

Nurse-Led Patient Counselling in IPD: A Key Strategy for Enhancing Drug Safety and ADR Prevention.

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ABSTRACT

Aim: In inpatient departments (IPDs), nurse-led patient counselling is a crucial tactic to enhance medication safety and lower the incidence of adverse drug reactions (ADRs). The goal of this strategy is to improve patient comprehension, adherence, and proactive involvement in medication management through thorough patient education provided by nursing personnel. This paper's main goal is to investigate how nurse-led counselling might lower the frequency of ADRs in IPD settings by improving patient participation and education. This paper summarises data showing the effectiveness of nurse-led initiatives in enhancing drug safety outcomes, highlighting the relevance of nurses as frontline healthcare professionals.

Methodology-In order to assess nurse-led counselling's contribution to drug safety in hospital settings, this research conducts a comprehensive assessment of the literature, including clinical trials and case reports. A comprehensive evaluation of peer-reviewed literature was carried out, including qualitative analyses, randomised controlled trials, and observational studies. ADR incidence, patient medication awareness, and healthcare professional teamwork were among the outcomes that were the focus of the assessment. The research presents a coherent picture of best practices and the mechanisms underpinning successful nurse interventions by integrating evidence from several healthcare areas.

Conclusions-It has been demonstrated that nurse-led counselling greatly improves patient adherence, prevents adverse drug reactions, and promotes a hospital's institutional culture of safety. The research backs up the use of multidisciplinary teams and structured counselling procedures to guarantee long-lasting gains in medication management. Optimising medication safety outcomes in intensive care units (ICUs) requires nurses to be empowered via training and inclusion into clinical teams.

Keywords: - Nurse-led counselling, Adverse drug reactions (ADRs), Medication safety, Patient education, Inpatient departments (IPDs), Healthcare quality improvement

INTRODUCTION

In hospital inpatient departments across the world, adverse medication reactions are a leading cause of patient morbidity and mortality. According to studies, adverse drug reactions (ADRs) account for a significant percentage of hospital admissions and readmissions, many of which can be avoided with proper medication management techniques. In addition to patient damage, the incidence of ADRs in IPDs is linked to higher healthcare expenses as a result of longer hospital stays and more treatments. Significant rates of avoidable medication-related damage are shown by statistical analysis, highlighting the urgent need for efficient methods to reduce these occurrences. Poor pharmaceutical practices lead to hospital-related damages worldwide, with certain regions seeing expenses of over USD 54 billion, highlighting the serious economic and human consequences of adverse drug reactions. Additionally, research conducted at nearby hospitals has shown that frequent medication delivery mistakes are associated with adverse drug reactions (ADRs), which emphasises the need for improved safety protocols centred on inpatient care.[1]. In the provision of healthcare, nurses play a crucial and essential role as the primary caregivers in charge of patient monitoring, medication administration, and education. They can identify early indicators of ADRs and offer prompt treatments since they are always by the patient's bedside. In addition to providing technical administration, nurses educate patients by outlining prescription schedules, potential adverse effects, and the significance of adherence. Additionally, nurses work along with doctors and pharmacists to guarantee consistent medication administration, making them an essential component of multidisciplinary care teams and promoting drug safety. Their knowledge includes tracking adverse events, participating in pharmacovigilance initiatives, and assisting with care transitions when drug inconsistencies are common. The participation of nurses in safety assessments and medication reconciliation procedures improves the identification of inconsistencies and possible drug-related issues [2]. Even though patient education is known to be crucial for drug safety, many IPDs still use subpar counselling techniques. Gaps in

medication safety culture are caused by several factors, including inadequate or inconsistent counselling, underreporting of adverse drug reactions, and a lack of pharmacovigilance training for nurses. Formalised procedures for patient counselling are lacking in many healthcare settings, which frequently leads to poor communication on possible drug dangers and difficulties with adherence. Patient comprehension is negatively impacted by this deficiency, which increases the likelihood of prescription mistakes, noncompliance, and dangerous drug reactions after discharge. The necessity for organised and continuous teaching programs centred on drug safety is highlighted by surveys that show broad gaps in healthcare personnel's understanding and awareness of ADR identification and reporting. Additionally, nurses describe obstacles such as time constraints, a lack of experience with reporting systems, and inadequate training, all of which reduce the efficacy of counselling treatments. Therefore, closing these gaps and promoting overall patient outcomes requires improved nurse competence in counselling [3].

