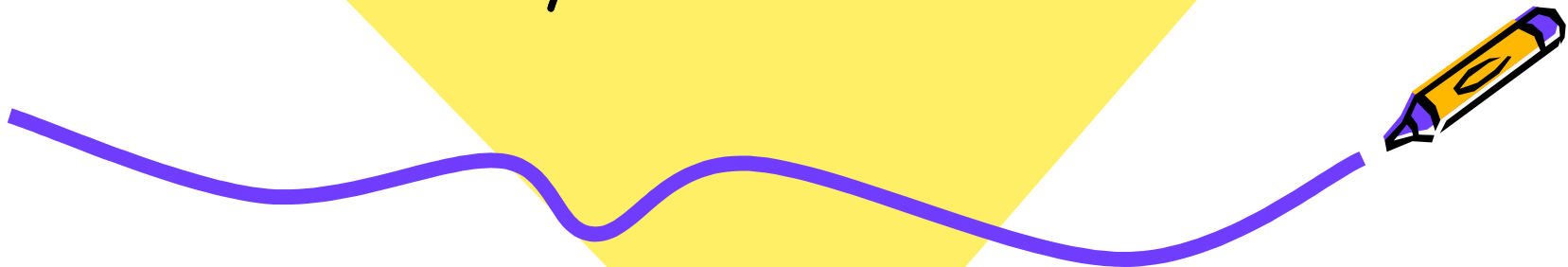




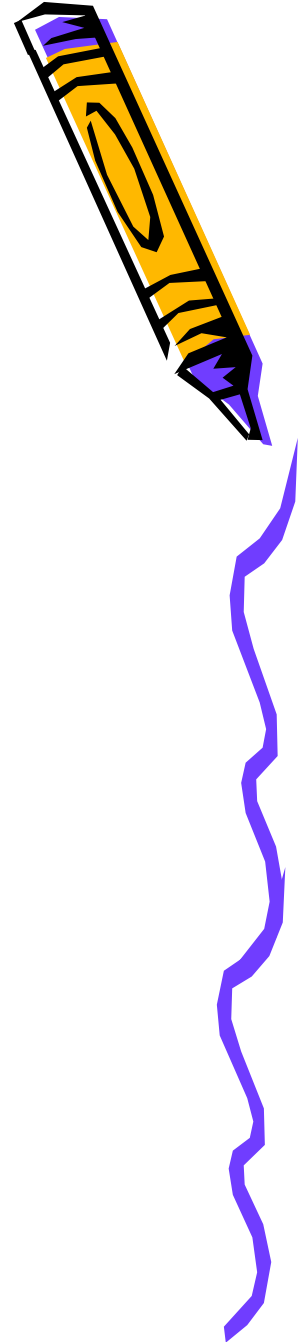
A week of ~~my~~ life as a  
clinical pharmacist in  
the UK

By Verena Lam



# Being a Hospital Pharmacist

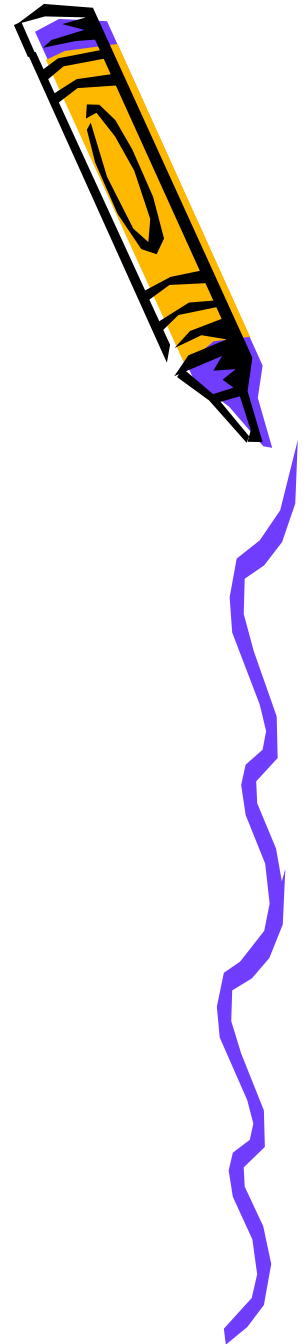
- Drugs Supply
- Clinical Screening
- Clinical Intervention
- Drug History Taking



