

The duty paediatric pharmacist was available to answer clinical pharmacy related enquiries from ward staff. Details of complex patients who may need weekend review were transferred from weekday teams to the weekend duty pharmacist. Records were kept of the weekend workload

Results A median of 7 clinical queries per weekend were managed by the weekend paediatric pharmacist. On average, 20 patients per weekend required discharge prescription management, including clinical validation, patient counselling and assessment of patients own medicines suitable for use on discharge. Twelve requests for non-stock medicines were made on a typical weekend. Staff feedback was sought following the initiation of the new weekend service. Pharmacists reported increased satisfaction in the service they provided and felt it was a more appropriate use of their skill set.

Details of enquiries from children's wards were recorded. One patient story involved a patient with haemophagocytic lymphohistiocytosis who required multiple drug dose adjustments due to haemodialysis. The paediatric pharmacist was able to review the patient's medicines and advise appropriate dose adjustments. A patient with newly diagnosed acute leukaemia required urgent chemotherapy. The request was managed by the paediatric pharmacist enabling treatment to be commenced without delay.

Conclusion The presence of a paediatric pharmacist on children's wards at the weekend enables medicines supply issues to be managed effectively. Requests for information on the use of medicines occur in a timely manner.

REFERENCE

1. NHS England. *NHS services, 7 days a week forum: Summary of initial findings* December 2013. <https://www.england.nhs.uk/wp-content/uploads/2013/12/forum-summary-report.pdf> accessed 29th July 2016.

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IMPACT OF A MEDICINES FACILITATION PHARMACIST ON A PAEDIATRIC WARD

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Aim Recruiting sufficient numbers of nurses can provide a challenge for hospitals. Pharmacists have been identified as being able to support nurses by taking on medicines management tasks alongside traditional nursing responsibilities such as medicines administration and discharge planning.¹ At Barts Health NHS Trust there was increased pressure on nursing staff particularly on one of the complex medical wards during the winter pressure months. Paediatric pharmacists were identified as being able to support nurse:

- Safe nursing time by taking on some of nursing responsibilities
- Active discharge planning and coordination
- Reduce discharge prescription waiting times
- Improve education and training for nurses, doctors and patients in relation to medicines management.

Method A pilot project on one paediatric medical ward was started in February 2016. The pharmacist is supernumerary to standard ward pharmacy service, reporting to the ward manager and lead pharmacist. Working hours are 9 am–5 pm Monday to Friday.

Intensive training was provided over 2.5 weeks with subsequent sign off for administration of oral medication, 2nd checking for intravenous (IV) medication and IV giving.

Drug listing for discharge prescription (TTA) was introduced, which involves a discussion with the doctor for medicines on discharge, transcribing these onto the TTA and using ward based dispensing where possible. Results were collected pre and post implementation.

Results

1. Medication administration activity:
 - Nurse time – 60 hours/month (medication administration and 2nd checking) saved.
2. Discharge information:
 - Proportion of TTAs dispensed at ward level increased from 19% to 78% post implementation, avoiding delays in dispensary.
 - Average time writing TTA to being ready for discharge reduced from 280 min to 91 min.
 - Drug listing reduced discharge time further to 52 min.
3. Missed and delayed doses:
 - Random sample of 5 patients audited over 48 hour period, shown to reduce missed doses from 14% to 0%.
4. Comments from staff:
 - 'Because of skill mix and use of agency staff, assisting in preparing and giving IVABs has been a major help as on many days only 1 IV giver.'
 - 'Junior staff value and support WFP and have felt has been useful to them.'
 - 'Junior and agency staff feels better supported in understanding medicines usage'.
 - 'Lot of complex patients with many drugs, the pharmacist has helped reducing delay in administration times'.
 - 'TTAs for patients identified as going home have been validated sooner'.
 - 'She helped us to reduce the number of incidents with expiry dates of medicines'.

Conclusion The role of the medicines facilitation pharmacist has been very well received by the nursing staff and the pharmacist is now an integral part of the ward team. The pharmacist was able to save a significant amount of nursing time and reduced risks of delayed and missed doses significantly and is able to provide continuous input into all aspects of medicines management. The average discharge time has reduced to substantially due to improved discharge planning, drug listing and ward based dispensing.

REFERENCE

1. Robinson S. Hospital hires pharmacists for wards amid nurse shortage. *Pharmaceutical Journal* 23/30 May 2015;294(7863/4). [online] doi:10.1211/PJ.2015.20068544

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THE EFFECTS OF INTRODUCING ELECTRONIC PRESCRIBING FOR PAEDIATRIC CHEMOTHERAPY USING ARIA ON PRESCRIBING ERROR RATES AT A PRIMARY TREATMENT CENTRE

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Introduction Prescribing of medication in children is a very complex process that involves an understanding of paediatric physiology, disease states, medication used and pharmacokinetics as well as patient specific details, their co-morbidities

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