

# Prescription audit and effects of co-morbidities on indoor covid-19 patients of a tertiary care teaching hospital

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## Abstract

**BACKGROUND:** Management of Covid 19 has been a challenge to health care system. Covid-19 pandemic led to prescribing a greater number of drugs for curing the disease as in initial phase of pandemic due to lack of understanding of pathophysiology of Covid 19, symptomatic treatment was given as no definite treatment was available. This presented an opportunity to assess prescribing practices during the pandemic. **AIM:** Prescription audit and effect of co-morbidities on indoor Covid-19 patients. **METHODS:** The present study is a retrospective cohort to assess 300 random prescriptions from indoor Covid 19 patients of a tertiary care teaching hospital. The parameters analysed in the process of prescription audit were, patients' demographics data, prescribing standards according to WHO core indicators, clinical diagnosis with co-morbid condition, legibility of hand writing, doctors name and signature, outcome of disease. **RESULTS:** A total of 300 prescriptions were analyzed, among them 198(66%) were male and 102(34%) females. Total 2972 drugs were prescribed. The average number of drugs per prescription are 9.90, percentage of drugs prescribed by generic name is 88%, percentage of encounters with antimicrobials is 99.66%, percentage of encounters with injections is 44%, percentage of drugs prescribed from National Essential Drug List is 83.34%. 167 patients (55.67%) presented with co-morbidity. The average duration of hospital stay is approximately 8 days. This study reveals impact of co-morbidities on Covid 19. **CONCLUSION:** Each and every patient received antimicrobial in the form of antibiotic or antiviral. The effect of co-morbidity has a significant influence on the outcome of patients having covid 19, as in this study mortality rate in diabetic patients is higher than non-diabetics. Similarly, in hypertension, mortality rate is higher than in non-hypertensive patients.

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