

A Rational Framework for Pharmaceutical Care

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Introduction

To develop a pharmaceutical care logic model that stakeholders can use to support innovation and assess the effectiveness of the Dutch and international pharmaceutical care systems. The system's ultimate goal is responsible medication administration with the goal of improving patients' quality of life. The four stages of an interaction that led to the creation of the rationale model for drug care are as follows: 1) a writing survey to identify drug care's components and definition; 2) separate interviews with ten stakeholder organizations to discuss the findings of the literature review; (3) Utilizing the outcomes of steps 1 and 2 to construct the logic model; and four separate interviews with three organizations that are stakeholders in order to discuss and improve the model. This project was carried out by the Netherlands' Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and the Environment) [1,2].

Description

In accordance with COVID-19 prevention and control policy and requirements and a series of diagnosis and treatment plans, 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 perspectives: personnel, pharmaceutical care, drug supply management and off-label drug use management. The pharmaceutical department at THJU carried out its assigned responsibilities to ensure drug supply during the outbreak. Since there have been no nosocomial infections or medication errors so far, staff morale has improved and pharmacists are more confident in their ability to fight the epidemic. Pharmacists participated in the multidisciplinary COVID-19 consultation for treatment purposes and monitored adverse reactions. The COVID-19 patients admitted to THJU have finally recovered from their illness and have not displayed any new severe side effects. A solid guarantee for the COVID-19 epidemic's prevention and control is provided by the hospital pharmacy department's established management practices and timely adjustments. This paper provided a summary of the specifics and procedures of drug supply and pharmaceutical services management for those involved in COVID-19 prevention and containment in other international epidemic areas.

We developed prescription drug treatment protocols for three diseases: during pregnancy, diabetes; Thyroid-problem pregnant women; as well as hypertension during pregnancy. The clinical pharmacist was in charge of the pharmaceutical care procedure, participated in drug treatment management

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and frequently invited obstetricians to participate in consultations to raise awareness of the role played by clinical pharmacists. Clinical pharmacists identified and promptly addressed any adverse reactions through patient drug education. This resulted in a decrease in underreporting of adverse reactions and an increase in medication adherence, both of which aimed to improve the patients' medical quality at our hospital. Second, when the pharmaceutical care procedure was used as a teaching tool to help students comprehend the most crucial aspects of drug treatment and disease care, their graduation assessment scores were higher (P 0.05).

Because it is a way of thinking about a patient's needs for medicine and how to give them the best medicine, pharmaceutical care is different from pharmaceutical services. A component of pharmaceutical service provision is the dispensing procedure, along with other essential services like medicine supply management. There are three stages to allocation: Phase 3 includes patient instruction, medication preparation and labeling and prescription interpretation and evaluation (Phase 2). Notably, with the exception of basic medication use counseling in Phase 3 of the process, dispensing does not provide any tangible patient-specific pharmaceutical care necessary for positive health outcomes. Pharmaceutical care involves a thorough evaluation of patient, disease and medicine-related data when patient-specific medicine-related issues like ineffective dosages, non-adherence, or adverse drug reactions (ADRs) are discovered. After identifying unmet medication-related needs, a rational and dynamic interaction is held to develop a countermeasure procedure for distinct issues and a consideration plan with relevant mediations. The individual care plan's outcomes are then compared to its goals by following up on established interventions [3,4].

At the study site, pharmacists' primary professional responsibilities include care actions like dispensing, patient education and assisting the multidisciplinary team in resolving drug-related issues as well as the logistical management of drugs, which includes selecting, planning and controlling storage. In terms of professional support, pharmacists collaborate with the healthcare team and assist patients who are referred by other professionals. In addition, they instruct the assistants on how to identify patients who might be having issues with their medications and how to direct them to individual pharmaceutical care [5].

Conclusion

The exploratory phase included adaptation, study preparation and the researcher's integration into the search field between August 2015 and August 2016. From August 2013 to August 2015, the patient assisted and clinical service data were collected retrospectively and analyzed from December 2017 to August 2018. Between August 30, 2016 and June 30, 2017, the data were gathered. The reliability and validation of the dataset were based on triangulation data.

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None.

Conflicts of Interest

The authors declare no conflict of interest.

References

1. Naylor, Kyla L., Eric McArthur, William D. Leslie and Lisa-Ann Fraser, et al. "The three-year incidence of fracture in chronic kidney disease." *Kidney Int* 86 (2014): 810-818.
2. Delanaye, Pierre, Bernard E. Dubois, François Jouret and Jean-Marie Krzesinski, et al. "Parathormone and bone-specific alkaline phosphatase for the follow-up of bone turnover in hemodialysis patients: Is it so simple?." *Clin Chim Acta* 417 (2013): 35-38.
3. Ward, Richard A., Bärbel Schmidt, Jeannine Hullin and Günther F. Hillebrand, et al. "A comparison of on-line hemodiafiltration and high-flux hemodialysis: A prospective clinical study." *J Am Soc Nephrol* 11 (2000): 2344-2350.
4. Dekker, Marijke, Andreas Pasch, Frank van der Sande and Constantijn Konings, et al. "High-flux hemodialysis and high-volume hemodiafiltration improve serum calcification propensity." *PLoS One* 11 (2016): e0151508.
5. Pelletier, Solenne, Laurence Dubourg, Marie-Christine Carlier and Aoumeur Hadj-Aissa, et al. "The relation between renal function and serum sclerostin in adult patients with CKD." *Clin J Am Soc Nephrol* 8 (2013): 819-823.

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