Discharge Medication Education

Student ID's: 326609248, 915365341 and 997283760

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Background

The transition from hospital care to discharge poses a significant risk factor for medication-related harm to occur (Flatman, 2021). Alqenae et al. (2020) highlighted that post discharge, over 50% of adult patients encounter medication errors and nearly 20% experience an adverse drug event. Medication education prior to discharge is pivotal in preventing errors, and ensuring the patient feels competent in self-administering the prescribed medication regime to avoid exacerbation of the patient's medical conditions (Hajialibeigloo et al., 2021). Upon admission, patients' medication regimes have potential to change substantially by discharge, requiring readjustment to this new regime (Weir et al., 2020).

During hospitalisation, healthcare professionals and most typically the nurse are responsible for medication management which upon discharge, responsibility is transferred to the patient with limited external guidance from healthcare professionals (Mortelmans et al., 2021). Mortelmans et al. also depicts the knowledge required by the patient to safely administer and follow the medication regime post-discharge including knowing and recognising their medications, the medication schedule, and the ability to administer the correct dose at the correct time.

As experienced by students on placement, the nurse taking the time to explain medication administration and regimes to the patient prior to discharge is extremely beneficial to patient confidence and capabilities of self-managing, and adherence to

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the prescribed medication regimes. For example, a student and RN spoke to a patient prior to discharge feeling anxious and stressed by the medications prescribed for them to follow. The student and the RN took the time to explain to the patient and whanau identifying characteristics and the purposes of each medication, when it was required to be taken and how each medication was prescribed in the regime. The patient expressed genuine gratitude to the student and RN for educating and communicating the requirements of their medication regime, stating as they can comprehend what is required, they feel more competent to identify and adhere to what is required of them.

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Conclusion

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Recommendations

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Word Count:

References

- Alqenae, F. A., Steinke, D., & Keers, R. N. (2020). Prevalence and nature of medication errors and medication-related harm following discharge from hospital to community settings: A systematic review. *Drug Safety*, 43(6), 517–537. https://doi.org/10.1007/s40264-020-00918-3
- Flatman, J. (2021). How to improve medication safety at hospital discharge: Let's get practical. *Future healthcare journal*, *8*(3), e616–e618. https://doi.org/10.7861/fhj.2021-0176
- Hajialibeigloo, R., Mazlum, S. R., Mohajer, S., & Morisky, D. E. (2021). Effect of self-administration of medication programme on cardiovascular inpatients' medication adherence and nurses' satisfaction: A randomized clinical trial. *Nursing Open*, 8(4), 1947–1957. https://doi.org/10.1002/nop2.870
- Mortelmans, L., De Baetselier, E., Goossens, E., & Dilles, T. (2021). What happens after hospital discharge? deficiencies in medication management encountered by geriatric patients with polypharmacy. *International journal of environmental research and public health*, *18*(13), 7031.

 https://doi.org/10.3390/ijerph18137031
- Weir, D. L., Motulsky, A., Abrahamowicz, M., Lee, T. C., Morgan, S., Buckeridge, D. L., & Tamblyn, R. (2020). Failure to follow medication changes made at hospital discharge is associated with adverse events in 30 days. *Health services research*, 55(4), 512–523. https://doi.org/10.1111/1475-6773.13292