2. Scope of Nurse-Led Patient Counselling

A methodical, patient-centred teaching procedure, mostly carried out by nursing personnel to improve patients' comprehension of their drugs, is known as nurse-led patient counselling. This covers the identification of adverse reactions, possible side effects, dosage schedules, and pharmacological indications. To guarantee continuity and safety in pharmaceutical usage, the scope encompasses the whole inpatient experience, from pre-admission evaluation to hospitalisation and release planning. To lower the risk of adverse drug reactions (ADRs), nurse-led counselling also involves empowering patients to actively participate in medication management and providing adherence support. Clear communication, information delivery that is customised based on the patient's literacy level, and the use of educational resources to support learning are all part of the counselling process. In order to prevent inconsistencies during care transitions, nurses also play a crucial role in medication reconciliation by updating medication lists.

The two main categories of adverse medication responses are avoidable and non-preventable, and they can range from modest side effects to potentially fatal situations. Medication mistakes, such as improper dosage, unsuitable drug selection, or inadequate therapy monitoring, are often the cause of preventable adverse drug reactions (ADRs). Unpredictable allergic or idiosyncratic responses are frequently represented by non-preventable ADRs. ADRs are particularly common in inpatient settings, with statistics indicating that medication-related issues account for a sizable percentage of hospital admissions. Polypharmacy, drug-drug interactions, and insufficient monitoring of high-risk drugs are contributing factors, particularly in susceptible groups like the elderly or people with several comorbidities. Studies conducted in hospitals show that mistakes are frequently made when preparing and administering medicines, with high-alert drugs being disproportionately affected. These adverse drug reactions frequently result in longer hospital stays, more treatments, and higher patient morbidity. Systems for monitoring and reporting highlight the clinical burden and the need for methodical actions aimed at DR prevention.[4].

3. Role of Nurses in Drug Safety

Nurses are responsible for closely supervising the administration of medications, which includes establishing patient identity, validating physician instructions, and making sure the right medicine, amount, route, and time are used. Their active participation makes it possible to put double-check procedures into place and monitor unfavourable responses in real time. This function is improved by the combination of clinical decision support systems [CDSS] and electronic health records [EHRs], which offer warnings and reminders to avoid mistakes. Maintaining continuity of treatment and promoting interdisciplinary communication on a patient's drug status and any observed reactions depend on accurate recordkeeping. Nurse participation in using digital tools and quickly reporting detected inconsistencies is essential to the efficacy of such systems. Additionally, nurses can ensure accuracy and prompt intervention during medication administration with the help of advances in AI and digital interventions. A key component of medication safety is patient education, in which nurses inform patients on the intended use of prescribed medications, appropriate dosage guidelines, anticipated therapeutic benefits, and possible adverse effects. Verbal counselling improves understanding and retention when combined with written instructional materials and visual aids.

