

# Pharmacist elicited medication histories in the Emergency Department: Identifying patient groups at risk of medication misadventure

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**Key Words:**

medications management, language barriers, residential care, emergency incidence

**Research aim:**

The elderly, in particular those residing in Residential Aged Care Facilities and those with a non-English speaking background, have been identified as patient groups vulnerable to medication misadventure. This study aimed to analyse the incidence of discrepancies in medication histories in these demographic groups when pharmacist elicited medication histories were compared with those taken by Emergency Department (ED) physicians. It also aimed to investigate the incidence of medication related ED presentations.

**Results/Conclusion:**

The number of correctly recorded medications was lowest in the 'language barrier group (13.8%) compared with 18% and 19.6% of medications for 'general' patients and patients from residential aged care facilities respectively. Seven of the patients (29.2%) with 'language barrier'; 1 from a residential aged care facility (8.3%) and 13 of the (20.3%) patients from the 'general' category were suspected as having a medication related ED presentation.

**Implications:**

This study further highlights the positive contribution an ED pharmacist can make to enhancing medication management along the continuum of care. This study also confirms the vulnerability of patients with language barrier to medication misadventure and their need for interpreter services at all stages of their hospitalisation, in particular at the point of ED presentation.

**Cultural Group(s):**

Non-English speaking background

**Location of study:**

South Australia

**Age group:**

70+

**Number included in study:**

100

**Type of participants:**

aged 70+ and take 5+ medications, have 3+ physical mobidities, been discharged from hospital within 3 months prior to the study.

**Research approach:**

Quantitative

**Type of data:**

**Secondary data sources used:**

**Specific scales or analytical techniques used:**

**Implications/ Recommendations:**

**Notes:**