# LONDON OLDER PEOPLES SERVICE DEVELOPMENT PROGRAMME
# The Medicines Management Project

## The In-depth Medication Assessment

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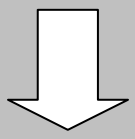
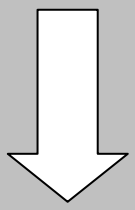
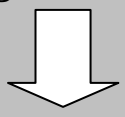
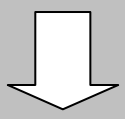
*Many thanks to the following for giving permission to use their materials*

1. *Chris Ranson. Essex Riverside Healthcare NHS Trust. Collaborative Care Initiative. 2002*
2. *Sangeeta Sharma. Wandsworth PCT Medication Assessment Tool 2002.*
3. *Karen Rosenbloom. Medication Management Assessment 2002*
4. *Lambeth PCT. Structured Approach to Medication Review. 2002*

## THE IMPLEMENTATION PROCESS

| WHOSE IS INVOLVED | PROCESS | TRAINING REQUIRED |
|---|---|---|
| *All health and social care professionals need to be aware of these questions and understand that if a patient takes regular medication they should include these questions as part of the standard assessment* | **4 questions to be asked as part of single assessment process**  | *Awareness of questions amongst professional groups*<br><br>*GPs need to know of potential for medication issues to be raised* |
| *Local pharmacists who can do a specialist assessment need to be identified to all health and social care staff who are likely to carry out single assessment process*<br><br>*Assessor needs to confirm with patient that they are willing to have a specialist pharmacist review*<br><br>*Assessor needs to inform patient of assessing pharmacist's name* | **If answer to any of the 4 questions is YES, referral to a specialist pharmacist for in-depth assessment**  | *Specialist pharmacists need training in interface issues and clinical medicine management issues for the elderly.*<br><br>*Staff conducting the single assessment exercise need to be aware of the pharmacists in their locality who are able to conduct a specialist assessment* |
| *Health or social care professionals need to notify pharmacist of need for specialist assessment. This could be done centrally through the PCT offices or directly to assign pharmacists* | **Specialist pharmacist receives a referral as an outcome of a OP having a single assessment**  | |
| *Pharmacist needs to contact patients GP or have access to necessary information* | **Specialist pharmacist contacts OP's GP to get a brief medication and medical history, and documents this information**  | *GP surgery staff including practice manager and GPs need to know that requests for medication histories and medical record information may be sought by specialist pharmacist* |
| *Patients need confidence that the pharmacist is genuine* | **Specialist pharmacist contacts OP and organises for them to come into pharmacy or** | *Pharmacist needs to organise reviews, maybe 1 afternoon a week or 1 day every 2 weeks* |

| | | |
|---|---|---|
| *Pharmacist to arrange convenient time for patient and /or carer*<br><br>*Patient should be asked to bring all their medication to this assessment* | **to have a domiciliary visit for an in-depth medication assessment.** | *This is not an ad-hoc service that can be slotted into a normal days work* |
| *Involve patient and/ or carer in plan and decision making* | **Full medication clinical, management and compliance assessment undertaken Pharmaceutical care plan written** | *Pharmacist needs to document outcomes of review and assess risks before recommending any changes* |
| *Specialist pharmacist needs a list of community pharmacists able to provide service*<br><br>*Specialist pharmacist needs to confirm with patient that they are willing to receive services from one of the listed pharmacist* | **Pharmacist refers patient to community pharmacist and sends pharmaceutical care plan** | *Risk assessments on outcomes need to be considered* |
| *Involve patient and/ or carer in plan and decision making* | **Community pharmacist receives care plan and develops care package in agreement with patient/carer** | *Community pharmacist needs to interpret care plan and develop care package from needs identified in it.* |
| *GPs need to know what is expected from them in terms of actions and follow-up and referral*<br><br>*Carers (professional and family) need to work with assessing pharmacist to resolve issues identified* | **Clinical issues feedback to GP, management issues to patient, carer and case manager**<br><br>**Pharmacists delivers & monitors care package & follow up after 6 months** | *Pharmacist needs feedback from all suggestions and must have a follow-up mechanism* |