To guarantee successful communication, nurses must modify their strategy to accommodate varying degrees of health literacy and linguistic variances. Nurses who place a strong emphasis on adherence encourage patients to stick to recommended schedules and dispel common misunderstandings about drugs. To enable patients to take an active role in their treatment, education also includes teaching them how to monitor their symptoms and when to seek medical help. This involvement is strengthened when instructional messages are consistently reinforced both during hospitalisation and upon release. Communication between various patient populations is facilitated by the use of culturally relevant resources and interpreters.[5]. Minimising patient damage requires early detection of ADR symptoms. Nurses are in a unique position to identify minor changes that may indicate bad responses because of their constant monitoring and presence at the patient's bedside. Monitoring clinical data and patient-reported symptoms, such as rash, gastrointestinal issues, or neurological

abnormalities, is part of prompt recognition. In order to reduce risks, prompt medication assessment and action are made possible by timely reporting to the healthcare team. Additionally, nurses encourage patients to report any concerns right away and teach them to be on the lookout for any new or worsening symptoms. This proactive strategy lowers the likelihood of developing serious problems and enhances ADR results. Hospital statistics emphasise the importance of nurses in early detection by highlighting the prevalence and severity of ADRs associated with delayed recognition. The crucial function of the nurse is further highlighted by the fact that certain high-risk drugs, like clozapine, need close monitoring for uncommon but deadly adverse drug reactions.

Effective drug safety requires interdisciplinary collaboration, and nurses collaborate closely with physicians, pharmacists, and other health care professionals. This includes participating in medication reconciliation processes, conducting safety rounds, and making clinical observations relevant to drug management. Nurses' communication and documentation enable thorough drug reviews and patient-specific adjustments. Working together promotes shared accountability for spotting possible drug interactions, addressing medication inconsistencies, and creating patient-centred treatment strategies. In hospital settings, this kind of collaboration strengthens a safety culture and improves continuity of treatment. Involving pharmacists in patient monitoring and counselling enhances nursing efforts and creates a strong framework for preventing ADRs. Improving clinical results and maximising pharmaceutical safety still depend heavily on interprofessional collaboration. Research from a variety of healthcare environments confirms that including nurses in drug management systems lowers mistakes and improves patient safety.[6].

4. Mechanisms of Nurse-Led Patient Counselling

A systematic evaluation of the patient's medication history and baseline knowledge precedes nurse-led counselling in IPDs during the pre-admission or admission stages. Patients who have polypharmacy, comorbidities, or a history of adverse reactions are identified at greater risk for ADRs during this initial interaction. In order to set expectations and get patients ready for using medications safely while in the hospital, tailored education is then started. Systematic delivery and risk classification for more intensive follow-up are ensured by integrating counselling protocols into hospital admission procedures. Drug inconsistencies are reduced, and accurate drug lists are made easier with early engagement, which lays the groundwork for later safety measures. Reconciliation of entry medications by a pharmacist and a nurse greatly lowers avoidable adverse events, according to studies.

Incorporating education during these phases minimises knowledge gaps and gives patients early empowerment.[7] Using culturally sensitive communication that is adapted to the various requirements of patients improves the efficacy of counselling. To ensure understanding, nurses use teach-back techniques, visual aids, and reduced language. Language difficulties that might lower the quality of counselling are further addressed by using multilingual employees or qualified interpreters. In order to guarantee inclusivity and efficacy, communication tactics should be tailored to the cognitive and educational levels of patients, including those with cognitive impairment or inadequate health literacy. These methods improve adherence and safety by promoting trust, encouraging active engagement, and aiding in information retention. In multicultural healthcare settings, research emphasises the value of culturally responsive communication while providing pharmaceutical counselling. Additionally, Multimedia tools and telemedicine are being utilised more and more to address communication and educational barriers. Standardised medication charts, drug information pamphlets, instructional films, and digital apps designed specifically for medication education are just a few of the resources and tools that nurses use to assist in patient counselling.

These aids support verbal teaching by including adherence reminders and cautions about possible adverse drug reactions. Counselling sessions are consistent and traceable thanks to documentation templates integrated into computerised systems. Patient comprehension is facilitated and self-management is supported when easily navigable, evidence-based educational resources are available. Research has indicated that the utilisation of a variety of teaching resources can enhance patient comprehension and decrease prescription mistakes. By identifying possible pharmaceutical dangers and directing instruction, clinical decision support systems enhance nurse-led counselling even further [8].

