

Dazed and Confused

Variability and consumer feedback on the discharge instructions of high-risk 'PINCHA' medications

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Introduction

Patients commonly leave hospital with variable courses of high-risk 'PINCHA' medications, including oral anticoagulants and opioid medications, and may not be in their pre-morbid cognitive state to comprehend instructions on these medications¹.

Baseline

Discharges over a two week period were identified, and reviewed for those which contained new oral anticoagulant or opioid medications.

Examples located were compared for differences in wording and presentation.

Pharmacists

Pharmacist feedback and opinion was sought through a 10-15 minute SurveyMonkey with accompanying Discharge Medication List examples. 21 of 27 pharmacists from the department responded.

Consumers

7 patients, aged between 31 & 78yrs from Surgical, Orthopaedic and Medical wards completed an extended interview (approx. 30 minutes) assessing their understanding of differently worded instructions and medications provided.

Template

The insights from the audit, pharmacist survey and consumer engagement have been incorporated into a Work Unit Guideline for pharmacists to use according to their clinical judgement. Consistency will be re-audited at a later time after additional education.

63% of pharmacists self-reported their instructions would be most like this example

100% of patients correctly interpreted this example

The Problem

It has been observed by pharmacists in post-discharge clinics that medication self-administration errors have occurred due to certain wording strategies. For example:

- Concurrently taking multiple doses of medications intended for sequential use
- Not knowing what to do when running out of medication

Variability

148 discharge lists with target medications
- 6 rivaroxaban step-down, all with unique wording
- 8 opioid step-down, all with unique wording
Two examples below:

Discharge - Rivaroxaban Step-Down CR 1585	Target 15mg	Text source used	Discharge when 1 tablet every 24hrs, 10 hours for 3 days, then reduce dose to 15mg every 24hrs	1	1	1	1	1	New - Temporary
Discharge - Rivaroxaban Step-Down CR 1585	Target 15mg	Text source used	Discharge when 1 tablet every 24hrs, 10 hours for 3 days, then reduce dose to 15mg every 24hrs	1	1	1	1	1	With next temporary, delayed start
Discharge - Rivaroxaban Step-Down CR 1585	Target 15mg	Text source used	Discharge when 1 tablet every 24hrs, 10 hours for 3 days, then reduce dose to 15mg every 24hrs	1	1	1	1	1	With next temporary, delayed start

Feedback

76% of pharmacists would prefer to provide SR opioid reducing plans consisting of one strength if possible, but rationales highlighted need for case-by-case clinical judgement.

71% of respondents have found it challenging to consistently word discharges for high-risk medications.

95% would use a template for instructions on step-downs.

Insight

60% of patients interviewed would have double dosed their rivaroxaban if given both strengths, the following instructions and no counselling.

Rivaroxaban 15mg Tablets	Karelo	Forward blood testing (PE - Oct 2018)	Take 1 tablet every 24hrs, 10 hours, with food for 3 weeks, then reduce dose to 15mg every 24hrs daily	1	1	1	1	1	New - Temporary
Rivaroxaban 15mg Tablets	Karelo	Forward blood testing (PE - Oct 2018)	Take 1 tablet every 24hrs, 10 hours, with food for 3 weeks, then reduce dose to 15mg every 24hrs daily	1	1	1	1	1	New

When patients offered option of single or multiple-strength SR opioid step-downs, 4 of 7 preferred single-strength.

Conclusion

The review of discharge medication lists has identified error-prone inconsistencies in wording of high-risk medications, and facilitated the development of clearer templates for use by pharmacists to improve patient understanding and safety.

References

1. Haynes RB, Ackloo E, Sahota N, McDonald HP, Yao X. Interventions for enhancing medication adherence. Cochrane database syst Rev. 2008 Jan 1;2(2):CD000011.

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