



## Community Pharmacy Medicines Use Review & Prescription Intervention Service

Patient Details				
<b>Date of review:</b>	<b>Title:</b>	<b>Name:</b>	<b>NHS Patient Code:</b>	
			<b>Pharmacy (PMR) ID:</b>	
<b>Address:</b>			<b>DOB:</b>	
			<b>Tel:</b>	
<b>GP:</b>		<b>GP address:</b>		
Recording of patient's informed consent (must be completed before the review can proceed)				
Patient has received information on and consented to the review process.			<input type="checkbox"/>	
Patient has agreed that information may be shared with their GP.			<input type="checkbox"/>	
Patient has agreed that information may be shared with others such as carers.			<input type="checkbox"/>	
Specify others by name:				
<b>Reason for review:</b>		Pharmacist identified	<input type="checkbox"/>	or
Annual Review (MUR) <input type="checkbox"/>		Referral from	<input type="checkbox"/>	
Prescription Intervention <input type="checkbox"/>				
What would the patient like to get out of the review? (including the need for information)				
Basic health data				
Significant previous ADRs:		Known allergies/sensitivities:		
Medical history as described by patient and from information recorded in PMR		Monitoring as described by patient and from information recorded in PMR		
Name of Pharmacist conducting the review:				
<b>Pharmacy name &amp; address:</b>				
<b>Location of review:</b>		<b>Outcome of Review:</b>		
Pharmacy <input type="checkbox"/>		Copy of care plan given to patient <input type="checkbox"/>		
Other location <input type="checkbox"/>		Referral made to GP <input type="checkbox"/>		
(state location used)		Pharmacist actions completed and recorded in care plan <input type="checkbox"/>		
Telephone <input type="checkbox"/>				
(record reason why face to face was not possible)				

**Patient Name:**

**DOB:**

Prescribed medicine and dosage regimen	Dosage regimen as patient takes it  (including OTC & complementary therapies)	Patient's knowledge of the medicine's use	Compliance			
			<i>always</i>	<i>frequent</i>	<i>seldom</i>	<i>never</i>
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explanatory notes:**

**Patient's knowledge of the medicine's use** – record what the patient thinks the medicine is for and highlight where response would indicate need for further information.

**Compliance** – Use open, non-judgemental questions to establish how the medicine is being taken, and tick the box which best indicates the patient's level of compliance, i.e. always takes the medicines as prescribed through to never takes the medicine as prescribed. Leave blank for 'PRN' medicines.

Patient Name:

DOB:

Is the formulation appropriate?	Is the medicine working?			Are side effects present?		General Comments
	yes	no	yes no unknown	yes	no	
1. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Explanatory notes:**

**Is the formulation appropriate?** – use to identify problems with formulation, e.g. swallowing difficulties suggest a liquid product may be more suitable, include poor technique with inhaler devices here.

**Is the medicine working?** – if you have objective evidence such as BP or cholesterol level then you may indicate whether the medicine is effective or not. In many cases this may be a subjective response based on the patient’s view of their treatment. In other cases it may be unknown such as antiplatelet therapy.

**Are side effects present?** - indicate patients reported response supplemented by a professional decision as to which drug a particular side effect may be attributable to.

**General Comments** - add any additional information here for example if you have ticked a positive response for side effects present it would be helpful to add detail (such as cough and skin rash) which may help you when you develop your action plan and when completing a follow up review with the same patient at a later date.

# Medicines Use Review Action Plan

**Date of review:**

<b>Patient's name:</b> SK	<b>Date of Birth:</b>	<b>GP's name:</b>
	<b>NHS Patient Code:</b>	

Medicines Use Issue	Priority	Proposed Action	Action by	Outcome if known with dates
1% Hydrocortisone not sufficient for lichenified eczema		Supply more potent cream or ointment	GP	
Emollient cream possibly not rich enough or not used in sufficient quantity/frequency		Recommend richer emollient e.g Diprobase. Explain how to use correctly to rehydrate and soothe skin	GP/Ph Ph	
		Supply NES leaflet to reinforce advice Supply contact for nes	Ph	
Bath oil/soap substitute not being used at present (Px showers)		Recommend soap substitute for showering/handwashing	Pharm	

<b>Pharmacist name</b> (block capitals)	<b>RPSGB registration number</b>	<b>Pharmacist signature</b>	<b>Telephone number of Pharmacist:</b>
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<b>Next steps:</b>	
<input type="checkbox"/> <b>PATIENT:</b> This is your copy; please retain it for your personal use. You may wish to show it to other health care professionals if you wish to share this information. <input type="checkbox"/> Please make an appointment with your GP to discuss within <input type="text"/> weeks. <input type="checkbox"/> Take this form to your next scheduled GP appointment. <input type="checkbox"/> Follow your actions agreed above.	<input type="checkbox"/> <b>GENERAL PRACTITIONER:</b> This is your copy; please retain a copy in your patient's notes. <input type="checkbox"/> For information only – no action required. <input type="checkbox"/> Please review the actions proposed above.

This review is based on information available to the pharmacist held on the pharmacy medication records and from information provided by the patient.