In nurse-led counselling, medication reconciliation forms and charts that are linked with alert systems that display ADR warning indicators serve as useful resources. Visual cues or flags in patient data alert medical staff to possible dangers, allowing for increased attention to detail while administering medicine. After discharge, patient-held medication cards offer continuity, facilitating safer care transitions and continued patient involvement in medication safety. With the use of these tools, nurses may effectively convey important drug information and raise patient knowledge of ADR indications. In both inpatient and outpatient settings, the use of these mechanisms has been linked to fewer avoidable adverse drug reactions and better medication adherence. By incorporating these tools into software-supported care plans, proactive ADR avoidance is promoted, and documentation quality is improved.[9].

5. Impact on ADR Prevention

The beneficial effects of nurse-led patient counselling on drug safety and ADR prevention in IPDs are strongly supported by clinical data. Research shows that organised nurse counselling interventions significantly lower the frequency of medication mistakes, hospital readmissions, and adverse drug reactions. These effects are supported by both observational and randomised trials, some of which reveal significant reductions in avoidable adverse drug reactions and better clinical results. Measurable increases in patient safety measures and decreased healthcare utilisation are linked to treatments that involve nurse education and medication reconciliation, according to meta-analyses. Additionally, thorough nurse-led counselling helps identify and address medication inconsistencies, which is a critical component in lowering adverse drug reactions.

Similar results demonstrate how these treatments might improve healthcare environments' patient safety cultures.[10]. Patient education on prescribed drugs, including proper use, possible adverse effects, and the significance of adherence, is greatly improved by nurse-led counselling. Higher compliance rates are correlated with better education, and thus lower the likelihood of medication-related problems. After receiving counselling, patients express more confidence and contentment, which helps them manage their own lives better after being released from treatment. Nurse-tailored educational interventions assist in overcoming obstacles to adherence, such as misinterpreting instructions or being afraid of adverse consequences. The significance of nurse engagement in medication education is shown by the observed increases in knowledge and compliance across a range of patient groups and treatment regimens. Research confirms that counselling-mediated greater adherence leads to better treatment outcomes and lower healthcare expenses. This patient-centred approach encourages proactive medication regimen maintenance and empowerment.[11].

When comparing patient groups receiving nurse-led counselling to controls, statistical analyses from controlled studies show a significant decrease in avoidable adverse drug reactions. Avoiding frequent adverse drug reactions (ADRs) such as gastrointestinal disturbances, hypoglycemia, or drug interactions is facilitated by educational initiatives that focus on medication comprehension and side effect forecasting. By ensuring that discrepancies are found and fixed, nurses' participation in medication reconciliation and discharge counselling reduces exposure to ineffective or dangerous medicines. According to hospital data, a large number of ADRs that are deemed significant or life-threatening can be avoided with prompt patient education and nursing staff surveillance. Implementing improved counselling processes results in fewer prescription mistakes, according to similar findings from hospital surveys.

When high-risk patient groups are receiving polypharmacy, the beneficial effects of nursing interventions on ADR prevention are more evident. [12]. In addition to providing education, nurse-led counselling actively engages patients in decisions about how to take their medications, encouraging participation that promotes safety. Patients who feel empowered become more aware of their own health, reporting new symptoms as soon as they appear and following treatment plans more religiously. By promoting self-monitoring, encouraging inquiries, and offering easily available materials, nurses help to empower people. Better overall treatment adherence and a lower frequency of adverse drug reactions are two benefits of engaged patients' increased health literacy. Counselling treatments have been shown in several studies to enhance knowledge, self-efficacy, and active engagement in pharmaceutical safety practices. Nursing practice's patient-centred approaches validate the importance of empowerment in enhancing results by fostering trust and shared accountability for medication management.[13].