# The Nature of My Job -

## I

- **Specialist pharmacist in Gastroenterology**  
Ward Service includes
  - Drugs supply
  - Clinical Screening
  - Drug history taking
  - Consultant Ward Round
  - Out-patient Clinic
  - Continuing care (liaison with feed companies)
  - Budgeting



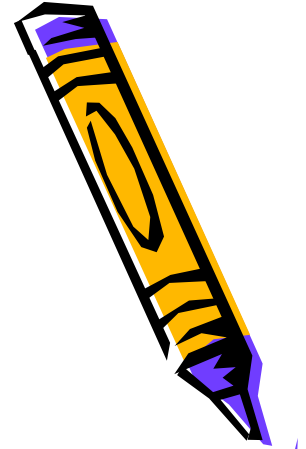
# The Nature of My Job - II

- **Clinical Support Pharmacist**

Ward service from acute medicine to surgery

Facilitating discharge

Counseling



# MONDAY-am

09:00 – 12:00

Consultant ward round (seeing about 20-25 patients) ▶

12:00-13:00

Check blood results and liaise with dieticians regarding IVN regimen changes ▶

13:00-13:30

Input new regimen and order IVN through the aseptic unit



# Medical Ward Round

1 consultant

1 registrar / 1 Senior House officer

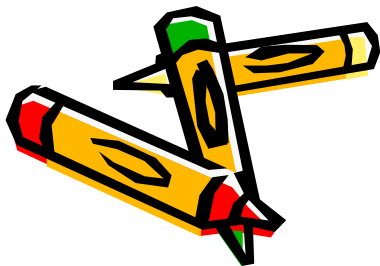
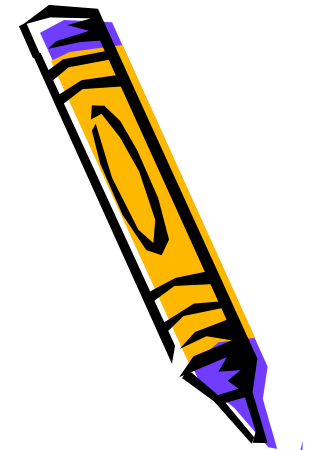
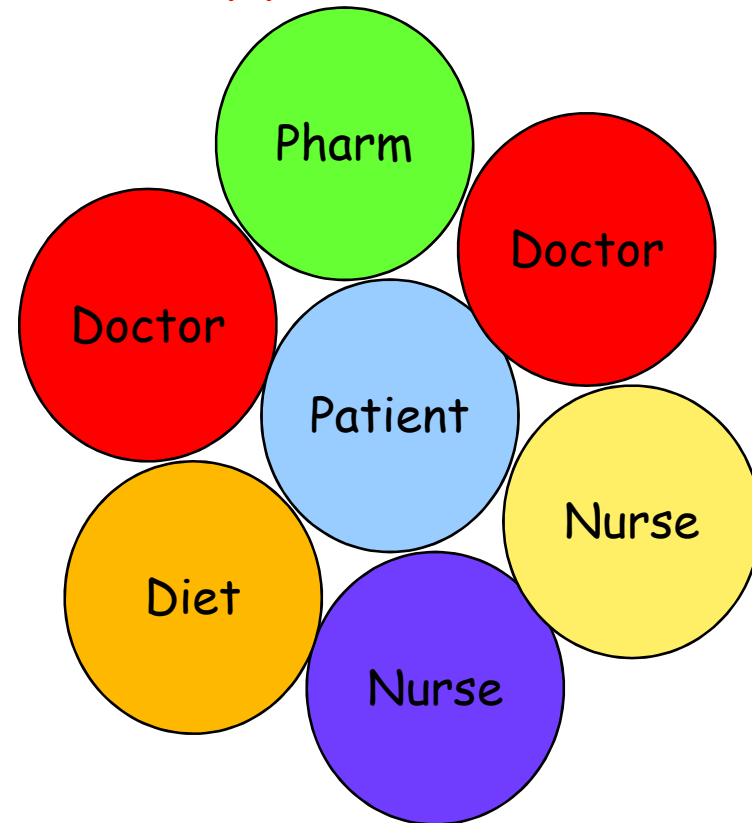
1 Junior Doctor

