

ER-based pharmacies could improve kids' care, pediatricians' group says

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When parents rush their kids to an emergency room in the dead of night

for an asthma attack or high fever, they are often discharged with a prescription. The problem is, there may be nowhere to fill it promptly.

Now, a new [report](#) from the American Academy of Pediatrics (AAP) is calling attention to the issue, and highlighting one potential solution: 24-hour ER pharmacies.

Studies have found that when children are prescribed medication in the emergency department, one-third to one-half of families never pick up the prescription.

There are likely various reasons for this, but research shows that trouble getting to a [pharmacy](#) is a big obstacle, said [Dr. Gregory Connors](#), chair of the AAP's committee on pediatric emergency medicine.

Emergency department visits do not necessarily happen during business hours, and many communities lack any 24-hour pharmacy.

"And imagine you've just been in the ER with your child for hours," Connors said. "Where do you want to go now? Home. And you may not be able to put your child to bed then turn around and run to the pharmacy."

The problem affects children and adults alike, and in response some hospitals have set up 24-hour outpatient pharmacies in the emergency department—separate from the inpatient pharmacies that are busy taking care of medications for hospitalized patients.

There is some evidence that it helps: One recent study, according to the AAP, found that over 88% of [adult patients](#) with access to a round-the-clock ER pharmacy filled their prescriptions.

But while that might sound like a no-brainer solution, there are obstacles

for hospitals, too, according to Conners.

For one, an all-hours ER pharmacy has to be staffed, and for many hospitals—particularly in smaller, [rural communities](#), or anywhere there is a dearth of pharmacists—that might not be feasible.

There are also potential negative effects of an always-open ER pharmacy, Conners said. They could take business away from small community pharmacies, or might encourage some people to head to the emergency department instead of waiting for a doctor's appointment when they have an acute illness.

Plus, Conners said, emergency departments have to think about how adding medication dispensing might slow down overall patient care.

Patients and families do not want to languish in the emergency department even longer, Conners said, and emergency staff do not want a backlog of patients waiting for care.

Then there is the matter of state regulation, the AAP says. States have varying policies when it comes to inpatient medical centers—namely, hospitals—dispensing medication to outpatients.

In summary, Conners said, "it's complicated."

The point of the report, he said, is not to tell hospitals they should all launch 24-hour ER pharmacies. But the AAP wants to call attention to the issue, and highlight some of the issues hospitals will have to consider in "making decisions for themselves," Conners said.

The report was published online May 30 in the journal *Pediatrics*.

[Dr. Eric Maroyka](#) is senior director of the Center on Pharmacy Practice

Advancement for the American Society of Health-System Pharmacists.

He said he was glad to see the AAP report, noting that his organization wants to see a move toward more "patient-centered" care.

"We know that when patients leave the ER, there is no guarantee they'll get their prescriptions," Maroyka said.

Round-the-clock ER pharmacies do come with costs. But, Maroyka said, [health systems](#) also have to consider the money they could save: Getting prescriptions to patients promptly could help them avoid a return trip to the emergency department, for example.

As for hospitals in [small communities](#), there could be ways to help them staff an outpatient pharmacy, according to Maroyka. Pharmacy technicians, in contact with a pharmacist virtually, could help fill the role, for instance.

Another possibility is for hospitals to partner with retail chain pharmacies to provide the service to emergency department patients, he suggested.

"I think we do need to be innovative in finding solutions," Maroyka said.

For now, Connors noted that some hospitals do have outpatient pharmacies that are open during certain hours. So if families are waiting in the [emergency department](#), they could think ahead and ask questions: Is there a pharmacy? What are the hours? Can you get any prescription now, while it's open, instead of waiting until discharge?

"It doesn't hurt to ask questions about what's available," Connors said.

More information: The Nemours Foundation has advice for parents

on kids' [ER trips](#).

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