

# A systematic approach to pharmaceutical care with a focus on data gathering

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## Programme Outline

- Introduction to topic (10 mins)
- What is the systematic approach? What sources of information are available in hospital? (20 mins)
- Group activity: Planning a patient interview (30 mins)
- Clip showing patient interview (15 mins)
- Discussion and final thoughts (15 mins)



## Disclosure of Relevant Financial Relationships

- Nothing to declare



## Aberdeen in the sunshine



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## Aberdeen in the winter



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## Our new campus



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- Pharmacists can use different sources of information to obtain a patient drug history.



- Drug histories compiled by pharmacists are usually more accurate than those taken by other health care professionals



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# Introduction

## Why Pharmaceutical Care?

Changing emphasis of service provision

- risk management / quality
- economy
- safe, effective & rational drug use
- more patient focussed and less supply focussed
- ALL lead to CLINICAL PHARMACY

## Clinical Pharmacy .....

- since 1960s – pharmacist leaving dispensary and going to ward
- patient focus
- knowledge, skills & attitudes (structures)
- NO PROCESS

**NO PROCESS until.....**

- Hepler C & Strand L, Opportunities and Responsibilities in Pharmaceutical Care, AJHP, 1990;47:533-543



## Hepler & Strand



Definition of Pharmaceutical Care:

- “....**responsible** provision of drug therapy for the purpose of achieving **definite outcomes** that improve a patient's **quality of life**.”

Outcomes:

- Cure of the disease
- Elimination and reduction of patient's symptoms
- Arresting or slowing of the disease process
- Disease prevention

## So Pharmaceutical Care .....

- describes a systematic PROCESS
- is patient focussed
- calls for professional responsibility for actions / advice
- defines outcomes to be achieved



So, more robust, professional philosophy of practice

## Hepler & Strand Process

- Pharmacist co-operates with: patient & other professionals to design, implement and monitor a therapeutic plan
- Identify potential / actual drug related problems (DRPs)
- resolve actual DRPs
- prevent potential DRPs
- ....**regardless of setting**

## In Scotland....

A recognition that different models/ variations of PC....

Documents in response to this



- **Clinical Pharmacy in the hospital service: a framework for practice, HMSO 1996**
- **Clinical Pharmacy practice in primary care, HMSO 1999**

Both describe **SYSTEMATIC APPROACH TO PRACTICE** similar to Hepler & Strand's

# Prescription for Excellence

- Scottish 'Vision and Action Plan' for pharmacy
- 'Pharmaceutical care is a key component of safe and effective healthcare.' Bill Scott, Chief Pharmaceutical Officer.



<http://www.scotland.gov.uk/Resource/0043/00434053.pdf>




## Systematic Approach

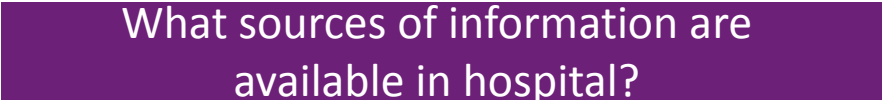
1. Gather patient information
2. Identify problems (needs for drug / pharmacy service)
3. Prioritise problems
4. Relate problems to medicines
5. Define goals for problems
6. Synthesise care plan - care issues / actions
7. Implement care plan







This workshop will focus on gathering patient information – Step 1 in the systematic approach. [there will also be some focus on Step 4 – relating problems to medicines]



## What sources of information are available in hospital?

In your groups, list sources of information that may be used to gather patient information for a care plan.

Consider advantages and disadvantages of each.

## Patient profile

**Name:** Mrs AB **DOB:** 71 years ago **GP/Consultant:** Dr Smith  
**Address:** 8, Byron Estate **Tel:** 123456 **NHS No:** 123456

**Height (m):** 1.68 **Weight (kg):** 77 **BMI:** 28 **Smoker:** ☒ **Non-Smoker:** ☐ **Ex-smoker:** ☐

**Notes/social circumstances:** Lives alone at home; independent

**ADRs/sensitivities:** Does not have a specific history of drug allergies. However, likely to have had an adverse event when administered amoxicillin, infection or dysphagia.

