ABSTRACT

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Title of Thesis: Analysis of drug-related problems in ward health care facility I.

Introduction: Use of drugs in clinical practice is accompanied by the risk of occurrence of drug-related problems. Drug-related problems can have negative influence on patients health and the economic side of the treatment. Therefore their monitoring and elimination are needed as well as indicating and efforts to preventing.

Objective: The aims of this thesis were to revise medical records, identify and classify potential drug-related problems, describe management of selected drug-related problems.

Methods: The revision was carried out from 10th to 13th December 2013 in rehabilitation institute in the Czech Republic. Complete medical records of randomly selected patients were used as a source of information. All data were recorded into database prepared for the needs of revision. The revealed drug-related problems were then replenished into the database and in the same time they were classified according to PCNE modified classification V5.1 and related drugs were assigned to them. All the data were exported into Microsoft Excel tables and they were processed using frequency analysis. Six clinical cases were selected of all patients and management of the drug-related problems was described in accordance with the principles of SAZE method.

Results: The revision of medical records was undertaken on 99 patients, from which 65.7 % were women and 34.3 % men and median of age reached 68 years. The patients
were taking 7.1 drugs in average and 3.2 drug-related problems occurred in them in average. 54.5 % of all revealed drug-related problems were connected with choice of drug and 34.3 % with dosage of drug.

**Conclusion:** During the revision of pharmacotherapy it was found out that drug-related problems occur in patients from rehabilitation institute. Regarding to this the work of clinical pharmacist, performed multidisciplinary in cooperation with doctors and nurses, eventually also with involvement of patients, could be beneficial.