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Review Article

**ROLES AND RESPONSIBILITIES OF CLINICAL, HOSPITAL,
AND COMMUNITY PHARMACIST IN PROVIDING
PHARMACEUTICAL CARE****Prof. J S Venkatesh¹, Dr. Upendra N², Aswathy S Sasidharan³, Blessy⁴, Blessy Saji⁵**¹Professor, SCS College of Pharmacy, Harapanahalli²Assistant Professor, SCS College of Pharmacy, Harapanahalli³⁻⁵PharmD Interns, SCS College of Pharmacy, Harapanahalli**Article Received:** November 2022 **Accepted:** December 2022 **Published:** January 2023**Abstract:**

The irresponsible use of medication is not only unsafe, but also dangerous due to growing evidence of long-term safety risks. It is commonly known that all medications have the potential to harm users over the long run. The community pharmacy's qualified pharmacists will replace the customs of uninformed self-medication with informed self-medication. It has been discovered that the contributions of clinical pharmacists and hospital pharmacists result in win-win benefits for hospitals, specific doctors, nurses, and patients. A suitable environment must be created and crucial skills must be identified in order to develop optimal pharmacy practise services. This article attempts to emphasize the abilities that need to be developed in order to give pharmaceutical care in clinical, hospital and community settings.

Keyword: *Pharmaceutical care, Pharmacist, Healthcare Delivery System, Patient-Centered Therapy*

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INTRODUCTION:

Pharmacy workers serve as a bridge between doctors, nurses, and other health care providers. Equity for all healthcare providers to specify their service areas is prioritized in the healthcare delivery system. With the help of a clinical pharmacist, doctors are committed to diagnosing patients followed by writing prescriptions for medications. The nurses' duties include giving patients nursing care and working with the doctors and pharmacists to develop a treatment plan. Nurses and pharmacists work together to monitor patients' health conditions and keep records of the services they receive. Clinical services, Hospital services, and Community services are the main three main areas where the pharmacist contributes to the delivery of health care. It is necessary to work together with the doctor and nurse to provide these services. In order to deliver healthcare, he must communicate with patients and their attendees. The pharmacist contributes in the healthcare delivery in three major areas as clinical services, hospital services and community services. To attain excellence in healthcare delivery, the task of providing care must be a team effort with integrated communication. In this article, the urgency of pharmaceutical care and its expansion in the provision of healthcare is getting murky across all healthcare delivery services.¹⁻³

Skills for clinical pharmacist

A crucial member of the clinical team, the clinical pharmacist is in charge of caring for hospital inpatients. The clinical pharmacist cares for patients who are admitted to the general ward for medical, nephrology, cardiology, skin, pediatrics, and other therapies. Additionally, patients are hospitalized to an intensive care unit (ICU), and clinical pharmacists also work in special wards. The skilled clinical pharmacist examines the prescription review, dose calculations, drug-drug interactions, drug-food interactions, drug allergy, and soap analysis. Clinical pharmacists must take part in ward rounds and offer doctors and nurses drug information services. The medication histories of patients who have just been admitted to the hospital are also expected from them. The hospital's formulary and treatment guidelines must be published and updated by them. He coordinates the Drugs and Therapeutics Committee, which makes recommendations for drug inclusion based on the drug's benefits, accessibility, and cost. Additionally, they must offer therapeutic medication monitoring services on demand. As soon as possible, these services must be provided, and they must be of a high standard. The accuracy of the information will have an impact on the course, cost, and results of the

