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**PHARMACISTS IN CRITICAL CARE****AK MOHIUDDIN****Assistant Professor, Department of Pharmacy, World University of Bangladesh, Bangladesh****151/8, Green Road, Dhanmondi, Dhaka – 1205, Bangladesh****Corresponding author: AK Mohiuddin, [trymohi@gmail.com](mailto:trymohi@gmail.com), +8801716477485****Received 16<sup>th</sup> April 2018; Revised 30<sup>th</sup> May 2018; Accepted 24<sup>th</sup> July 2018; Available online 1<sup>st</sup> March 2019****ARTICLE SYNOPSIS**

Clinical pharmacists make an essential contribution to the safe and effective use of medicines in critically ill patients. Few niche clinical pharmacy areas have documented the powerful impact a pharmacist's presence can have in the way it has been done in critical care. Direct patient care via pharmacist medication review is an important resource for reducing medication errors and optimizing medication use. Recommendations for changes to medication therapy related to these medication reviews have very high acceptance rates by critical care medical teams. Pharmacist prescribing to action the outcomes of their own medication reviews would be anticipated to reduce the workload of medical colleagues and improve efficiency. Moreover, pharmacist instigation of medication therapy planned by the multidisciplinary team may also offer advantages with respect to getting treatment right the first time in specific areas, for example, therapeutic drug monitoring or drug dosing in multiorgan failure.

**ABSTRACT**

The beginnings of caring for critically ill patients date back to Florence Nightingale's work during the Crimean War in 1854, but the subspecialty of critical care medicine is relatively young. The first US multidisciplinary intensive care unit (ICU) was established in 1958, and the American Board of Medical Subspecialties first recognized the subspecialty of critical care medicine in 1986. Critical care pharmacy services began around the 1970s, growing in the intervening 40 years to become one of the largest practice areas for clinical pharmacists, with its own section in the SCCM, the largest international professional organization in the field. During the next decade, pharmacy services expanded to various ICU settings (both adult and pediatric), the operating room, and the emergency department. In these settings, pharmacists established clinical practices consisting of therapeutic