

Table 1. Characteristics of patients admitted to General, Intensive Care Unit, and Surgical wards of a teaching hospital in Northeast Brazil. [n=202]

Variables analyzed	N (%)
<i>Gender</i>	
Feminine	121 (59.9%)
Masculine	81 (40.1%)
<i>Age</i>	
18 – 29 years	21 (10.4%)
30 – 39 years	30 (14.9%)
40 – 49 years	41 (20.3%)
50 – 59 years	47 (23.3%)
60 – 69 years	38 (18.8%)
More than 70 years	25 (12.3%)
<i>Nature of hospitalization</i>	
Admitted from home	192 (95.0%)
Admitted from another hospital	10 (5.0%)
<i>Ward</i>	
Surgical	124 (61.4%)
General	77 (38.1%)
Intensive Care Unit	1 (0.5%)
<i>Hospitalization days</i>	
1 – 4 days	103 (51.0%)
5 – 9 days	40 (19.8%)
10 – 14 days	25 (12.4%)
15 – 19 days	9 (4.4%)
20 – 24 days	11 (5.4%)
25 – 29 days	7 (3.5%)
More than 30 days	7 (3.5%)
<i>Transfers to other wards</i>	
Intrahospital	15 (7.4%)
Interhospital	1 (0.5%)

N = number of patients

Table 2. Medication-related information present in the clinical notes of pharmacists, physicians and nurses of a teaching hospital in Northeast Brazil.

Variables analyzed	Nurses' clinical notes	Pharmacists' clinical notes	Physicians' clinical notes
	n (%)	n (%)	n (%)
<i>Total number of records</i>	201 (99.5%)	35 (17.3%)	202 (100%)
HOSPITAL ADMISSION			
<i>Written record of allergies and/or adverse drug reactions</i>	157 (77.7%)	27 (13.4%)	148 (73.3%)
<i>Written record of the use of medications prior to admission</i>	56 (27.7%)	28 (13.9%)	167 (82.7%)
Patient denies the use of medications prior to admission	12 (5.9%)	5 (2.5%)	37 (18.3%)
Dose	8 (4.0%)	16 (7.9%)	102 (50.5%)
Frequency	6 (3.0%)	15 (7.4%)	90 (44.5%)
Treatment duration	1 (0.5%)	1 (0.5%)	13 (6.4%)
HOSPITAL STAY			
<i>Non-conformities related to medication use process</i>	48 (23.7%)	11 (5.4%)	97 (48.0%)
<i>Referrals to other professionals suggesting interventions in pharmacotherapy</i>	28 (13.8%)	10 (4.9%)	32 (15.8%)
HOSPITAL DISCHARGE			
<i>Report of medications use after hospitalization</i>	1 (0.4%)	0 (0.0%)	93 (46.0%)
<i>Counter-referrals</i>	1 (0.4%)	0 (0.0%)	161 (79.7%)

Abbreviation: NA, not applicable.

Table 3. Definition of types of communication failures with examples obtained from the medical records of General, Intensive Care Unit, and Surgical wards of a teaching hospital in Northeast Brazil. [n=485]

Failures	n	Context and transcribed record (<i>in italics</i>)
Occasion (<i>“when?”</i>)	8	<p>The pharmacist recorded guidance on the use of tramadol when the patient was no longer using it. Tramadol was suspended on the 3rd day of hospitalization, however the pharmacist recorded the guidance only on the 4th day.</p> <p><i>“I warn that tramadol can intensify this condition of constipation”</i></p>
Audience (<i>“who?”</i>)	66	<p>The nurse reported that losartan was not administered because the patient stated that it was suspended by the doctor, although the medication was present in the prescription of the day.</p> <p><i>“The patient refused the medication losartan 50mg because he states that the doctor suspended it”</i> (Note: this report has been classified as having audience and purpose failures)</p>
Purpose (<i>“why?”</i>)	98	<p>In the nurse's report, it was not possible to find clarity in the outcome of the non-administration of pregabalin, since the drug was no longer used several times during hospitalization due to lack.</p> <p><i>“Patient refused pregabalin, I mean, the companion refused”</i></p>
Content (<i>“what?”</i>)	313	<p>1) The patient reports using nine drugs at home. On the first day of hospitalization, the doctor prescribes eight medications, even recording that the previous pharmacotherapy would be maintained.</p> <p><i>“I prescribe medicines I used at home”</i></p> <p>2) The patient reports having allergy to metoclopramide, but the doctor prescribes this medication for use when necessary.</p>