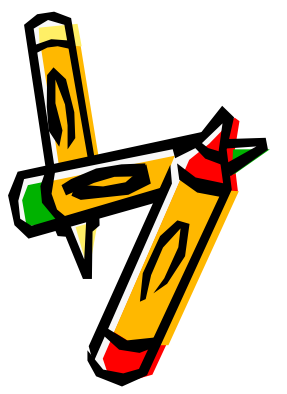
1 pharmacist

1 dietician

1 nutrition nurse

1 nurse on ward



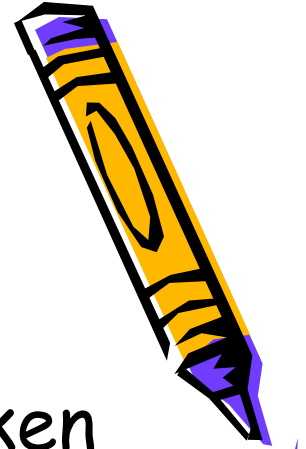


# Formulation of IVN

Check Patient's biochemistry (blood is taken TWICE a week for stable patients)

New patient: Calculate requirements with Dietician. Macro and micro-nutrients, electrolytes. Clinical conditions and targets

Old patient: Making sure patient is on target and stabilise on such regimen



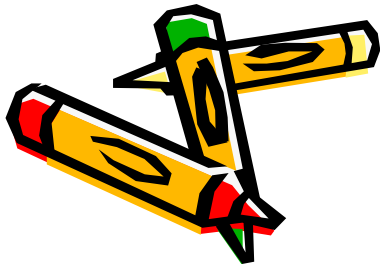
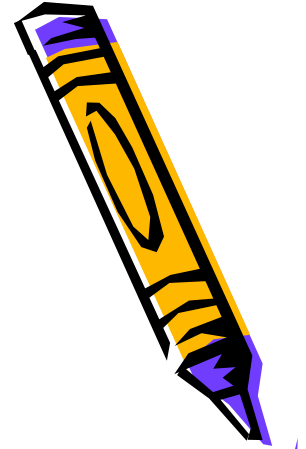


# Monday-pm

14:00-17:00

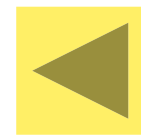
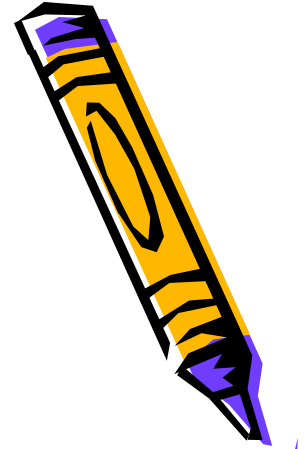
**Out-patient** follow up clinic. 

Party includes a Registrar/Consultant in Gastroenterology, a Dietician and a Pharmacist



# Nutrition Out-Patient Clinic

- Follow up out-patient clinic
- Follow up interval usually 2-6 months depending on condition
- General examination - Drs
- Medication review - Pharmacist
- Nutritional assessment – Dietician & Pharmacist



# Tuesday -am

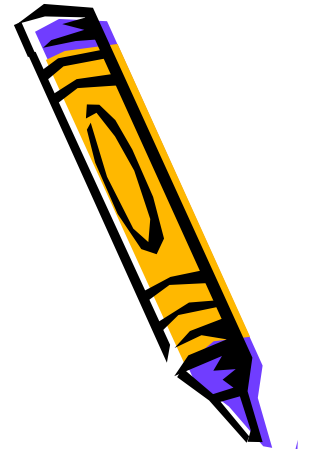
09:00-12:00

Mini **ward round** with Junior Doctors if time is allowed.

