

## THE NURSE AND THE CHEMIST WORKING TOGETHER TO GET MEDICINES TO THE HEALTH CENTRE

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**Abstract:** Finding out what the nurse's role is when it comes to medicines, how the chemist gets medicines for different parts of the health facility, and how much cooperation and coordination there is between the chemist and the different technical groups when it comes to medicines were the main goals of the study. A questionnaire was made using Google Drive and sent to the targeted people—health professionals in Mecca—through social media (WhatsApp). A total of 750

questionnaires were sent out, and 700 answers were received from people in Mecca who are between the ages of 25 and 55.

**Keywords:** Cooperation between the nurse and the pharmacist, in supplying medications, health facility.

### 1-Introduction:

Over the past ten years, healthcare workers (HCPs) have been increasingly overwhelmed by the stress and difficulty of caring for people with chronic illnesses. As a result, many patients are not getting the best care possible.(1) "Collaboration" is one of the ideas put forward to improve the way chronic illnesses are managed in primary care. "Collaboration" is often researched in terms of coordinated, interprofessional, interdisciplinary, multidisciplinary, and team-based health care, what it means is "the process in which different professional groups work together to positively impact health care."Researchers have been looking into how working together can improve the health of patients for more than ten years, looking at a wide range of sickness states and patient groups.(3) Working together as a chemist and doctor in basic care has been shown to be effective in lowering cholesterol and cardiac dander, controlling blood pressure, managing diabetes, treating depression and pain, controlling asthma, and providing palliative care.Australia's Commonwealth Government knows how important it is for primary healthcare providers to work together. That's why they offer two ways for them to get paid to do so: (16) the Enhanced Primary Care (EPC) programme, which pays doctors to make care plans for chronically ill patients that include at least two other HCPs; and (17) the Home Medication Review (HMR; also known as DMMR or Domiciliary Medication Management). Even though there is evidence to support collaboration and funding models to make it better, foreign and Australian data show that primary care doesn't collaborate much and that connections between general practice and allied health, such as pharmacy, aren't very strong. (2,17,18–22). When Cipolle et al. define pharmaceutical care as "a patient-centered practice in which the practitioner assumes responsibility for a patient's medicine-related needs and is held accountable for this commitment" (23), I agree with them. Along with figuring out what the patient needs and making a care plan, regular medication reviews or drug reconciliation are an important part of pharmacy care. A drug review is "a structured, critical examination of a patient's medicines with the goal of reaching an agreement with the patient about treatment, optimising the cause of medicines, minimising the number of medication-related problems and miming waste." (24). Medication reconciliation is the process of getting and keeping a full and correct record of all the medications a patient is currently taking in all of their healthcare settings (25). The Medicines Partnership set up four levels of drug review in 2002 (24). An ad hoc review (level 0) is just one question asked of a patient. A prescription check (level 1) is when a chemist looks over a patient's medicine. A level 2 treatment review needs the chemist and GP (or medical expert) to work together to look over a patient's medicines and full medical notes. If you want to do a clinical medication review (CMR; level 3), you and the patient have to meet in person so that the chemist and/or GP can go over your medications and conditions. Cooperation must get better when doing a higher level of drug review. In 2008, the four levels were looked at again and

changed to three types so that the focus could be on the reason for reviewing medications (26). One major reason was that medicines use review (MUR), a new addition to medication review services, did not fit into the levels of drug review that had been set before. A MUR is done with the patient (level 3) but the doctor doesn't have access to all of their notes (level 2). They are now called prescription review (type 1), concordance and compliance review (type 2), and clinical drug review (type 3) (Table 1) (26). We don't think that these new types of medication reviews cover all types of medication reviews, though. For example, the old level 2 treatment review, in which a chemist works with a doctor to look over a patient's drugs while also reading all of their notes, doesn't seem to cover all types of medication reviews. There are a few different groups that are used to describe medicine review tasks, but none of them are complete. One thing they have in common is that the patient has to be present for both the highest level and/or type of drug review.