# ASSESSMENT TOOLS

### The 4 Medication Trigger Questions

| Area of Concern | Single Assessment Process (SAP) Questions |
|---|---|
| Access issues | Q1. I need help getting a regular supply of my medicines. |
| Compliance issues | Q2. Sometimes I do not take my medicines the way that the doctor wants. |
| Day to day medicines management issues | Q3. There are some medicines that I cannot swallow or get out of their containers. |
| Clinical issues | Q4. Realistically, I think some of the medicines that I take could work better. |

*Patients can be asked if they agree or disagree with these sentences*

The in-depth medication assessment should be carried out by a specially trained pharmacist for patients who have been identified as having a pharmaceutical need via the Single Assessment Process.

The assessment could be carried out in the community or primary care setting e.g pharmacy, day centre, patient's home.

Prior to the assessment the pharmacist should access relevant information from the patient's GP so they are aware of patient's current condition and obtain a list of medication that the GP thinks they are taking e.g computer print out.

The assessing pharmacist should ask to see all the patient's current medication during the assessment.

The in-depth medication assessment covers the following areas:
1. Basic information (use contact assessment where available)
2. Access issues
3. Compliance issues
4. Day to day Medicines management issues
5. Clinical issues- medication review

The tool is designed so that the 4 questions are covered in different sections of the tool. This allows different sections to be added or removed as deemed appropriate according to local needs. Similarly, the instructions and scoring for this tool will need to be locally agreed and incorporated.

# In-depth Medication Assessment Form

Date of Assessment: _____ Referred by _____

Assessed by _____ Referee's Position: _____

## 1. BACKGROUND AND DEMOGRAPHIC INFORMATION

Attach the contact or overview assessment form (received as part of referral process) **OR** complete the details below. **This page can be adapted to suit the local tool used for the contact assessment if required.**

| | | | |
|---|---|---|---|
| Patient's Name | | Date of Birth | |
| Address | | Medication Allergies | |
| Phone Number | | Gender | |
| Additional Phone Number | | Preferred First Language | |
| Diagnoses &/or Conditions | | | |

| | Name | Address | Phone Number/s |
|---|---|---|---|
| Patient's GP | | | |
| Local Pharmacist | | | |
| Any Other Contact *(e.g. nurse, relative, etc)* …… | | | |
| Patient's Carer | | | |
| Is the carer: | Formal (paid) Informal (unpaid) | How often does the carer visit the patient? | …… |
| *If informal, what is the carer's relationship to the patient* | Spouse Relative | Friend Other *(specify)* …… | |

Does the patient live alone? No Yes *(If yes, please answer questions 1,2 and 3)*

1. Is the patient able to answer the door? Yes No Don't know
2. Are they able to use the telephone unassisted? Yes No Don't know
3. Do they require assistance when they leave the house and go out? *If yes, please explain:* Yes No Don't know

……

……

## 2. ACCESS ISSUES

A. Does the patient have regular appointments with the GP?
No
Yes. H*ow often?* ……

B. Does the patient visit the GP:
On their own | With a relative/family member
With a friend | With a carer
Other *(specify)* .....

