Wessex Academic Health Science Network

ACADEMIC HEALTH SCIENCE NETWORK
NORTH EAST AND NORTH CUMBRIA

TCAM
Transfer of Care Around Medicines

Case studies from Dorset and Newcastle

Patient actions on discharge could have led to their readmission or harm

A patient was discharged on seretide and tiotropium inhalers. The Community Pharmacist identified that the patient thought that they were both for the same thing so was only using the seretide inhaler and only using it once a day rather than twice a day.

Patient had warfarin discontinued whilst in hospital and dabigatran prescribed instead. The Patient went home and started taking the warfarin they had left at home together with dabigatran. The Community Pharmacist cancelled the repeat prescriptions for warfarin and actually went to the patient's home to remove their warfarin stockpiles.

A patient referred by the Hospital was an Insulin dependent patient. The patient had noticed reduction in blood glucose levels in past few months as had been eating smaller meals than previously due to reduced appetite and attempting weight loss. They complained of feeling lightheaded after mealtime doses and were treating the hypoglycemia with sugar in fruit juice more often than before. The Community Pharmacist referred them to their GP surgery for possible reduction in insulin.

The referral stated that new medication had been started and the amitriptyline dose had been reduced. During the conversation with the Community Pharmacist, it became apparent that the patient was unaware of some of the changes to their medication and actually thought their amitriptyline dose had been increased and so had been taking an incorrect dose.

Patient stopped all inhalers after being discharged from hospital as his 'chest had improved' (COPD patient). The Community Pharmacist intervened and inhalers were restarted as intended and discussed the need for maintenance therapy.

The Community pharmacist proactively intervened to ensure the patient was not at risk from medication problems

A patient, newly started on Apixaban, twice daily with food, was concerned as to what he could take for pain relief. Community Pharmacist advised them to avoid OTC Ibuprofen, but that paracetamol was safe to take.

A respiratory patient had been discharged with a rescue pack of Doxycyline. But the Community Pharmacist was aware that patient had a doxycycline allergy so patient was advised not to take and GP contacted for alternative.

A patient admitted for an aortic valve replacement had numerous changes to their medicines including being started on insulin. On receipt of the hospital referral the Community Pharmacist arranged an appointment with the patient within 3 days (i.e. before they were due specialist follow-up) and identified the patient was having hypoglycaemic attacks. They gave appropriate advice and also requested specialist follow-up, which was very likely to have prevented a hospital readmission.

The patient needed support with their medicines when they got home

While getting consent for the referral, the Patient had commented that there was a lot of information to take in. The Community Pharmacist subsequently identified that the Patient had not fully understood what they had been told in hospital and so she took time to explain what each drug was for, how it worked, that it was for long-term use and the importance of compliance.

A Technician referred a patient from a neurology ward. The Patient was not taking any regular medication prior to admission. The Patient was discharged on dual anti-platelet therapy and a fixed course of nimodipine. The Patient said that they thought they may require support managing their medication. The Community Pharmacist offered to take responsibility for ordering medication.

Prior to admission, a patient with dementia had been tipping the contents of a pharmacy-supplied compliance aid into refillable medidose cassettes as she was finding it difficult to burst blisters. A referral was made to a Community Pharmacy that was able to dispense medicines into a specialist compliance device (pivotell).

The referral stated that seretide and tiotropium inhalers had been discontinued. Discussion in the Community Pharmacy with patient's carer revealed that the patient was having difficulty using their new aclidinium (eklira) inhaler. As the Patient was housebound the pharmacist visited the patient at home. The Pharmacist instructed the patient how to use the inhaler and showed them the indicator which shows when a new inhaler is required. The Pharmacist also checked the patient's inhaler technique and removed old inhalers from their home.

At an NMS a gentleman complained that since starting Rivaroxaban he was struggling to breathe. The Community Pharmacist reassured patient that unlikely to be due to the DOAC, but arranged an urgent appointment with GP.

Patient referred for "Smoke Stop" which the Community Pharmacist was able engage patient with. The Community Pharmacy was able to include inhaler technique checks when the patient attended appointments.

A patient had questions about the content of their copy of the GP letter and about the blood tests required. They also had concerns about a conversation they had overheard during their hospital stay. Reassurances were given to the patient by the Community Pharmacist and they also discussed the GTN spray especially the expiry date, and their new medicine ticagrelor.