6. Case Studies and Best Practices

The effectiveness of nurse-led counselling in lowering ADRs and improving safety culture is demonstrated by several worldwide initiatives. Multidisciplinary frameworks with expanded nursing responsibilities have been shown to decrease drug mistakes and raise patient safety awareness in both Australia and the US. These programs place a strong emphasis on collaborative team-based approaches to drug management, integration with clinical decision support systems, and scheduled counselling sessions. In a variety of healthcare settings, the integration of nurse-led education into complete medication management has led to better treatment adherence and fewer readmissions to hospitals. Significant decreases in ADR-related problems have resulted from the adoption of nurse-centred models in European healthcare systems, which encourage proactive patient participation and safety monitoring.[14]. In India, specific efforts have concentrated on raising nurses' knowledge of pharmacovigilance and boosting ADR reporting via organised training courses. Nurse education dramatically raises the frequency and quality of ADR reporting, which helps to enhance drug safety systems, according to interventions conducted in general hospitals and cancer hospitals. Increased training has increased confidence in identifying and recording adverse drug reactions (ADRs), leading to earlier adverse event detection. Research demonstrates that educational programs improve nurses' attitudes and understanding of pharmacovigilance, which in turn encourages safer medication use in hospital environments. In Indian hospitals, integrating nurse-led counselling into routine patient care promotes safer drug usage and improves patient outcomes. Comprehensive training programs that prioritise pharmacology,

ADR detection, and patient education-specific communication skills are essential for effective nurse counselling. Nurse confidence and clinical behaviour are significantly impacted by curriculum integration and continuous education, which leads to more reliable and efficient patient counselling. Nurses' abilities and preparedness to participate in multiprofessional medication management teams are enhanced by training programs that incorporate case discussions, practical practice, and simulation-based learning. Survey data show that nurses' readiness to report adverse drug reactions and enhance their counselling duties is positively correlated with their level of educational preparation. Long-term practice gains are ensured when such programs are incorporated into professional development frameworks.[15]. The importance of nurse-led counselling in hospital quality improvement programs and accreditation requirements is becoming more widely acknowledged. To improve nurse interventions, hospitals using electronic medical records (EMRs) and clinical decision support (CDS) systems incorporate drug safety alerts and counselling documentation. These electronic tools make it easier to take prompt action and enable audit and feedback systems to track the efficacy of counselling and the prevalence of prescription errors. The focus placed by policy on nurses' duties in drug safety is in line with more general patient safety objectives, which help to enhance institutions and lower avoidable damage. Hospital coordination strengthens medication reconciliation, ADR monitoring, and patient education as essential safety measures.[18].

Table -1: Nurse-Led Interventions and Patient Medication Safety Outcomes.

Nurse-Led Intervention	Patient Knowledge	Adherence Improvement	ADR Reduction Rate	Collaboration Impact	Reference
Medication Reconciliation	Significant increase	Higher compliance	Fewer errors	Enhanced nurse-pharmacist teamwork	[5]
Detailed Medication List	Improved understanding	90.9% vs 83.3%	Lower readmission	Structured information delivery	[7]
Structured ADR Profile	Early detection	Increased awareness	Preventable ADRs	Multidisciplinary action	[8]
Patient Education Sessions	Higher literacy	Better self-management	Declined complications	Confidence for self-reporting	[9]

7. Challenges and Barriers

The ongoing nursing staffing deficit in many healthcare settings is one of the biggest obstacles to successful nurse-led counselling. Nurses' ability to provide thorough patient education and monitoring is limited by understaffing, which may jeopardise drug safety procedures. Overworked nurses can put urgent clinical work ahead of in-depth counselling, which could result in inconsistent and low-quality instruction. Healthcare firms are challenged by these labour demands to strike a balance between patient numbers and safety requirements. Additionally, shortages make nursing staff members more stressed and exhausted, which is associated with a higher chance of mistakes and less procedure adherence.[19].