C. Who orders repeat prescriptions for the patient?

| | |
|---|---|
| Carer | Practice Nurse |
| Relative/family member | District Nurse |
| Patient | Pharmacist |
| Other *(specify)* ..... | Not applicable *(if N/A, go to G)* |

1. *If the patient does this, does he/she need to be reminded?* No Yes
2. *If yes, who reminds him/her?* ……

D. Who collects repeat prescriptions from the surgery and takes them to the pharmacy?

| | |
|---|---|
| Patient | District Nurse |
| Carer | Pharmacist |
| Relative/family member | Other |

E. Who delivers medication to the patient?

| | |
|---|---|
| Patient collects their own | District Nurse |
| Carer | Pharmacist |
| Relative/family member | Other |

F. Does the patient ever run out of repeat medication?
No
Yes. H*ow often does this occur?*
……

G. How does the patient access OTC medication *(e.g. if they have a cold)*?

| | |
|---|---|
| Patient | District Nurse |
| Carer | Pharmacist |
| Relative/family member | Other |

H. Does the patient have any problems accessing either pharmacy and/or GP services?
No
Yes. E*xplain:*
……..
……..
……..

**What are the main issues or risks identified, regarding 'access' issues?**

☺ Tip: *If patient cannot order/collect prescription or medication, consider ordering /collection /delivery support*

## 3. COMPLIANCE ISSUES

### 3.1. Use of compliance aids

Ask the following questions to establish history regarding the use of compliance aids

A. Who assists/administers the patient's medication? (*Tick all that apply*)

Patient self-administers
Nurse administers
Relative/family member assists
Relative/family member administers
Nurse assists
Carer assists
Other *(specify)* …….

B. Does the patient currently have a compliance aid?

No *(If no, go to question H)*
Yes
If yes, what type of compliance aid?…….
…….

C. Is the patient able to use this compliance aid unassisted? *(e.g. read the labels, open the compartments, get tablets out)*

Yes No

D. Does the patient have any problems, difficulties and/or concerns regarding the compliance aid?

No
Yes *If yes, explain* …….
…….
…….

E. Who initiated the compliance aid?

GP
Relative/family member
Other *(specify)* …….
Pharmacist
District Nurse
Not known

F. Who fills the compliance aid?

District Nurse
Pharmacist
Other *(specify)* …….
Carer
Relative/family member

G. What condition is the compliance aid in?

Good *(e.g. clean, labels legible, not cracked, etc)*
Poor *(e.g. dirty, labels illegible, cracked, etc)*

H. Does the patient understand the risk of non-compliance?

Yes
No
*If no, have you explained the risks to the patient? Yes No*

### 3.2. Patient's attitude to taking medication

Ask the patient the following questions[*] to establish how motivated they are to take their medication. Tick the appropriate box and calculate score.

| | Yes | No |
|---|---|---|
| I. Is it a problem for you to take your medication for as long as the doctor tells you? | 0 | 1 |
| J. Do you find that taking your medication fits in with your daily routine? | 1 | 0 |
| K. Do people often have to remind you to take your medication? | 0 | 1 |
| L. Do you feel confident about how and when you should take your medication? | 1 | 0 |
| **Total Score:** | _____ | |

[*] From: "Domiciliary Pharmacy Service Medication Assessment". *Medicines Management in the Home*. Sept 1996.

## 3.3. Patient's ability to comply or concur with medication

Complete the following chart* as follows: for each item please circle one answer that is most representative of the patient. When answering, consider how each ability may affect the patient's medication management &/or their compliance with their medication regime.

| | *1(bad)* | *2 (poor)* | *3 (fair)* | *4(good)* |
|---|---|---|---|---|
| **A. Number of prescription medications** | 6 or more | 4 – 5 | 2 – 3 | One or less |
| **B. Swallowing** | Liquids only | Crushed tablets | Small tablets | Able to swallow tablets whole |
| **C. Sight** | Blind | Blurred vision / Partially sighted | Needs glasses | Good |
| **D. Hearing** | Deaf | Hard of hearing | Hearing aid | Good |
| **E. Speech** | Difficult to understand | Mumbles | Slow | Good |
| **F. Mobility** | Bed/chair bound | Unsteady | Slow | Good |
| **G. Movement** | Needs assistance | Limb weakness | Shaky | Good |
| **H. Manual Dexterity** | Large bottles | Normal caps | Blister | Click-loc |
| **I. Memory** | Can't remember what happened yesterday | Can't remember what happened last week | Forgetful | Good |
| **J. Understanding *(particularly understanding of English Language*)** | Difficulty with reading and writing | Often has difficulty understanding medication instructions | Able to understand labels on all of their medication | Good |
| **K. Compliance** | Does not take meds | Needs assistance | Occasionally forgets dose | Takes meds regularly |
| **L. Care Arrangements** | Needs constant supervision/care | Needs regular assistance | Needs some assistance | Able to manage alone |
| ***Scoring:*** | *Give 1 point for each circled answer* | *Give 2 points for each circled answer* | *Give 3 points for each circled answer* | *Give 4 points for each circled answer* |
| ***Column Scores:*** | ---------- | ---------- | ---------- | ---------- |
| **Total Score (Add 4 column scores together) =** _____ | | | | |

