



Discrepancies in drug histories at admission to gastrointestinal surgery, internal medicine and geriatric hospital wards in Central Norway: a cross-sectional study.

<https://arctichealth.org/en/permalink/ahliterature286047>

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Source: BMJ Open. 2017 Sep 24;7(9):e013427

Date: Sep-24-2017

Language: English

Publication Type: Article

Abstract: To compare discrepancies in drug histories among patients acutely admitted to different hospital wards, classify the discrepancies according to their potential clinical impact and identify appropriate selection criteria for patients that should be subject to a detailed drug history at admission.

Cross-sectional study.

Two gastrointestinal surgery wards and one geriatric ward at St Olav's University Hospital in Trondheim and two general internal medicine wards at Ålesund Hospital in Ålesund, Norway.

All patients acutely admitted to these wards during a period of three months were asked to participate in the study. A total of 168 patients were included. For each patient, drug information available at admission was compared with information from drug lists obtained from the general practitioner and (if applicable) the home care services/the nursing home.

Number of patients with one or more discrepancies in their drug history. Type and clinical impact of the discrepancies found. Selection criteria for patients that should be subject to a detailed drug history.

In total, 83% had at least one discrepancy in their drug history. Omission of a drug accounted for 72% of the discrepancies, whereas a difference in dosing was the cause of the remaining 28%. 9% of the discrepancies had the potential to cause severe harm or discomfort. We found no significant differences in the number of discrepancies between hospital wards, genders, ages or levels of care.

This study demonstrates the importance of collecting drug information from all available sources when a patient is admitted to hospital. As we found no significant differences in discrepancies between subgroups of patients, we suggest that medication reconciliation should be performed for all patients.

Notes:

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PubMed ID:

28947434 [View in PubMed](#) 