

# Medication review at ICU to ward transfer cuts drug problems

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(HealthDay)—Medication review by a clinical pharmacist and immediate communication of drug therapy recommendations can reduce the number of drug-related problems (DRPs) at the transfer point from intensive care unit (ICU) to ward, according to a study published online Aug. 12 in the *Journal of Clinical Pharmacy and Therapeutics*.

Annemie Heselmans, Ph.D., from KU Leuven in Belgium, and colleagues conducted a [randomized trial](#) to assess the impact of assigning a clinical pharmacist to the transfer process from ICU to wards. The clinical pharmacist performed a medical review in both groups; in the [intervention group](#), recommendations for drug therapy changes were immediately communicated, whereas they were kept blinded in the [control group](#).

The researchers identified DRPs in the medical records of 60 percent of

the 600 participants. Overall, 743 recommendations were made, 375 and 368 in the intervention and control groups, respectively; 24.8 percent were judged as major. A total of 54.1 versus 12.8 percent of these problems were adjusted on time in the intervention and control groups, respectively. The odds of implementing recommendations of drug therapy changes were higher in the implementation versus control group (odds ratio, 10.1), even after adjustment for between-group differences in types of DRPs (odds ratio, 15.6).

"The integration of a clinical pharmacist at the transfer point from ICU to ward led to a significant reduction in DRPs," the authors write.

**More information:** [Abstract](#)  
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