**What are the main issues or risks identified, regarding 'compliance' issues?**

☺ Tip: *If patient cannot self-administer, lives alone with no support & motivated consider compliance aid*

*Adapted from: "Domiciliary Pharmacy Service Medication Assessment" *Medicines Management in the Home.* Sept 1996

## 4. DAY TO DAY MEDICATION MANAGEMENT ISSUES

### 4.1. Patient's ablility to self administer their medication

Look at the patient's medication profile and assess their ability to administer their medication correctly. Ask the patient to demonstrate the relevant abilities from the list below and determine whether they require assistance or whether they can manage alone. Please tick the appropriate column for each question.

| Ability | Requires assistance | Can manage alone | Comments |
|---|---|---|---|
| a) Able to read labels & directions on medication containers | | | |
| b) Able to understand labels & directions on medication containers | | | |
| c) Open and remove a tablet from a blister pack | | | |
| d) Pick up a tablet from a table/counter | | | |
| e) Break/cut a tablet in half | | | |
| f) Open and close a child-resistant container | | | |
| g) Open and close a regular (non child-resistant) container | | | |
| h) Pour liquid medication from a bottle | | | |
| i) Correct use of an inhalation device | | | |
| j) Ability to instil eye drops correctly | | | |
| k) Ability to instil ear drops correctly | | | |
| l) Correct use of nasal drops/spray | | | |
| m) Correct administration/application of external preparations | | | |
| n) Correct administration of insulin | | | |
| o) Correct use of diagnostic agents *(e.g. blood glucose meter)* | | | |
| p) Other abilities/devices *(explain)* …… | | | |

**What are the main issues or risks identified, regarding 'management' issues?**

**A STRUCTURED APPROACH – assessing patients' knowledge of their medication**

Ask the patient the following questions* about each prescribed medication and score

**A. What is the name of your medicine?** *(Point to/show each item and ask patient to name it)*

| | Score |
|---|---|
| Does not have any idea of the name of the medication | **1** |
| Unsure of name, pronunciation would not be understood | **2** |
| Fairly confident – pronunciation would be understood | **3** |
| Confident about name – pronunciation correct | **4** |

B. What dose do you take **(including 'prn' medication)**?

| | Score |
|---|---|
| Does not know how many/how much to take or frequency of administration | **1** |
| Knows how many/how much to take, unsure of frequency of administration | **2** |
| Does not know strength but knows how many/how much to take and frequency of administration | **3** |
| Is confident, knows strength, how many/how much and when to take it | **4** |

C. What is this medication used for?

| | Score |
|---|---|
| Has no idea what the medication is used for | **1** |
| Not confident, but has some knowledge with prompting | **2** |
| Knows lay terms *(e.g. water tablet)* | **3** |
| Knows what the medication is and why to take it | **4** |

D. How long do you have to take this medication for?

| | Score |
|---|---|
| Has no idea if it is long or short term therapy | **1** |
| Unsure, but would seek advice before running out | **2** |
| Knows if it is long or short term therapy | **3** |

