

# Assessing critical medication prescribing in the acute assessment unit: second cycle

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## Introduction

Critical medications<sup>1</sup> can be described as priority medications that must be received at or close to the prescribed time. The National Institute for Health and Care Excellence (NICE) states that medicine-related patient safety incidents are more likely when medication reconciliation occurs over 24 hours after acute admission.<sup>2</sup> This second audit cycle focuses on prescription of critical medications within 24 hours from admission to the acute assessment unit (AAU).

## Materials and methods

85 patients' prescription charts were checked against their GP records via Viper over a 2-month period to determine whether all critical medications had been prescribed by doctors within 24 hours of admission to AAU. Compliance target was 100%, as per the first audit cycle (June 2021).

## Results and discussion

Our data show that 63 patients (74.1%) had critical medications prescribed by a doctor within 24 hours of admission, while 22 (25.9%) did not. Of these, 13 (59.1%) had their medications prescribed by pharmacy staff, while nine (40.9%) did not within the target time. Although there was an improvement in the timely prescription of critical medications by doctors, intervention by pharmacy staff was significantly decreased. This could possibly be due to the lack of intervention in the pharmacy after the first audit cycle, as posters were mainly put up in medical areas within AAU and A&E. As a result, overall compliance was 89.4%, showing a decrease of 5.4% (Fig 1). Furthermore, the main three critical medications not prescribed within 24 hours of admission in the second audit cycle were opiates, steroids and insulin, all of which are incredibly important medications to be given on time. Although timely prescription of opiates was reduced compared with the first cycle (21.4% cycle 1; 25.7% cycle 2), there was an increase in the timely prescription of all other critical drugs (Fig 2).

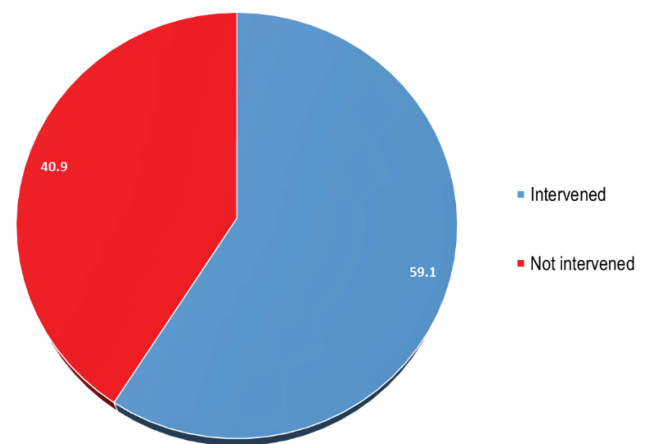


Fig 1. Proportion (%) of critical medications prescribed by doctors within 24 hours of admission to AAU.

## Conclusion

In conclusion, this audit shows that nearly one-quarter of patients in AAU have critical medication missed by doctors. There was unlikely to be obvious patient harm as a result, and there is a clear

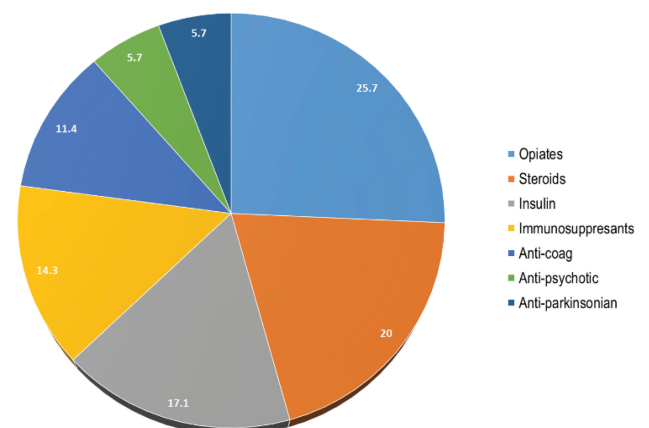


Fig 2. Distribution (%) of main critical medications not prescribed by doctors within 24 hours of admission to AAU.

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reliance on pharmacy staff for critical medication prescribing. This prompts the need to assess the reason why the pharmacy staff have dropped their performance compared with the first audit cycle. Therefore, the next audit cycle will aim to assess pharmacy staff's performance after intervention in the hospital pharmacy. We will also aim to have at least twice this sample number in order to make more critical data analysis, and will take into account reporting of patient harm (via DATIX) as a result of missed critical medication. We will continue to propose a 100% standard on critical medication prescribed by doctors within the first 24 hours of admission to AAU. ■

## References

- 1 Black Country Partnership NHS Foundation Trust. *Administration of medicines, September 2019*. [www.bcpft.nhs.uk/documents/policies/m/975-medicines-administration/file](http://www.bcpft.nhs.uk/documents/policies/m/975-medicines-administration/file) [Accessed 17 March 2023].
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- 3 East Kent Hospitals University NHS Foundation Trust. *Critical medicines list for general adult wards, May 2019*. [www.ekhufthformulary.nhs.uk/docs/Critical%20Medicine%20list%20FINAL.pdf](http://www.ekhufthformulary.nhs.uk/docs/Critical%20Medicine%20list%20FINAL.pdf) [Accessed 17 March 2023].
- 4 Pharmacy Voice. *Prescription interventions: Practice-based audit 2014/15*. <https://pharmacysafety.files.wordpress.com/2018/02/2014-15-practice-based-audit-prescription-interventions.pdf> [Accessed 17 March 2023].