Primjena jedinične terapije na Zavodu za kardijalnu i transplantacijsku kirurgiju Kliničke bolnice Dubrava

Unit Dose Drug Distribution System at the Department of Cardiac and Transplantation surgery, University Hospital Dubrava

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Tradicionalni model opskrbe bolničkih odjela lijekovima podrazumijeva popunjavanje odjelnih zaliha lijekovima na temelju njihovih zahtjeva, a prema kojima se potom priprema propisana terapija za bolesnike. Sredinom prošlog stoljeća u Sjedinjenim Američkim Državama je započeo razvoj novog koncepta neposredne opskrbe lijekovima u bolnici nazvanog "sustav pripreme jedinične terapije" (eng. *Unit Dose Drug Distribution System*).[1]

U želji da se poboljšaju standardi liječenja u hrvatskom zdravstvenom sustavu, uveden je sustav primjene jedinične terapije za svakog pojedinog pacijenta za potrebe 24-satne terapije u Zavodu za kardijalnu i transplantacijsku kirurgiju Kliničke bolnice Dubrava. U sustav primjene jedinične terapije uključen je liječnik, farmaceut, medicinska sestra, te informacijski komunikacijski sustav. Za svakog bolesnika na Zavodu dodatno se nadzire propisana terapija u smislu ispravnosti i prikladnosti odabira farmaceutskoga oblika lijeka, doze, intervala doziranja te provjerava mogućnost nastanka klinički značajnih interakcija lijekova. Svakodnevno se podrazumijeva da se lijekovi slažu u spremnik sa oznakom imena i prezimena pacijenta s naznačenim satom kada se lijek mora primijeniti. Svaki lijek koji se odlaže u pojedini odjeljak je propisno pojedinačno pakiran i označen, pa se tako pacijent već u bolnici može educirati o svrsi, načinu primjene i vrsti lijekova koje će se nastaviti koristiti nakon otpuštanja iz bolnice. Navedenim sustavom uspostavljena je značajno preciznija distribucija lijekova, bolji nadzor nad interakcijama lijekova, višestruka kontrola propisane terapije, educiranost osoblja i pacijenta te značajna ušteda u potrošnji lijekova. Bolesnik je suradljiviji jer uzima odgovarajuće lijekove u točnim dozama u odgovarajuće vrijeme što povećava vjerojatnost dobrih ishoda terapije.[2] Raspodjelom jedinične terapije mogućnost pogrešaka gotovo se eliminira, a sigurnost bolesnika povećava. Također odjelna zaliha lijekova svedena je na minimum. Implementacija ovog sustava donijela je mnoge prednosti kao što su brža i jednostavnija edukacija novog srednjeg medicinskog kadra, pregledan, precizan, fleksibilan i jasan sustav uz minimaliziranje mogućnosti pogrešaka u primjeni svakodnevne terapije. Sve navedeno doprinosi i redukciji troškova i dodatnoj sigurnosti korisnika usluga u zdravstvenom sustavu.

Traditional model of drug supply in hospitals is based on filling compartment stocks, based on their claims, and then preparing prescribed patient therapy. During mid-last-century in USA was developed a new concept of immediate drug supply called Unit Dose Drug Distribution System – UDDDS.[1]

In the effort to improve standards of care in Croatian health care system, UDDDS is introduced for each individual patient, not more than 24-hour supply in Department of Cardiac and Transplantation Surgery, University hospital Dubrava. UDDDS team is consisted of physician, pharmacist, nurse, and IT-communication system technician. For each individual patient at Department of cardiac and transplantation surgery prescribed therapy is additionally monitored in terms of adequacy and pharmaceutical drug form, dosing, dosing interval and possibility of clinically important interactions of medications. Medications are daily stored in container with the patient's name on it, the time precise time of administration. Every drug placed in compartment is adequately single packed and labelled, so that the patient in hospital can be educated on the purpose, mode of application, and the type of medication that he is going to continue using after discharge from hospital. With the use of UDDDS, the distribution of medication is more precise and, there is better monitoring of drug interaction, multiple control of prescribed therapy, education of staff, patients and significant reduction in drug use. The patient becomes more compliant and takes adequate medications in accurate doses at the adequate time, which increases good treatment outcomes.[2] Medical errors are significantly reduced, almost eliminated, and patient safety is better. Also, the storage of medication at ward is reduced to minimum. Implementation of UDDDS has multiple advantages such as: faster and simpler education of newly employed nurses, clear, precise, and flexible system with minimal possibility of error in the daily administration of therapy. All above contribute to cost reduction and additional safety improvement of health care system users.

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