E. What would you do if you forgot to take a dose of this medication?

| | Score |
|---|---|
| Would act inappropriately *(e.g. take double the quantity next time)* | **1** |
| Would seek advice from pharmacist, nurse, carer, or GP | **2** |
| Would take appropriate action *(e.g. take correct dose next time)* | **3** |

F. Do you know about any possible side effects of this medication?

| | Score |
|---|---|
| No idea of the side effects or is incorrect about the side effects | **1** |
| Knows some of the side effects | **2** |
| Knows all of the important side effects | **3** |

*From: "Domiciliary Pharmacy Service Medication Assessment". *Medicines Management in the Home*. Sept 1996.

| ode | CONSIDER THE APPROPRIATENESS OF EACH DRUG | |
|---|---|---|
| **A.** | Diagnosis | What was the initial indication? Is it necessary to continue? |
| **B.** | Efficacy | Is it evidence-based? Is it a drug of limited therapeutic value? |
| **C.** | Contra-indications | Is drug contraindicated in the patient? |
| **D.** | Side effects | Common side effects, troublesome or harmful, short term or long term |
| **E.** | Dose | Should it be increased or decreased? Is dose sub-therapeutic? |
| **F.** | Cost effectiveness | Is it a formulary drug? Is there an equivalent generic or standard formulation (limit branded, m/r and e/c formulations) |
| **G.** | Toxicity | Weigh potential risks and benefits |
| **H.** | Drug interactions | Consider prescription and non-prescription drugs. Are they all necessary? |
| **I.** | Monitoring & tests | Are they recorded and up to date. Are they shared-care drugs |
| **CONSIDER THE PATIENT'S MEDICAL CONDITIONS** | | |
| **J.** | Untreated indication | Patient has a problem that requires drug therapy but is not receiving medication for the indication. |
| **K.** | Drug use without indication | Patient is taking a drug without a valid medical reason. |
| **L.** | Improper drug selection | Patient has a problem that requires drug therapy but is receiving wrong medication. |
| **M.** | Sub-therapeutic dose | Patient has a problem that is being treated with inadequate dose of the correct drug |
| **N.** | Failure to receive drug/device | Patient has a problem that is a result of not receiving a drug/device (e.g pharmaceutical, psychological, sociologic, or economic reasons). |
| **O.** | Overdose | Patient has a medical problem that is being treated with an excessive dose of the correct medication. |
| **P.** | Adverse drug reaction | Patient has a problem as the result of an unintended or detrimental adverse drug effect. |
| **Q.** | Drug interaction | Patient has a problem that is the result of a drug-drug, drug-food interaction. |

| **DRUGS TO AVOID IN THE ELDERLY- INDEPENDENT OF DIAGNOSIS** | |
|---|---|
| ❑ **Co-proxamol** | ***Propoxyphene*** should generally be avoided. It offers few analgesic advantages over **Paracetamol,** yet has side effects of other narcotic drugs. |
| ❑ **NSAIDs** | May exacerbate ulcer disease, gastritis, or gastroesophageal reflux disease (GORD). **Ibuprofen** is the drug of choice if necessary.<br>Of all the NSAIDs, ***indomethacin*** produces the most CNS side effects - AVOID. |
| ❑ **Bendodiazepines** | Long acting benzodiazepine (BDZ) hypnotics have extremely long half-life in the elderly (often days), producing sedation and increasing incidence of falls & fractures. Medium/short-acting BDZ like **temazepam**, **loprazolam, lormetazepam** are preferable. |
| ❑ **TCAs** | Because of its strong anticholinergic and sedating properties, ***Amitriptyline and Doxepin*** are rarely the antidepressant of choice for the elderly. May worsen constipation and induce arrhythmias. |
| ❑ **Digoxin** | Because of decreased renal clearance of digoxin, doses in the elderly should rarely exceed 125 mcg daily, except when treating atrial arrhythmias. |
| ❑ **Oral hypoglyceamics** | ***Chlorpropamide and glibenclamide*** have prolonged half-life in the elderly and can cause prolonged and serious hypoglycemia. Additionally chlorpropamide causes syndrome of inappropriate secretion of antidiuretic hormone-AVOID. **Gliclazide and tolbutamide** are preferred |
| ❑ **Antipsychotics** | ***Clozapine, Chlorpromazine and thioridazine,*** lower seizure threshold. May cause sedation and falls. Use atypicals for newly diagnosed patients |
| ❑ **Metoclopramide** | May precipitate claudication and parkinson-like effects-AVOID. **Domperidone** may be preferred. |

