

397 Medical Reconciliation in Acute Surgical Patients – Are We Letting Our Patients Down?

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Introduction: NICE guidelines state that medication reconciliation should occur within 24 hours of admission or as soon after as possible. Accurate and timely prescription of these medications is crucial to ensure optimal care. Due to the COVID-19 pandemic, primary care is busier and thus difficult to contact and with next of kin not present, the challenges of accurate medicine reconciliation may be exacerbated.

Method: A retrospective audit was performed over a fortnight of all acute surgical admissions to a district general hospital. Data was collected as to the time regular medications were prescribed, the source of medical reconciliation and the access to GP network systems for patients.

Results: A total of 66 patients were admitted during the time period. 44 patients had regular prescriptions. Of those 68% had regular medications prescribed within 24 hours. 22% did not have regular prescriptions prescribed throughout their inpatient stay. 91% of the patients prescribed medications within 24 hours had a working link to the GP network whereas only 58% of those who were never prescribed had a working system.

Conclusions: Although a good proportion of acute surgical admissions are prescribed their medications within 24 hours, the proportion who are prescribed past this point is low and a sizeable proportion are never prescribed. A significant contributing factor to this could be poor infrastructure relating to the connection between secondary and primary care and poor handover between on-call and post-take teams. Accurate drugs history during the initial clerking is crucial to mitigate these errors long term.