Therefore, it is imperative to address workforce adequacy to enable nurses to effectively fulfil their medication safety roles. Nurse-led counselling is significantly hampered by time constraints inherent in the fast-paced IPD environment, such as the need for quick assessments due to high patient loads and acuity, which leaves little time for comprehensive medication education. Nurses are under pressure to complete several competing tasks, which may result in shortened or postponed counselling interactions. The challenge is to develop effective yet efficient educational protocols that can be seamlessly integrated into routine care without sacrificing quality.

Streamlined counselling checklists, well-designed educational materials, and the use of technological aids can alleviate time constraints by facilitating targeted and focused patient education; however, making sure that counselling time remains a top organisational priority to maximise its benefits. Diverse patient groups frequently pose communication and comprehension challenges during counselling due to inadequate health literacy and linguistic difficulties. Effective communication of medication-related information requires nurses to adjust their communication methods, use interpreters, and use culturally relevant resources.

These difficulties are made worse by the dearth of standardised translated materials and accessible linguistic support services, which may result in miscommunications, non-adherence, and a higher risk of ADR. Low-literacy or non-native language patients benefit from strategies like teach-back techniques, visual aids, and community health professional engagement because they improve understanding.

To guarantee that all patients get fair drug safety education, institutions must give top priority to resources to remove these barriers to communication. These gaps can also be filled by creative methods like telemedicine and smartphone apps. [20]. The lack of established, evidence-based standards to direct nurse-led patient education on drugs contributes to variation in counselling methods. This discrepancy results in inconsistent counselling quality and lost chances for consistent ADR prevention strategies.

To guarantee that all nurses have a clear framework for providing thorough medication education catered to patient requirements, official counselling guidelines must be developed and disseminated. Assessment instruments, communication strategies, documentation standards, and integration with multidisciplinary care pathways should all be included in such protocols. Obstacles to implementation include institutional agendas that differ, budget limitations, and opposition to change. Standardised rules, however, are essential for creating consistent best practices and promoting a pharmaceutical safety culture. For guidelines to be adopted and maintained in practice, improved training and organisational support are essential. Initiatives for training and awareness also successfully closed this gap.[21].

8. Technological and Innovative Approaches

Innovations in technology have the potential to improve nurse-led counselling. Beyond inpatient settings, mobile applications that include adherence tracking, instructional materials, and medication reminders increase the accessibility and customisation of counselling. Digital solutions help overcome obstacles like forgetting and false information by enabling interactive learning experiences and real-time patient interaction. These tools can be included by nurses in counselling sessions to enhance written and spoken instruction. Research shows that using technology-assisted counselling increases patient satisfaction and adherence rates.

Additionally, multilingual and multimedia capabilities on digital platforms may accommodate a range of languages and literacy levels [22]. The use of these tools is consistent with patient-centred care paradigms and the larger objectives of the digital revolution of healthcare. Tele-nursing, which includes video and phone consultations, allows for remote patient follow-up to reinforce medication education after discharge and keep an eye out for adverse drug reactions. This method lowers rehospitalizations due to medication-related problems by enhancing continuity of treatment and early diagnosis of unpleasant symptoms.

Nurses who perform telephone evaluations are able to quickly detect and resolve adherence problems, offer continuing assistance, and refer patients to the right therapies when needed. There is evidence that telenursing improves patient involvement and drug safety results. By proving viability and patient acceptability, the COVID-19 epidemic hastened the deployment of remote monitoring technologies.

Communication gaps were filled via telehealth, particularly for patients who had mobility or geographic issues [23]. By enabling rapid warnings and documentation capabilities, the integration of electronic health records with clinical decision support systems and ADR reporting strengthens nurse-led interventions. These data-driven solutions make it easier to find high-risk prescriptions, inconsistencies, and possible adverse drug reactions.