## A Structured Approach to Medication Review

| CONSIDER THE PATIENT | |
|---|---|
| ❑ **Health status** | Renal, cardiac and hepatic disease, recent surgery/hospitalisation |
| ❑ **Cognitive status** | Patient's understanding of **why, when** and **how** to take each drug especially prn drugs, preventive and treatment inhalers, hay fever drugs, pain killers etc |
| ❑ **Compliance** | Can regimen be simplified, avoid polypharmacy, is a compliance aid necessary? |
| ❑ **Current drugs** | Including non prescription medicines and alcohol intake |
| ❑ **Unwanted effects** | Effect on every day tasks and restrictions on social life |

| PATIENTS LIKELY TO BE AT HIGHER RISK FROM ADVERSE DRUG EFFECTS | |
|---|---|
| ❑ Number of active chronic medical diagnoses (> 6) | ❑ Recent transfer from hospital |
| ❑ Number of doses of medication per day (> 12) | ❑ Advanced age (> 75 years) |
| ❑ Six or more medications | ❑ Prior adverse drug reaction |
| ❑ Cognitive impairment including dementia | ❑ Cancer, Depression |
| ❑ Decreased renal function (estimated $Cl_{Cr}$ < 50 mL/min) | ❑ Low body weight or BMI (<22 kg/m$^2$) |

**DRUGS THAT REQUIRE MONITORING DURING THERAPY***

| *Drug* | **Tests before** | **Tests during** | **Frequency** | **Notes** |
|---|---|---|---|---|
| ACE Inhibitors | U&Es, creatinine, renal function, | U&Es, creatinine, | 14 days after starting then periodically | |
| Amiodarone | TFT, LFT, chest X-ray | TFT, LFT | 6 mthly | If pulmonary toxicity suspected, chest X-ray, lung function tests. |
| Azathioprine | | FBC, differential WBC | Wkly for first 8 wks then mthly | |
| Carbimazole Propylthioracil | | WBC, Free thyroxine levels | Within 3 months of starting. 4-6 wkly until euthyroid then 3-6 mthly | |
| Clozapine | FBC, differential WBC | FBC, differential WBC | Wkly for first 18 wks then every 2 wks for 1 yr then mthly | Monitoring carried out by Clozaril. Patient Monitoring Service |
| Cyclophosphamide | | FBC, differential WBC, urinalysis | Wkly for first 8 wks then mthly | |
| Cyclosporin | BP, serum creatinine, bilirubin, enzymes, urea, lipids, liver | Serum creatinine, urea, $K^+$, bilirubin, liver, enzymes, lipids, BP | Wkly initially then every 4 wks. | Check trough level if adding or stopping drug known to affect levels Avoid high dietary $K^+$ |
| Digoxin | Kidney function, potassium, TFT | Kidney function, potassium, TFT | Periodically | check level 1 week after adding or stopping an interacting drug |
| Diuretics | | Serum electrolytes | Periodically | Repeat tests after adding or removing an interacting drug |
| Erythropoietin | Hb, iron status, faecal occult blood, BP, Coomb's test, | FBC, iron status<br>BP | Mthly<br>Wkly | |
| Gold | No | FBC, differential WBC, urinalysis | If IM -before each injection. If orally-monthly | |
| Lithium | | TFT | Initially every 6 months then annually | Measure drug level 12 hours after dose. |
| Methotrexate | Renal function, LFT, FBC, proteinuria, haematuria | FBC, differential WBC, urinalysis, renal function, LFTs | Fortnightly for first 3 months then mthly | |
| Penicillamine | | FBC, differential WBC, urinalysis | Fortnightly for first 6 weeks then mthly. | Repeat tests 1 week after any dose increase |
| Statins | Liver function | Liver enzymes, creatine kinase | First 4 mths and then periodically | |
| Sulphasalazine | FBC, differential WBC | FBC, differential WBC, LFT | Mthly for first 3 mths then every 6 months<br>Mthly for first 3 mths | Abnormalities usually occur within the first 3-6 mths and are reversible on stopping |
| Ticlopidine | No | FBC, differential WBC | | |
| Vitamin D | No | Serum calcium<br>Serum creatinine if receiving calcitriol | Initially weekly<br>At 4 wks, 3 and 6 mths and then 6-mthly | Where pharmacological doses are prescribed. |
| Warfarin | No | INR | Daily or on alternative days initially, then at longer intervals (depending on response) then up to 8wkly | Repeat INR 1 week after adding or stopping an interacting drug |


