## พิมพ์ตันฉบับบทคัดย่อวิทยานิพนธ์อายโนกรอบสีเขียวนี้เพียงแผ่นเดียว

## C775029 : MAJOR PHARMACY KEY WORD: DECENTRALIZED PHARMACIST / DRUG RELATED PROBLEMS CHINDA PIYASIRIWAT : ROLE OF DECENTRALIZED PHARMACIST AT PHICHIT HOSPITAL.THESIS ADVISOR : ASSO. PROF. APHIRUDEE HEMACHUDHA, M.Sc. THESIS -COADVISER : MONGKORN PRAPUNWATANA, B.S. IN PHARM, 133 PP. 1SBN 974-635-773-5.
The essence of pharmaceutical care is to identify, to prevent and to solve specific, drug related problems (DRPs). In order to offer a comprehensive pharmaceutical care, a well-organized and systemic program is needed in daily practice.
This study was conducted in a general medicine ward at Phichit hospital during December 1995 to June 1996 to implement and evaluate a pharmaceutical care practice model of a decentralized pharmacist. A proposed practice model was derived from the relevant literatures in the form of 13-step process. These comprised of pharmacist's identification, prevention, or resolution of DRPs. The outcome of prevention as well as resolution were analysed. The attitudes of all disciplines concerned and the time spent were surveyed for efficiency of the process.
Of 216 patients, 34 DRPs prior to admission were detected in 29 patients (13.4%). During hospitalization, 171 DRPs were found in 97 patients (44.9%). The most commonly found DRPs were untreated indication 35 problems (20.5%), too much of the correct drug 32 problems (18.7%), and drug -drug reaction 28 problems (16.4%). 76 DRPs (45.1%) were prevented, 44 DRPs (25.1%) were resolved and 51 DRPs (29.8%) were monitoring closely
Only 16 patients received continuity of care from inpatient to outpatient. The everage time spent for each patient was 41.4 minutes (25.4-57.3 minutes) in the proposed model (approximately 11 patients /day). All disciplines concerned showed favorable attitudes toward the pharmacist's participation in patient care at ward level.
Data show that the concluded model should consisted of at least 6 activities those are; (1) obtaining admission interview for patient's medication history, a participating in patient care rounds, (3) assessing drug order entry.(4) monitoring drug responses,(5) discharge medication counseling, and (6) referring a targeted patient to drug counseling unit.
The provision of pharmaceutical care by a decentralized pharmacist can be accomplished efficiently through 6 related activities. Most DRPs in more patients can be found and early prevention can be done better in this practice model.
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