



# ABS004

## PRESCRIBING PATTERN IN AN INTENSIVE CARE UNIT IN A TERTIARY CARE TEACHING HOSPITAL, BANGALORE, SOUTH INDIA.

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**INTRODUCTION:** Critical care presents with a major patient safety challenges and requires fast-paced, complex and urgent high-risk decision-making, by physicians with varying levels of critical care training. In Intensive Care Unit (ICU) settings, the rate of preventable and potential Adverse Drug Events (ADEs) is even higher, being almost twice as high as in non-ICUs. Many studies states that, the presence of clinical pharmacists in ICUs has reduced the number of adverse events, improved cost savings and medications, stay, and shortened the duration of ICU admission.

**AIM:** To study the prescribing pattern in an Intensive Care Unit (ICU)

**METHOD:** A prospective - observational study on prescription pattern was done in the ICU Department of a tertiary care teaching hospital in Bangalore for a period of 6 months. All patients admitted in the ICU above 18 years were included in the study and patients who were admitted in ICU for less than 24 hours were excluded. Patients satisfying Inclusion criteria were enrolled after obtaining Informed Consent (IC) and their medication orders were observed for Prescription Pattern and analysed.

**RESULTS AND DISCUSSION:** A total of 120 cases were observed and analysed in which 45% were females and 55% were males. Majority of the patients belong to the age category of above 50 years. A total of 1165 drugs were prescribed out of which 20% were antibiotics followed by broncho dilators (9.2%), anti-hypertensives (9.4%), corticosteroids and analgesics (7.4%) each, anti-diabetics (5.6%), antidotes (1.6 %) and others (38.8%). Antibiotics were the uppermost class prescribed, among which Ceftriaxone or Cefaperazone -Sulbactam combination was widely found. Atropine (52.6%) was the most commonly prescribed antidote. Among bronchodilators, combination of anti-cholinergics and beta blockers was prescribed more (49%). Short acting glucocorticoid and para- aminophenol derivatives with 81.6% and 85% respectively, were the most prescribed corticosteroid and analgesics.

**CONCLUSION:** The results of the study highlights areas that need improvement among which most importantly, there is a need to implement local antibiotic management program or infectious disease specialist consultation which could lead to marked reductions in antibiotic consumption. There are considerable variations in the practice of emergency medications by various professionals in the ICU, hence preparation and implementation of emergency medication practice guidelines may bridge the variations among practitioners and continually improve the quality of care to the patients.

**Keywords:** Prescribing Pattern, Intensive Care Unit