## **2-Material and Methods:**

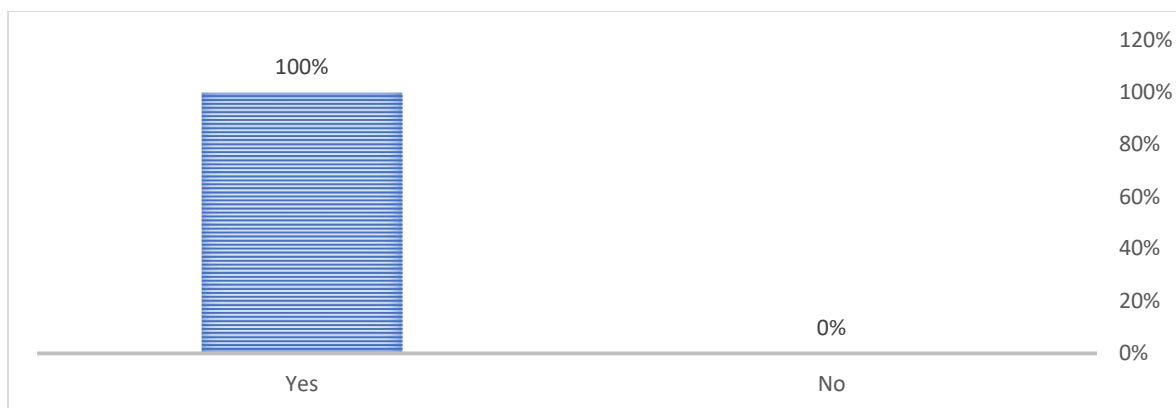
The study started in (the holy city of Mecca in Saudi Arabia), began writing the research and then recording the questionnaire in July 2022, and the study ended with data collection in November 2022. The researcher used the descriptive analytical approach that uses a quantitative or qualitative description of the social phenomenon (Cooperation between the nurse and the pharmacist in supplying medications to the health facility). This kind of study is characterized by analysis, reason, objectivity, and reality, as it is concerned with individuals and societies, as it studies the variables and their effects on the health of the individual, society, and consumer, the spread of diseases and their relationship to demographic variables such as age, gender, nationality, and marital status. Status, occupation <sup>(27)</sup>, And use the Excel 2010 Office suite histogram to arrange the results using: Frequency tables Percentages <sup>(28)</sup>. A questionnaire is a remarkable and helpful tool for collecting a huge amount of data, however, researchers were not able to personally interview participants on the online survey, due to social distancing regulations at the time to prevent infection between participants and researchers and vice versa (not coronavirus participation completely disappearing from society). He only answered the questionnaire electronically, because the questionnaire consisted of ten questions, all of which were closed. The online approach has also been used to generate valid samples in similar studies in Saudi Arabia and elsewhere <sup>(29)</sup> (figure No.1).

## **3- Results and Discussion:**

The total percentage of those who agreed to the research questionnaire was 100%, and the percentage of those who were blind was as follows: those aged 25-34 years and those aged 35-44 years (equal) were 42.9%, while those aged 45-55 years were 14.3%. The gender of the participants was male and female, as follows: 71.4% male, while 28.6% female. As for their professions, they were as follows: student 0%, government employee 100%, private sector employee 0%, housewife

0%, self-employed 0%, and (does not work) 0%. As for their educational status, it was as follows: neither read nor write 0%, primary 0%, intermediate 0%, secondary 0%, diploma 28.6%, university 57.1%, doctorate 14.3%. When moving to the answers and responses of the participants in the questionnaire, they were as follows: The first question: What is among the responsibilities of the pharmacist in the health facility, taking care of medications and supplying their departments? Yes 100% and no 0%. The second question: Who among the nurse's responsibilities is obtaining medications, storing them, preparing them, administering them, documenting them, and monitoring their effect on patients? Yes 100% and no 0%. The third question: What is the traditional (nursing) matter for the nurse to inventory the medicines in the health facility department he is responsible for, and submit a request for the necessary medicines permanently or on a form to the hospital pharmacist? Yes 100% and no 0%. The fourth question: Is the hospital pharmacist able to prepare different dosage forms for special medications? Yes 100% and no 0%. The fifth question: Are addictive medications subject to law and therefore control, and are only dispensed by the responsible nurse or treating physician? Yes 85.7% and no 14.3%. The sixth question about the medication form includes: the name of the medication, its pharmaceutical form, its strength, and its required quantity? Yes, 100% and no, 0%. The seventh question: About drugs that cause addiction and require the signature of the treating physician, such as: morphine, diamorphine, papaverine, cocaine, pethidine, methadone, dexamuramide, buprenorphine, barbiturates, and amphetamines? Yes 100% and no 0%. The eighth question: Does some hospitals subject other medications, such as tranquilizers and antidepressants, in addition to alcohol, to control so that they are not misused? Yes 100% and no 0%. The ninth question: Does the nurse in charge of the department keep a key (a locked safe designated for controlled medications), and some medications can be dissolved in a solution before giving them through needles, and added to the intravenous infusion solution? Yes 100% and no 0%. The tenth question about not keeping the solution in the needle, when using it after a period of more than 6 hours? Yes 100% and no 0%. The eleventh question: Does the medication patch contain the following information: the patient's name, room number, name of the medication, its strength, quantity, date of dispensing, necessary warnings, and the pharmacist's signature? Yes 100% and no 0%. The last question: Does the nurse monitor the medication after giving it to the patient, by measuring the patient's temperature, blood pressure, pulse, urinary output, or urine test to detect glucose or proteins, for example? Yes 100% and no 0%.

Figure No.1: Participants' opinions about cooperation between the nurse and the pharmacist on the issue of medications in the health facility



#### 4-Conclusion:

**Based on this study, we can say that cooperation between patients and chemists is important when it comes to getting medications for hospital departments based on the treating doctor's orders, as well as coordination while doing so. This is because cooperation will benefit both the patients and the hospital's reputation.**

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