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Starting clinical practice from the scratch

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Aim: This work aims for observational study on medication errors in coronary care unit (O-MECCU)

Background: Medication Errors in Coronary care unit were subjected to a Prospective observational study to assess the implications of the starting program of clinical pharmacy in Coronary Care Unit (CCU) in a teaching Hospital located in Egypt.

Methods: The study observers recorded and categorized the medication errors that was reported by the Clinical Pharmacists to the physicians during daily rounds concerning 723 patients admitted to the Coronary Care Unit in 300 bed Teaching Hospital in Egypt from October 2014 till December 2015. Continuous additional data is being collected Beyond this period for further analysis.

Results: The observers detected that the clinically significant drug-drug interactions that influence therapeutic drug plans occurred in (8.71%) of the patients while the percentages of over doses (18.86%), sub therapeutic doses (23.68%), adverse drug reactions (5.39%), contraindications (3.87%), drug without indications (16.87%), unnecessary antibiotic use (25.03%) and untreated indications (15.09%) from the total number of the patients in the study. In addition, the percentage of patients who have been prescribed with the proper medication regimens without any medication error was (37.62%).

Conclusion: The relatively increased percentages of detected medication errors indicate that the presence of the Clinical Pharmacist is important to decrease the prevalence of medication errors and help other healthcare team members to take better and safer medication therapy management decisions.

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The role of regulatory impact assessment: Privatisation, social welfare services and its alternatives of Sudan

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The strategy of price liberalisation and privatisation had been implemented in Sudan over the last decade, and has had a positive result on government deficit. The investment law approved recently has good statements and rules on the above strategy in particular to pharmacy regulations. Under the pressure of the new privatisation policy, the government introduced radical changes in the pharmacy regulations. To improve the effectiveness of the public pharmacy, resources should be switched towards areas of need, reducing inequalities and promoting better health conditions. Medicines are financed either through cost sharing or full private. The role of the private services is significant. A review of reform of financing medicines in Sudan is given in this article. Also, it highlights the current drug supply system in the public sector, which is currently responsibility of the Central Medical Supplies Public Corporation (CMS). In Sudan, the researchers did not identify any rigorous evaluations or quantitative studies about the impact of drug regulations on the quality of medicines and how to protect public health against counterfeit or low quality medicines, although it is practically possible. However, the regulations must be continually evaluated to ensure the public health is protected against by marketing high quality medicines rather than commercial interests, and the drug companies are held accountable for their conduct.

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