**Drug History taking** on new admissions and clinical screening for 2 gastro wards.

Chase up **blood results**

**IVN** ordering



# Tuesday –pm

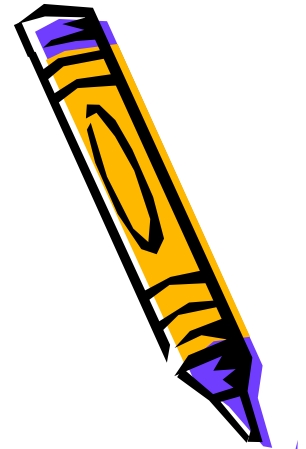
12:00-13:00

Lunch time cover in **dispensary**. Tasks include

checking DDAs

In-patient and out-patient screening

Checking 



# Dispensary Duty

## **In-patient:**

Clinical screening and transcription

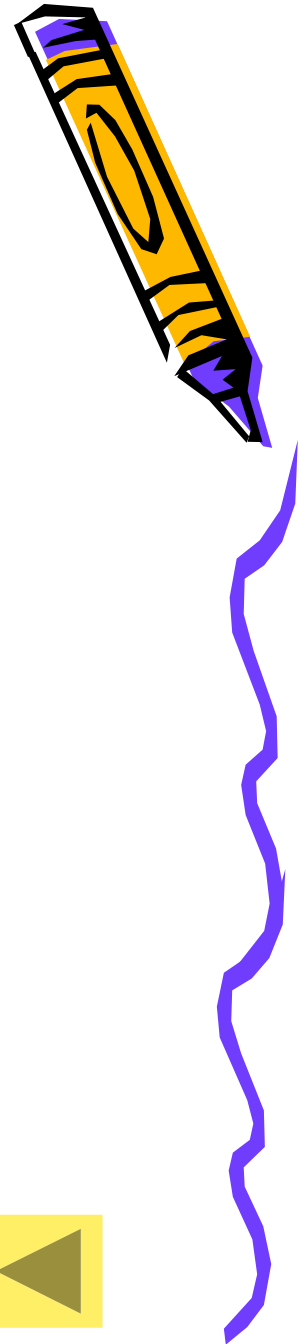
Final checking

## **Out-patient:**

Clinical screening

Checking

Supervising

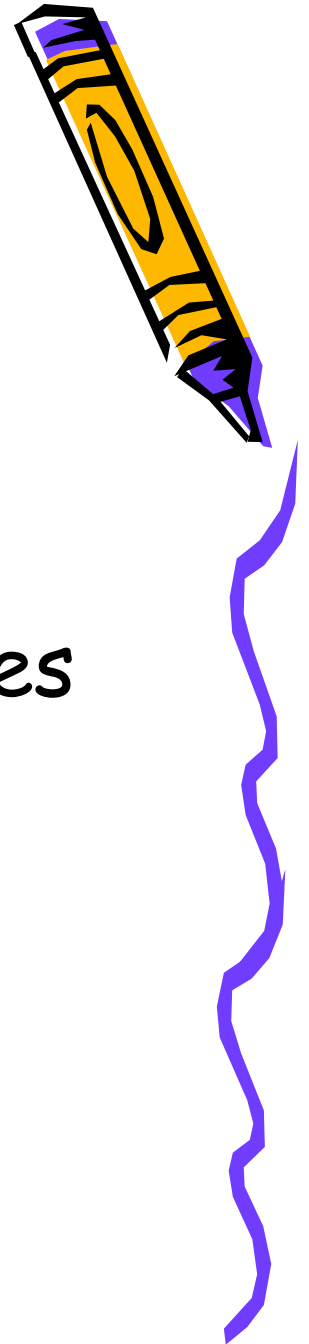


# Tuesday-pm

Update **IVN changes** on home-IVN patients

Liaise with and inform feed companies on the updates of IVN patients

Private bills



# Wednesday -am

9:00-10:30

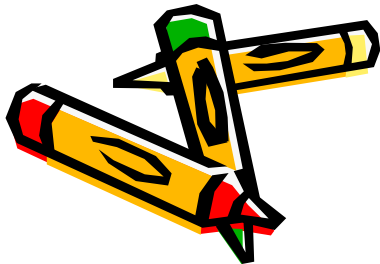
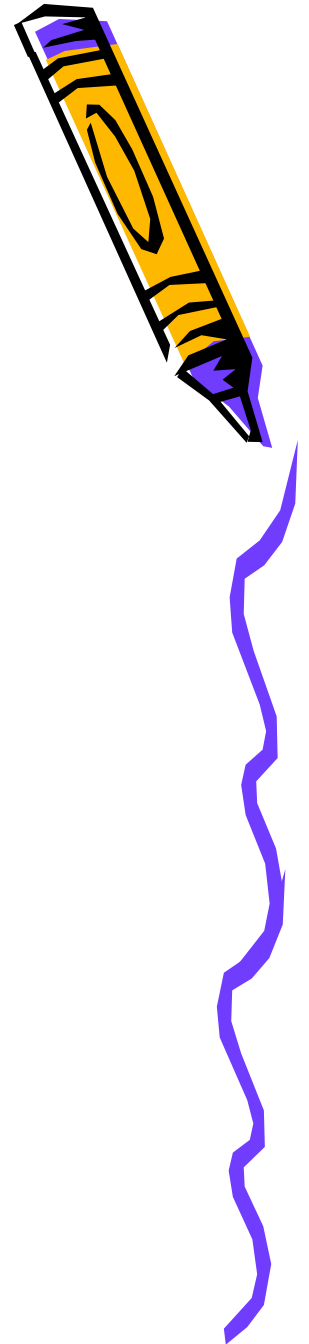
**Multidisciplinary Meeting** (Physicians and surgeons) 

10:30-12:30