Pharmacovigilance and ongoing quality improvement procedures in hospitals are supported by automated reporting. Active surveillance and real-time drug safety monitoring are greatly aided by nurses who use these tools. Research indicates that using decision support technologies in conjunction with structured ADR reporting leads to better results. In order to improve pharmaceutical safety, national and institutional rules are progressively requiring the use of such technologies. Efficient use of data informs policy improvement and enables focused initiatives.[24].

9. Recommendations and Future Framework Proposal

The creation and use of competency-based training programs emphasising pharmacology, communication techniques, and ADR identification are crucial to maximising the effectiveness of nurse-led counselling. Pathways for ongoing professional development and certification guarantee skill upkeep and upgrades in line with changing understanding of medication safety. Simulation, case-based learning, and multidisciplinary education should all be included in training programs to help nurses become more competent and confident. Research shows that more nurse involvement in ADR reporting and better counselling quality are correlated with standardised training. Integrating these courses into pre-licensure and in-service training encourages institutional culture change and sustainability [25]. Allocating resources to support these educational programs must be a top priority for healthcare institutions. Nurse-led patient counselling must be officially acknowledged and supported by institutional and national policies as a key element of drug safety agendas.

Counselling duties become more important when they are included in job descriptions, quality standards, and accreditation requirements. Comprehensive safety programs are facilitated by policies that encourage nurses to participate in multidisciplinary teams, medication reconciliation, and pharmacovigilance. A framework for standardised practice and accountability is provided by national standards that support nurses' involvement in ADR prevention. Pharmacovigilance program data highlights the beneficial effects of policy support on patient safety outcomes and reporting rates. To promote policy acceptance and standardise procedures, coordinated stakeholder participation is required. Such policy changes are accompanied by funding and resource allocation, which guarantee their viability.

To maximise medication management and reduce adverse drug reactions, formal models of collaboration including nurses, pharmacists, doctors, and other healthcare workers are essential. A unified approach to patient-centred medication safety is promoted via multidisciplinary care planning, shared communication platforms, and cooperative safety rounds. Important clinical observations and ideas for patient education are brought to team talks by nurses. Accurate reconciliation, individualised counselling techniques, and prompt ADR interventions are all improved by collaborative approaches. Interdisciplinary cooperation has been shown to enhance treatment quality and improve medication-related outcomes. [26] Organizational commitment, role clarity, and infrastructures that foster cooperation are necessary for implementation. Collaborative training and feedback systems strengthen team unity and accountability.

To keep an eye on the success of nurse-led counselling programs and ADR prevention initiatives, audit and feedback loops must be established. Performance benchmarking and real-time supervision are made possible by the use of clinical decision support systems and reporting measures. Ongoing data collection promotes evidence-based practice modifications, helps identify areas for improvement, and provides information for quality improvement projects. Giving nurses feedback on counselling results and ADR trends encourages practice improvement and fosters accountability. Research shows that stronger safety cultures and fewer drug mistakes are associated with ongoing monitoring sustainability; these systems need to be integrated into hospital operations and get proper training. These procedures need to be included by organisations into larger patient safety frameworks [27].

CONCLUSION

One crucial strategy for enhancing medication safety and lowering adverse drug reactions (ADRs) in inpatient units is nurse-led patient counselling. Nurses are essential in reducing avoidable drug-related damage by improving patient education, medication adherence, and self-awareness. A strong culture of safety and quality in medication management is fostered by their ongoing participation in cooperation, education, and monitoring. Consistent, successful counselling procedures may be ensured by fortifying this strategy with organised training, technical resources like tele-nursing and digital assistance, and encouraging institutional policies. Better clinical results and safer drug usage result from patients being able to actively engage in their care thanks to empowered and skilled nurses. To maintain these advantages and solve issues like labour shortages and literacy obstacles, multidisciplinary cooperation, policy development, and ongoing research are crucial. Incorporating nurse-led counselling into routine hospital procedures improves drug safety while simultaneously increasing patient satisfaction and lowering medical expenses. Ultimately, the foundation of safer, more patient-centred healthcare systems is nurse-driven education and attention.

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