



The Royal College of Emergency Medicine

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Position Statement

The Role of Pharmacists in the Emergency Department

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RCEM recommends the use of dedicated Emergency Department pharmacists to work as part of a multidisciplinary team to help support the safe and efficient delivery of care to patients in the Emergency Department as well as in Clinical Decision Units / Observation wards. The roles undertaken by the pharmacist in the Emergency Department are multiple e.g. patient education, drug advice, primary care liaison etc. RCEM believes this should be a seven day service, with extended hours of work.

RCEM currently does not support the use of pharmacists to see Emergency Department patients de-novo except for issues directly pertaining to usage of medicines.

Roles of the Pharmacist within the Emergency Department may include:

- **Patient education** e.g. new drug prescriptions, inhaler technique, use of injector pens.
- **Patient safety** e.g. prevention and reporting of drug errors, drug safety alerts, review and advice regarding high risk medicines such as warfarin, insulin and anti-cancer agents, promotion of safe prescribing.
- **Medicines advice** – for Emergency Department professionals encompassing safe prescribing, drug location and drug administration. Specific issues for the Emergency Department include antidote availability, compliance with national guidance relating to pharmaceuticals (e.g. recalls). Pharmacists have a key role in staff education.
- **Dispensing of prescriptions** - fast tracking of prescriptions for patients waiting to be discharged, to avoid breach emergency access standard ('4-hour target'), particularly if hospital pharmacy is located some distance from the Emergency Department.
- **Medicines reconciliation** – ensuring an accurate drug list is available as soon as a decision to admit has been made, aiming to reduce length of hospital stay.
- **Focus on high-risk patient groups** e.g. patients who are elderly (STOPP/START Tool; a medication review tool), have renal failure, diabetes, and Parkinson's

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disease to help ensure these patients do not deteriorate whilst in the Emergency Department or if subsequently admitted; as well as considering drug interactions. The promotion and monitoring of safe prescribing in children.

- **Liaison with primary care** – to provide feedback to general practitioners regarding their patients who have attended the Emergency Department and who may be on less than optimum drug therapy (too many, too few, wrong ones) irrespective of presenting complaint.
- **'Ward based' activity** – anecdotally pharmacy cover has been scanty for Clinical Decision Units / Observation Wards; the rapid turnover of patients and often complex patients (e.g. older patients after a fall, awaiting therapy or social input) may result in issues with drug prescription and administration, as described above.
- **As part of the ED management team** – drug budget analysis, safe management of controlled drugs, development of guidelines / drug monologues, prescription charging, liaison role with the rest of hospital regarding medicines policies and impact upon the Emergency Department.