- Northern Ireland Regional Drug and Poisons information service. *Drug Data* 1998 No 46.

## 4. Clinical issues and medication review

- List the patient's prescription medication including the dosage, form and indication (please use additional paper or overleaf if required).
- For each medication listed, ask the patient questions A to F on the *'structured approach to assessing patients knowledge of their medication'*
- Record the score for each question in the appropriate column. If the patient is unable to answer or does not know, assign a score of 0.
- Using the '*structured approach to medication review'* identify and record potential and actual medication problems

| Prescribed Medication | Dosage | Form | Indication | Patient's Knowledge of Medication | | | | | | Potential problem or prescribing issue |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A | B | C | D | E | F | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |
| 9. | | | | | | | | | | |
| 10. | | | | | | | | | | |
| 11. | | | | | | | | | | |
| ***Scoring:*** *For each column, A – F, please add the total number of points and indicate in the boxes to the right.* | | | ***Column Totals:*** | **A** | **B** | **C** | **D** | **E** | **F** | ***Total Score*** |
| | | | | | | | | | | |

**Other Medication** *(e.g medicines from hospital consultants, out patients department or community hospital, etc)*

| Prescribed Medication | Dosage | Form | Indication | Patient's Knowledge of Medication | | | | | | Potential problem or prescribing issue |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A | B | C | D | E | F | |
| 12. | | | | | | | | | | |
| 13. | | | | | | | | | | |
| 14. | | | | | | | | | | |
| 15. | | | | | | | | | | |

**Other Medication** (*e.g. Over the counter [OTC], herbal, homeopathic, etc.)*

| Preparation | Frequency of Use | Indication | How long has patient been taking it for | Where did patient get it from |
|---|---|---|---|---|
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |

**Other Relevant Information** *(e.g blood tests, sensitivities, chronic conditions and past medication history)*

# PHARMACEUTICAL CARE PLAN

| Patients name: | DOB: | Assessed by | Date: | Tel: |
|---|---|---|---|---|

| PHARMACEUTICAL NEEDS IDENTIFIED | PLAN | ANTICIPATED OUTCOMES AND ACTION |
|---|---|---|
| **Access issues** | | |
| **Compliance and day-to-day medicines management issues** | | |
| **Clinical issues**-*(Identify the problem or risk involving medication, including failure to prescribe for an condition)* | | |

- Has a copy of the care plan been sent to the patient's preferred community pharmacist? ☐ Yes ☐ No. Date sent ☐
- Is the patient's preferred community pharmacist able to provide the necessary items as indicated above? ☐ Yes ☐ No.
- *If no, explain …… ……(Send letter D to inform GP and pharmacist about care plan)*