Medical **ward round** and **ward service**

12:30-13:30

Check biochemistry for **IVN** patients, liaise with **dieticians**. Formulation of IVN and order IVN



# MDT meeting

2 surgeons (1 consultant & 1 registrar)

Gastro medical team (2 consultants, 1 registrar, 1 Senior house officer, 1 House officer (F1))

Up to 4 Dieticians

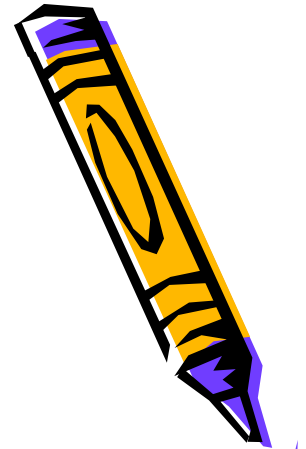
2 Pharmacists

2 Nutrition nurses

1 Stoma care nurse

1 Social worker

1 Secretary



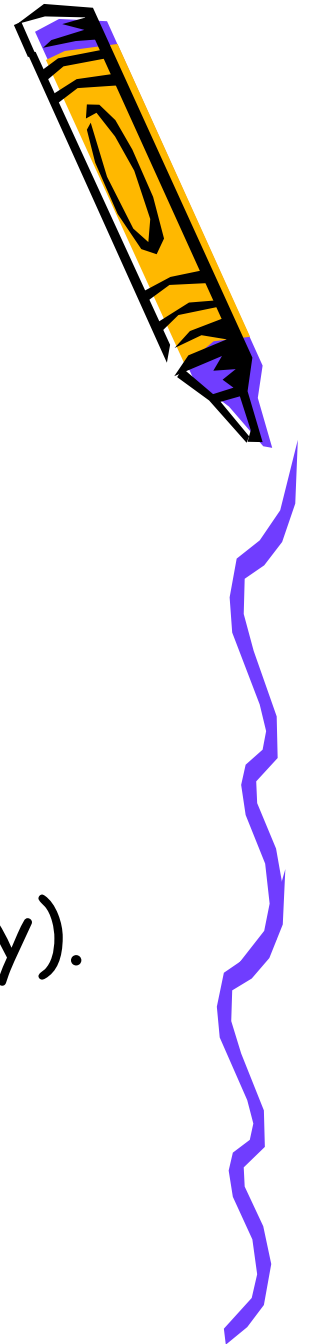


# Wednesday pm

14:00 – 17:00 

**Clinical Service** – Dispensing for Discharge (Cardiology, Gastroenterology – liver, Medical Assessment Unit (MAU), Respiratory).

**Dispensary** duty if time allowed



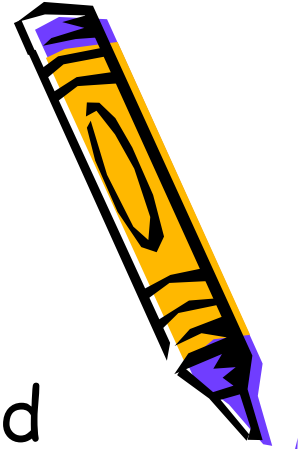
# Dispensing for Discharge (DFD) - I

DFD ward – Acute, specialist, high demand and high turnover.

