

 ORIGINAL ARTICLE

The use of shared medication record as part of medication reconciliation at hospital admission is feasible

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INTRODUCTION

Medication reconciliation improves congruence in cross sectional patient courses. Our regional electronic medical record (EMR) integrates the shared medication record (SMR) which provides full access to current medication and medication prescriptions for all citizens in Denmark. We studied whether our SMR integration could facilitate medication reconciliation.

MATERIAL AND METHODS

Patients admitted to the emergency department for hospitalisation were randomised to consultation using EMR with or without the integrated SMR access. Observed time used for medication reconciliation was the primary efficacy parameter.

RESULTS

A total of 62 consecutive patient consultations were randomised including 39 with more than five prescriptions. EMR had data from previous consultations for 46 patients, 59 patients provided information on medication. In all, 18 junior physicians in early postgraduate medical training each participated with a median of three consultations (range 1-9). Time expenditure for medicine reconciliation was 5:27 min.:sec. (range: 2:00-15:37) with access to SMR integration and 4:15 min.:sec. (1:15-12:00) without SMR access. The number of active medicine prescriptions was eight and nine, respectively. Incorporating SMR did not increase the work load. Physicians judged the SMR integration and workflow as being useful. Patients unambiguously supported physicians' use of SMR in this setting.

CONCLUSION

Integration of information on individuals' medication from a national SMR into a hospital EMR was feasible and useful, and it did not increase time expenditure for medication reconciliation.

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 ORIGINAL ARTICLE

Acceptable results using small radio frequency ablation needle for liver parenchyma transection

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INTRODUCTION

The aim of this study was to investigate a single-electrode radio frequency ablation (RFA) needle as an instrument for liver resections with special emphasis on operation time, time of liver ischaemia, intra-operative blood loss and post-operative complications.

MATERIAL AND METHODS

A total of 40 consecutive patients having a liver transection performed by an RFA single electrode from 1 September 2011 to 28 February 2012 were included in the study. Data concerning type of liver resection, liver parenchyma transection time, intraoperative bleeding and transfusions were prospectively recorded and registered. Furthermore, complications were recorded with special emphasis on bile fistulas and abscesses.

RESULTS

In all, 20 females and 20 males had a liver resection performed by a single RFA electrode. The mean bleeding was 520 ml \pm 469 ml, and the mean liver parenchyma transection time was 52 min. \pm 22 min. Three patients, all of whom underwent major resections, received blood transfusions. Five patients developed bile fistulas and two abscesses. There were no reoperations for bleeding and no 30-day mortality.

CONCLUSION

A single electrode RFA needle is a suitable tool for liver parenchyma transection with regard to operation time and intraoperative bleeding, but the frequency of bile leakage seems to be unacceptably high in cases of hemi-hepatectomies.

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