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Benefits of having a clinical pharmacist in an out-patient renal clinic in Sri Lanka

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Introduction: Laboratory investigations are an essential tool for health care professionals. Clinical pharmacists (CP) are well placed to contribute to pharmacotherapy optimization using laboratory monitoring in their armamentarium. Three examples describe CP associated laboratory monitoring for therapy improvements in an out-patient renal clinic in Sri Lanka.

Case Report:

Case 1: Spironolactone 12.5mg was commenced in a patient with stage IV chronic kidney disease (CKD) when a low serum potassium level of 2.9mmol/L was detected. This continued to be prescribed even after serum potassium level became high (5.6mmol/L). The CP informed the clinic doctor, who ordered a repeat serum electrolyte level. Serum potassium remained elevated and spironolactone was discontinued.

Case 2: A CKD stage V patient with anemia (hemoglobin 8.62g/dL) had self-discontinued weekly subcutaneous erythropoietin injection two months previously. Since he remained anemic, the CP informed the clinic doctor that the patient had defaulted treatment. The doctor prescribed weekly erythropoietin and a full blood count for the next clinic visit.

Case 3: In a patient with CKD Stage IV and hypercholesterolemia, atorvastatin had been unintentionally omitted from the prescription. No recent lipid profile was available. The CP communicated this to the doctor, who requested a lipid profile. Total cholesterol level was 293mg/dL. Atorvastatin was restarted at 20mg at night.

Discussion: These cases illustrate the opportunities for CP to optimize pharmacotherapy in response to laboratory monitoring to improve patients' therapeutic outcomes. Collaboration of skills and knowledge of healthcare professionals will result in improved patient management in busy renal clinics.