Usually consists of 1 pharmacist & 1 senior technician (accredited checker)

1 bed-side locker / patient

Technician goes to ward in the morning – check all patient's own drugs (PODs), drugs required, any issues that need to be looked at and record on communication sheet



# Dispensing for Discharge (DFD) - II

Prioritise according to work load

Solve problems that were raised

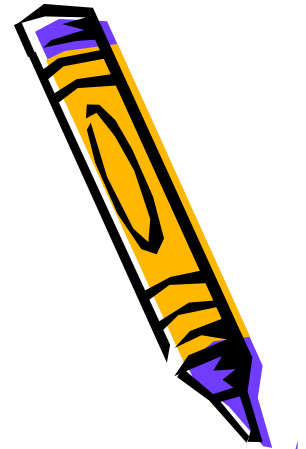
Drug history taking

See all patients who require drug supply

Discharge Team: Clinically screen discharge

Rx, assemble and deliver to patients.

Medication counselling before sending  
patient home.

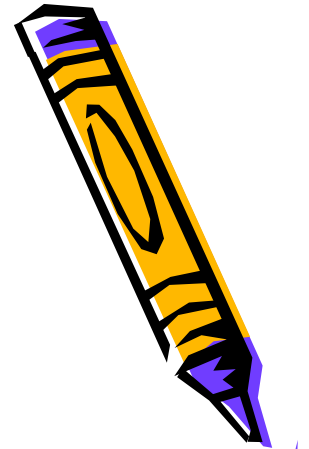


# Thursday am

9:00-13:00

**Clinical Service** – mostly MAU (serving at least 35 beds, 2 pharmacists)

- Taking **drug History**
- **Drugs supply**
- **Clinical intervention**
- **Deals with discharge**



