

Pharmacists' Responsibilities and their Role during Emergency

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DESCRIPTION

Not only the pharmacist uniquely qualified to affect medication safety at the individual patient level through medication management abilities, but he or she is also uniquely qualified to influence drug safety at the system level, which are an important part of the clinical pharmacist's job, but also to analyse the performance of medication processes and lead redesign efforts to reduce drug-related outcomes that may cause harm. Because of their multiple co-morbidities, the elderly are at risk for adverse medication effects and the amount of medications they frequently consume, can benefit from a focus on medication safety through clinical pharmacy services and medication safety programmes.

Ambulatory care clinics, community pharmacies, home health pharmacies, and hospital pharmacy are all places where pharmacists show care. In disaster response, the pharmacist's function is just as important as it is in regular situations. The pharmacist, as the most accessible health-care practitioner, is extremely important when a calamity interrupts a community's health-care system.

While there are some similarities between pharmacists' tasks and responsibilities in typical and crisis contexts, it's crucial to note that they are not the same. Because of the particular circumstances and problems that arise during a crisis, the pharmacist must possess specialised skills that will enable him or her to deliver prompt and effective pharmaceutical care.

This means that the current status of a patient's living environment, access to balanced nutrition, and possible access to longer-term care, as well as the health care system's limits, must be prioritised. During a disaster, pharmacists and their patients face a variety of challenges, including limited formularies and the increased need for therapeutic substitutions, exacerbation or increased risk of adverse effects, a limited ability to maintain continuity of care, decreased access to appropriate nutrition and hydration, and patients' decreased ability to properly store their medications.

While pharmacists in all practise are likely to encounter many of these concerns on a daily basis, a disaster adds to the complexity and emphasises the significance of taking the full patient profile into account while delivering pharmaceutical care. Creating emergency-preparation responsibilities for pharmacists. Individual, local, regional, and national emergency readiness is facilitated by defining the pharmacist's role during an emergency, which includes the development of training programmes and career development guidelines, as well as the establishment of force-management guidelines (i.e., tools to ensure that a disaster-relief programme has personnel with the right blend of skills and experiences).

Defining the pharmacist's role also provides a framework for the Incident Command System, which uses a chain of command to organise emergency responders during a disaster, with the implementation of the National Incident Management System (NIMS) across the spectrum of federal, state, tribal, and local disaster-response programmes.

In order to maximise individual performance in any employment, each

role's responsibilities must be clearly defined. Most people have excellent intentions, yet good intentions alone rarely result in efficient results. The performance standards essential to be a successful and competent pharmacist responder are easily understood when the pharmacist's emergency-readiness roles are well defined.

For pharmacists and pharmacy students, there are few established educational possibilities. There is a need to develop educational programmes in sports pharmacy and doping control for classroom instruction, post-graduate training, and experiential programmes. Information about performance-enhancing chemicals and general doping control principles should be included in classroom training. Education on performance-enhancing substances and assay technologies, preparation and delivery of presentations to athletes and others about these substances, literature research on drugs and dietary supplements used to improve athletic performance, writing a monograph on these substances, and participation in doping control programmes are all examples of student activities for an established advanced pharmacy practise experience.

Discontinuity of care, repeated changes in prescription regimens and inadequate patient education are common during hospitalisation and subsequent discharge home, which can result in Adverse Drug Events (ADEs) and unnecessary health care utilisation. Our goals were to identify drug-related issues during and after hospitalisation, as well as to see how patient counselling and pharmacist follow-up affected preventable ADEs.

Pharmacists' responsibilities go beyond dispensing drugs. Pharmacists play an important role in patient education on disease and therapy, promoting adherence and explaining side effects, as well as providing information on potential drug-drug interactions, all of which contribute to better clinical results and lower costs. Physicians prefer pharmacists as providers of information for patients' medication profiles and drug interactions.

However, if efficient pharmaceutical therapy management services are to be offered on a regular basis, pharmacists must overcome some obstacles. Pharmacists' knowledge and abilities must be improved through educational initiatives. The gap between patients' and pharmacists' perceptions of the pharmacist's function must be bridged in order for pharmacists to play a more important role in this patient group.

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