Patient knows best

Educating patients on their medication can have significant benefits for the patient, carer and health service, writes Noreen Wall O’Leary

POLYPHARMACY is commonly seen in the older person and can contribute to difficulties in administrating their medications safely. Enhancing patients’ ability to make informed choices and to administer medications effectively and safely may have substantial benefits for both the individual concerned and the healthcare services.

Patients have a right to information regarding their prescribed medications and nurses have a professional responsibility to educate patients and/or caregivers if appropriate.

An extensive review of related literature highlights that patients have poor knowledge of their prescribed medication regimens. The nurse has a vital role in providing structured individualised and evidence-based information to older patients in order to increase their knowledge, yet in practice it may be provided in an ad hoc, haphazard manner usually at the time of discharge.

Healthcare professionals should respect informed decisions made by older people including their wishes not to adhere to the medication regimen. It is essential to maximise medication management by targeting the caregivers of older people along with the patient themselves in educational programmes where necessary. The benefits of a structured educational programme not only reduce the symptoms of illness but increase self-esteem, autonomy and independence.

A six-month study to evaluate the effectiveness of a medication education programme on older patients’ knowledge of prescribed medications in a six-bed dedicated stroke unit and 12-bed rehabilitation unit was undertaken. Patient and nurse satisfaction was also evaluated. The individualised specific needs of the patient were highlighted in the nursing assessment and incorporated into the education programme.

**Patient assessment**

The nursing team, as part of a multidisciplinary team, considered the patient for the medication education programme. The criteria included that the patient had the potential to live at home, be medically stable and be established on his/her medication regime. A total of 25 patients met the assessment criteria, 67% were female, and 33% were male. The nursing staff completed a pre-audit form that assessed patients’ knowledge of their medications in various categories (see Table) prior to the implementation of the medication education programme.

The medication education programme consisted of individualised verbal counselling at every medication round. This was supported by written information of the patients’ prescribed medications using the medication record card.

The nurse took the patients’ individualised medication container from the medicine trolley with the patients’ drug prescription chart and the written medication record card to the patient. A quiet environment was ensured and any identified aids were made available. The medications were emptied from the container and the patient was encouraged to read the medication record card, choosing the correct medication by name, strength, dosage or quantity.

Any concerns were observed, reported and recorded by the nurse. Once the patient read and dispensed the correct medication the nurse signed the patient’s drug prescription sheet. The patient was informed that the medication record card was not a prescription but it was for patient education in relation to their medications. The patient’s medications were...
stored in the locked nursing medicine trolley at all times. If the patient was unsuccessful with the education programme the family/carer were involved. The post-audit form was completed prior to discharge from the hospital.

**Patient knowledge**

It was only patients that completed the pre and post audit forms that were included in the study. A two-fold increase in the patients’ knowledge of their prescribed medications was recorded in most categories (Figure 1 and Figure 2). There were also indirect benefits for the patients. For instance, one patient was registered with the Association of the Blind, three patients were referred to an ophthalmologist, three community pharmacists were informed of patients’ dexterity problems, with appropriate aids recommended, and one patient was provided with a magnifying glass through the occupational therapy department.

**Benefits**

The improvement in patients’ knowledge combined with the indirect benefits clearly demonstrates a pivotal role for such education programmes in patient care. Over 75% of the patients anticipated no difficulties with their prescribed medications once discharged from hospital and would engage in a medication education programme if hospitalised in the future.

Patients reported that they felt more in control of what they were taking and confident leaving the hospital. Other patients brought to light the difficulty with reading the name and dosage on the shiny packs of some of the medications. This has implications for the pharmaceutical industry to address the specific needs of the older person.

Nurses felt that the discharge process was smoother with fewer phone calls from family members, GPs and pharmacists and that it facilitated a process to check the discharge prescription was correct on discharge. They also felt although there was a lot of paperwork initially, the educational benefits were important. They recognised the programme’s role in empowering patients within the rehabilitation setting. In fact this could be transferred to most settings within the healthcare system.

**Reference**