treatment.⁴⁻⁵

As the input influences the result of therapy, the clinical pharmacist is expected to offer the accurate information promptly and without any mistakes. He has to routinely practice using databases and the internet to do searches. A fundamental requirement is retaining brevity in the volume of information while also communicating effectively. As doctors and nurses are occupied with patient care and diagnosis, dosage estimations are crucial. The ability to calculate the dose based on the patient's characteristics, such as height, weight, gender, and age, is crucial in tailoring the dosage of the drugs to be given. A clinical pharmacist must regularly monitor for drug interactions with other medications and foods. The drug information system must get the prescribing information and must be updated as necessary. One another responsibility a clinical pharmacist handles is the drug information service. He should be able to determine who, why, and when the information is to be supplied from this point. Responses to information requests from ICU/Emergency wards should be prioritised. The healthcare team is awaiting the information upon which they will state decisions. The information needed may not be very immediate if it comes from the wards and will be about the dose, the sickness, or any precautions. It can be the physician, nurse, or patient. Handheld drug information devices are now available; using these, one can obtain information, go through the screening procedure, and offer information. A clinical pharmacist should prioritise their ability to comprehend the nature of the enquiry and provide optimised information.⁶ The monitoring of therapeutic drugs is a crucial service that a clinical pharmacist should offer. It is crucial to keep blood concentrations well within the confines of the therapeutic window when dealing with medications that have a very narrow therapeutic index and a small margin of safety. Digitalis phenytoin, antibiotics like gentamycin, and mood stabilisers like lithium carbonate are a few examples.⁷

Skills for Hospital pharmacist

Hospital pharmacies play a particularly important part in handling the problems associated with promptly providing high-quality medications to the therapeutic team. They ought to be acquainted with the advertised goods that are applied in the hospitals. Depending on the manufacturer, the cost of the medications varies. In fact, the producer may sell both brand-name and generic versions of the product. The formulas might also be offered in bulk containers. The hospital may be able to save money

by purchasing bulk packets rather than individual packs. The hospital pharmacy needs to implement inventory control of the hospital's drug supplies. Since all medications are perishable, clever indenting and creating an active stock verification are essential. On the ordering system, there ought to be good watch and ward activities. Additionally, they must be able to keep the expiry check up to date and remove goods from the dispensing portion well before the expiration date.⁸

The health of the patients admitted to the hospital is precarious. There are some particular patient populations, including elderly, cancer patients, pregnant women, neonates, and paediatrics. It's possible that not all of the medication needed by a certain demographic is offered on the open market. One may begin compounding procedures in hospital pharmacies under such circumstances with a special license from Drug regulators. Here, the pharmacist makes and dispenses the formulation according to a prescription.

Additionally, he has the option of preparing impromptu recipes that must be freshly created for consumption right away. The hospital pharmacist should be able to make the formulation as per each patient's prescription in this case. The hospital pharmacy has the ability to produce medications in large quantities for use in hospitals. As an illustration, consider intravenous fluids such saline, dextrose saline, cough syrup, ointments, and suppositories.

Skills for Community pharmacist

Patients can bring their doctor's prescriptions for medication to a community pharmacy to get it filled. The commercial transaction must be made by the neighbourhood pharmacist. The finest strategies to draw in a large number of prescriptions can be brought about through peer competition among community pharmacies. Independent or chain pharmacies can be found in community pharmacies. The pharmacist must carefully review the prescription in this case to look for indications and illness conditions, dosage that is suitable, drug-drug and food interactions, adverse drug reactions, and medication errors. The neighbourhood pharmacist is able to keep track of patient information in the form of an electronic health record, update it as needed, and make it available to doctors upon request. Community pharmacists will be commended for their services by other medical professionals and patients, and the pharmacy will benefit from the positive word-of-mouth and additional business. Home-based

services offered by community pharmacies include home medication reviews.⁹

CONCLUSION

It is now necessary to consider the safety issues and outcome issues with each treatment due to the complexity of disease, medications, and lifestyle. The transition from product-centered therapy to patient-centered therapy began when patients were utterly dissatisfied with the results of clinical trials. They insisted that the quality of life should be prior to therapy and began to question the cost-effectiveness of therapy. Only if pharmacological support is given to all therapy can the patient's needs be met. However, there were never any opportunities in the past for the pharmacist to influence the course of treatment because nothing in contemporary medicine was ever questioned. The shift to patient-centered care transformed previous health care delivery's flaws into the new scenario of documentation and responsibility. Now, one may guarantee effective treatment through pharmaceutical practice. As a result, pharmaceutical practice abilities are crucial.

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