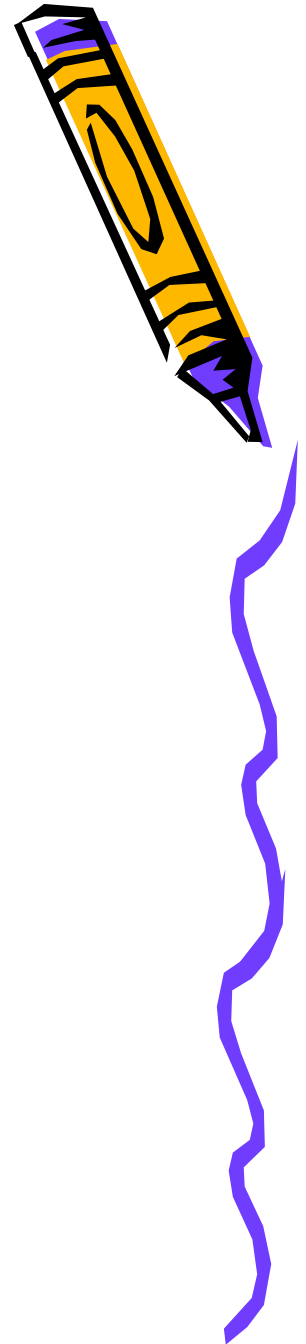
# Thursday pm

14:00-15:30

**Clinical Service** - Ward Cover  
(medical and surgical)

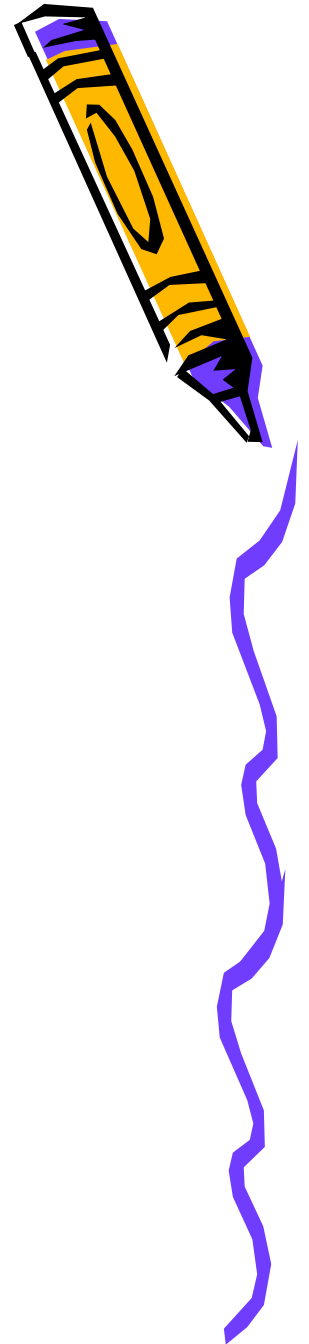
15:30-17:00

Facilitate **Dispensing for Discharge**  
Service and **Dispensary** duty



# Friday

As per Thursday Schedule



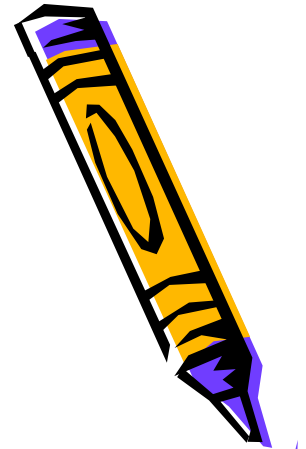
# Saturday-am

1 in 5 Sat

9:00-10:30

- Ward pick up for MAU, ITU, Respiratory and Cardiology ward
- Involve drug supply and urgent Stock Items

10:30-13:00 In-patient (includes delivering all IVN and cytotoxics) and out-patient (A&E) dispensing



# Sunday am

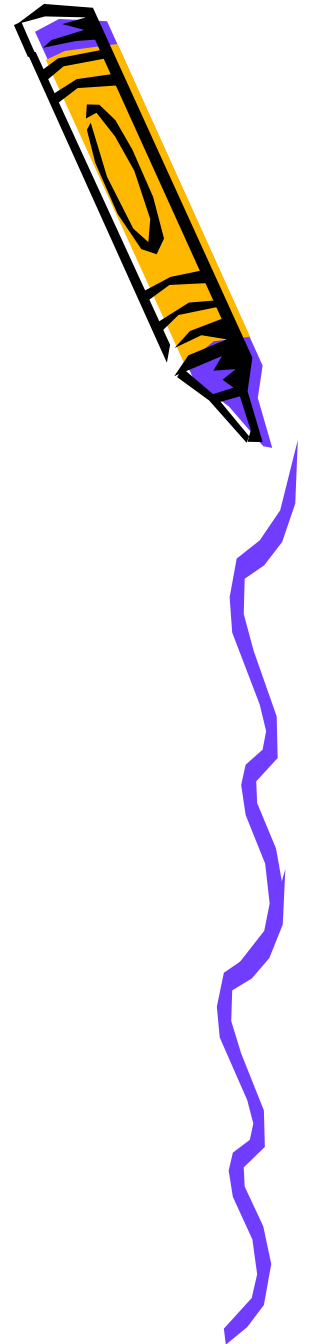
1 in 10 Sunday

9:30-10:30

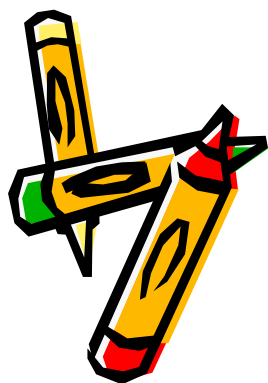
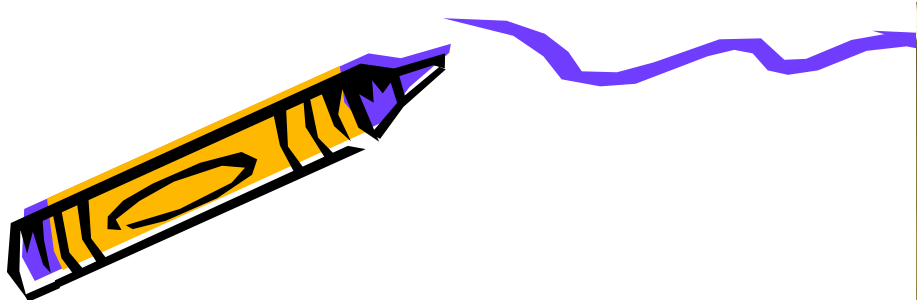
- Ward pick up as on Sat

10:30-12:30

- as on sat









Questions?

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The end

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