

# Drug information at paediatric emergency department discharge: what are parents'/patients' expectations?

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## Abstract

**Objectives :** Poor understanding of drugs prescribed at the time of paediatric emergency department (PED) discharge has been described. The aim of this study was to determine parents' and patients' expectations regarding drug information.

**Methods :** A 7-week prospective study was conducted with French-speaking families presenting to the PED of a Swiss university hospital. Standardised questionnaires, using categorical Likert scale (from 1=useless to 6=very useful) were filled in by parents or paediatric patients aged  $\geq 12$  years old. A general section (18 questions) focused on drug's effect, administration, formulation, storage and costs. A specific additional section intended for patients aged  $\geq 12$  years old concerned overdosing, drug and sport, alcohol or other medication. Results were expressed as mean $\pm$ SD.

**Results :** Sixty-two questionnaires were collected (9 patients  $\geq 12$  years). Information considered the most useful by parents were: delay between subsequent dose if no effect (5.4 $\pm$ 0.9), regular or on demand posology (5.3 $\pm$ 1.1), treatment discontinuation if child is improving (5.1 $\pm$ 1.4), emergency symptoms which require medical care (5.1 $\pm$ 1.4), administration with meals (5.1 $\pm$ 1.3), drug effects (5.5 $\pm$ 1.0), interactions (5.1 $\pm$ 1.4). Information on drug formulations, storage, costs was evaluated as less useful.

Patients  $\geq 12$  years were more interested in drugs'impact on sport capacities (5.2 $\pm$ 1.6) and risks of overdosing (5.1 $\pm$ 1.7). Information on drug interaction with alcohol was assessed as more useful than with acne treatment or contraceptives.

**Conclusions :** Potentially useful information is not included in the official drugs' leaflets for patients. Missing information was prioritised based on parents'expectations and will be included in preparation of patient-centred drug information cards to improve continuity of care after PED discharge.