescription
   - Medication history
   - Patients own medicines
   - Dr's discharge plan for medicines

Steps in discharge process

4. **Reconcile all the discharge prescriptions against:**
   - Admission history
   - Medication chart
   - Discharge plan

5. **Address any discrepancies**

6. **Check prescription against patient's own medicines:**
   - Relabel own if required
   - Identify items that need to be supplied

Steps in discharge process

7. **Dispense any necessary stock**

8. **Prepare discharge medication record**

9. **Gather:**
   - Supplied medicines
   - Patients own medicines
   - DMR
   - All documentation

Steps in discharge process

10. **Counsel the patient**
    - Ensure patient understands all changes to their medicines
    - Ensure patient understands information about new medicines

11. **Provide the DMR and product information for new items**

12. **Liaise with community healthcare providers**

eg nursing home, local medical officer

THE PRINCESS ALEXANDRA HOSPITAL PHARMACY DEPARTMENT

If you have any questions, please phone the Pharmacy Department on (07) 3240 2478

DISCHARGE MEDICATIONS FOR [redacted]

DATE: 11:27 AM Friday 01 December 2000 **Compiled by Trudy McGovern, Pharmacist**

Medicines Names				Daily Time Table				Change in Medication
Name on Label	Brand Name	Used for	Directions	Morning	Noon	Evening	Night	
LANSOPRAZOLE 30mg CAPSULES	ZOTON	Lowers acid in stomach	One CAPSULE twice each day	One		One		Changed Dose increased
ALUM HYD/MAG HYD/MAG TRISIL/SIMETH	GASTROGEL	Antacid	30 ml TABLETS every six hours when required					
ISOSORBIDE MONONITRATE 60mg SR TABLETS	IMDUR/MONODUR/DURIDE	Prevent angina chest pain	One TABLET in the morning	One				
METOPROLOL 50mg TABLETS	MINAX/BETALOC/LOPRESOR	Prevents angina	Half TABLET twice each day	Half		Half		
ASPIRIN 100mg TABLETS	CARDIPRIN/CARTIA/ASTRIX	Prevents heart attacks and strokes	One TABLET in the morning	One				
GLYCERYL TRINITRATE 0.6mg TABLETS	ANGININE	Treat acute angina attacks	One TABLET when required					Must be sitting/lyir whilst taking
PARACETAMOL 500mg TABLETS	PANADOL/PARALGIN/FEBRIDOL	Relief of pain/fever	Two TABLETS four times each day	Two	Two	Two	Two	

Problems at discharge

- Inaccurate baseline medication history
- Frequent changes to medication
- Poor prescriber - patient communication
- Discharge script seen as order to supply not what to continue
- Less than ideal planning for continuation of appropriate medication

Outcomes of poor discharge

- Patients change medication regime from discharge
- Lack of symptom control
- Unplanned re-admissions
- Poor quality of life
- Increased risk morbidity & mortality
- Large number potentially avoidable

Reasons for Adverse Events

- Duplication of therapy - brands, forms,
- Inappropriate changes by LMO
- Poor adherence
- No ongoing supply obtained
- Adverse drug reactions
- Inability to physically take medications
- Poor communication - to patient, carer, GP, community pharmacist or nurse

What should we be thinking as pharmacists?

- Should their regimen be reviewed?
- Do they need all these medications?
- Will they be able to get them all?
- Can the patient look after own meds ?
- Have the changes been explained to the patient/carer/nursing home/hostel ?

Counselling on Discharge

What the patient needs to know?

Enough to safely self medicate

Step 1:

- Introduce yourself to the patient
- Check if you have the right patient
- Check if the patient has a carer or a family member

Step 2:

- Discuss the current medication regimen and changes from previous regimen

What the patient needs to know?

Step 3:

- Discuss the purpose/benefit of each therapy especially the new medications. The patient may already be aware of the purpose of the medication they were on before admission) – SIMPLE LANGUAGE!

Step 4:

- Discuss administration
  - How much, when, how to take, do not chew, swallow whole, with or without food etc.
  - Highlight any dose changes

What the patient needs to know?

Step 5:

- Discuss when the new therapy or dose changes should start to work

Step 6:

- Discuss with the patient whether this is long or short term therapy

Step 7:

- Discuss the side effects

What the patient needs to know?

Step 8:

- Discuss what to do if side effects experienced including how to manage the side effects

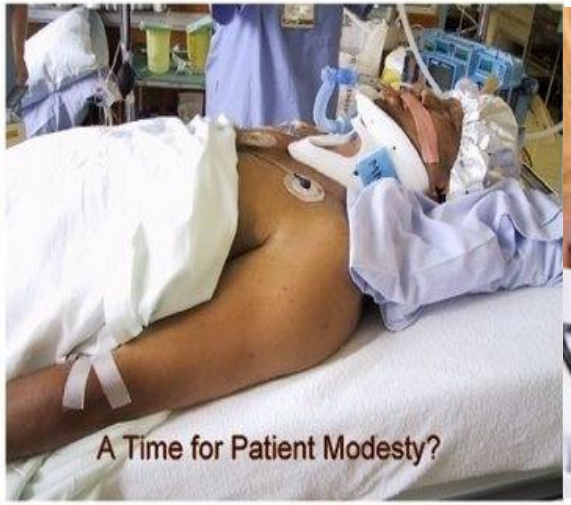
Step 9:

- Discuss common drug interactions

Step 10:

- Discuss lifestyle issues

Important to tailor it to the individual patient



ACTIVITY

- In your same groups of 2
- Within pairs, each person gets a case:
- It's time to counsel your patient on their discharge medications!
  - Case one: Mrs Perera
    - Person 1: pharmacist
    - Person 2: patient
  - Case two: Mr Weerasekera
    - Person 1:patient
    - Person 2: pharmacist

References

1. Nickerson A, MacKinnon N, Roberts N, Saulnier L. Drug-therapy problems, inconsistencies and omissions identified during a medication reconciliation and seamless care service. Healthcare quarterly vol 8 special issue October 2005 p65.

2. Stowasser D, Collins D, Stowasser M A randomized controlled trial of medication liaison services – acceptance and use by health professionals Journal of Pharmacy Practice and research vol 32 no 3 2002 p 221