

A Logical Paradigm for Pharmacological Care

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Introduction

To create a logic model for pharmaceutical care that stakeholders can use to support innovation and evaluate the effectiveness of the Dutch and international pharmaceutical care system. The responsible administration of medication with the intention of enhancing patients' quality of life is the system's ultimate objective. The rationale model for drug care was made following an interaction comprising of four stages: (1) a writing survey to distinguish what drug care is and what components it comprises of; (2) separate interviews with ten organizations representing stakeholders to discuss the literature review's findings; (3) Building the logic model from the results of steps 1 and 2; and four separate interviews with three organizations representing stakeholders to discuss and refine the model. The Netherlands' National Institute for Public Health and the Environment (Rijksinstituut voor Volksgezondheid en Milieu) was in charge of carrying out this project [1,2].

Discussion

The pharmacists in the first provincial-level COVID-19 diagnosis and treatment unit in Jilin Province in Northeast China have established the management practices of drug supply and pharmaceutical care from four aspects in accordance with COVID-19 prevention and control policy and requirements and a series of diagnosis and treatment plans: personnel, pharmaceutical care, drug supply management and off-label drug use management. The pharmaceutical department at THJU completed its assigned tasks during the outbreak to ensure drug supply. No nosocomial infections or medication errors have occurred thus far, stabilizing the staff's mood and boosting pharmacists' confidence in their ability to combat the epidemic. Pharmacists monitored adverse reactions and participated in the multidisciplinary COVID-19 consultation for treatment purposes. The COVID-19 patients admitted to THJU have finally been cured and have not shown any new serious adverse reactions. The established management practices and timely adjustments made by the hospital pharmacy department provide a strong guarantee for the COVID-19 epidemic's prevention and control. For those involved in COVID-19 prevention and containment in other international epidemic areas, this paper provided a summary of the specifics and procedures of drug supply and pharmaceutical services management.

For three diseases, we established guidelines for pharmaceutical treatment procedures: diabetes during pregnancy; pregnant women with thyroid problems; as well as pregnancy with hypertension. The clinical pharmacist was in charge of the pharmaceutical care procedure, participated in drug treatment management and helped obstetricians become more aware of the role played by clinical pharmacists by frequently inviting them to participate in consultations. Through patient drug education, clinical pharmacists identified and promptly addressed any adverse reactions. This led to a reduction in

underreporting of adverse reactions and an increase in medication compliance, both of which aimed to enhance the medical quality of our hospital's patients. Second, students' scores on the graduation assessment were higher ($P < 0.05$) when the pharmaceutical care procedure was used as a teaching tool to help them understand the most important aspects of drug treatment and disease care.

Pharmaceutical care is different from pharmaceutical services because it is a way of thinking about a patient's needs for medicine and how to give them the best medicine. Along with other essential services like medicine supply management, the dispensing procedure is a component of pharmaceutical service provision. Apportioning includes three stages including: Prescription interpretation and evaluation (Phase 1), medication preparation and labeling (Phase 2) and patient instruction (Phase 3) are all parts of Phase 3. Notably, dispensing does not provide any tangible patient-specific pharmaceutical care necessary for positive health outcomes, with the exception of basic medication use counseling during Phase 3 of the process. When patient-specific medicine-related issues, such as ineffective dosages, non-adherence, or adverse drug reactions (ADRs), are identified, pharmaceutical care involves a thorough evaluation of patient data, disease data and medicine-related data. Subsequent to recognizing neglected medication related needs, a sane dynamic interaction follows to foster a counteraction procedure for distinguished problem(s) and laying out a consideration plan with related mediations. After that, established interventions are followed up on in order to compare the individual care plan's outcomes to its goals [3,4].

At the study site, the primary professional responsibilities of pharmacists are the logistical management of drugs, which includes the selection, planning and control of storage, as well as care actions like dispensing, patient education and assisting the multidisciplinary team in resolving drug-related issues. Regarding professional support, pharmacists consult with the health team and assist patients who are referred by other professionals. In addition, they train the assistants to identify patients who may be experiencing issues with their medications and to refer them to individual pharmaceutical care [5].

Conclusion

Between August 2015 and August 2016, the exploratory phase included insertion of the researcher into the search field, study preparation and adaptation. The patient assisted and clinical service data were collected retrospectively over two years, from August 2013 to August 2015 and analyzed from December 2017 to August 2018. The data were collected between August 30, 2016 and June 30, 2017. Triangulation data served as the basis for the dataset's reliability and validation.

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