**Presenting complaint (if relevant):** Palpitations last night. Chest pain relieved by GTN spray. Cough productive of green sputum for 2 weeks. Shortness of breath. Possibly chest infection/pneumonia.

Relevant medical history	Date of diagnosis	Relevant medical history	Date of diagnosis
status epilepticus	47 years ago	Hypercholesterolemia	13 years ago
Recurrent cystitis	Various starting 27 years ago, with intermittent recurrence	Polymyalgia rheumatica	11 years ago
Depression	18 years ago	Recurrent chest infection	Various starting 5 years ago, with intermittent recurrence
Hypertension	16 years ago	Abetal Peritonitis	unknown
Asthma/Chronic Obstructive Pulmonary Disease	14 years ago	Hypothyroidism	unknown

Current drug therapy	Date started	Previous drug therapy	Date/reason stopped
Salsalate tablets 2.5mg four times daily	On admission	Various antibiotics	Various at admission or unknown dates stopped
Carbamazepine (MAM) 500mg twice daily	On admission	Carbamazepine Oral suspension 5-10mg when required	On admission/stoped unknown reason
Ramipril 2.5mg capsules once daily	On admission	Salbutamol inhaler 100micrograms/puff when required	On admission/changed June 10 medication
Prednisolone tablets 40mg once daily	On admission/increase dose	Prednisolone 7.5mg once daily	On admission/dose increased
Lamotrigine capsules 20mg once daily	Unknown		
Trastuzumab powder infusion 18 micrograms once daily	Unknown		

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Glyceryl trinitrate spray daily	Unknown
400micrograms/40mg when required	Unknown
Simvastatin 40mg once daily at night	Unknown
Aspirin 75mg once daily	Unknown
Co-Codamol 30/500 two tablets 4 times a day	Unknown
Lactulose solution when required	Unknown
Prednisolone 20mg once orally	Unknown
Lamivudine 150 micrograms once daily	Unknown
Flucanazole 200mg once daily	Unknown

**Monitoring:**  
No dizziness, itching. No abdominal pain. No fever.

Parameter	Ref Range	7 months ago	2 months ago	On admission
BP	mmHg	140/72	220	150/72
ECG	1/min			
Pulse	Beats/min			69
Respiratory rate	Breaths/min			18
Haemoglobin	120-180 g/L		126	127
Platelets	130-400 x 10 <sup>9</sup> /L		251	128
White cell count	4 - 11 x 10 <sup>9</sup> /L		10.8	20.4
ESR	<10 mm/hr		12	
Sodium	137-144 mmol/L			138
Potassium	4-5 mmol/L			4.2
Urea	3.4-7.0 mmol/L			6.6
CRP	<10 mg/L			126
TSH	0.35-2.3 uIU/ml			3.07

### Notes:

Unclear from current information available when medication were started.  
Last repeat prescription issued around 2 months prior to this hospital admission.

Medication details on admission based on GP information provided.  
To clarify if the following are used regularly using alternative sources of information (such as asking patient, carer, patient own medicines):  
Glyceryl trinitrate suspension, Glyceryl trinitrate spray, Flucanazole

## Patient profile

What sources of information were used to draw up this profile?

What information is provided by each section of the profile? How can this contribute to planning a patient interview?

## Planning a patient interview

### **Group activity**

Using the information and documentation provided, draw up a patient interview plan for Mrs AB

## Clip showing patient interview



## Discussion and final thoughts

- Having used the patient notes and having interviewed the patient, are there any gaps in information?
- How would you go about trying to gather this information?

## Interactive questions - answers

- Pharmacists can use different sources of information to obtain a patient drug history.
- Drug histories compiled by pharmacists are usually more accurate than those taken by other health care professionals



YES!!

## Further resources

- Gates C, 2006. Drug History Taking – avoiding the pitfalls. Hospital Pharmacist, 13 pp98-100.
- Nester TM, Hale LS, 2002. Effectiveness of a pharmacist-acquired medication history in promoting patient safety, American Journal of Health System Pharmacy, 59 (22) pp 2221-5.

Thank you for your participation

a very very last message.....

[https://www.youtube.com/watch?v=YeOi\\_A\\_6Ug0](https://www.youtube.com/watch?v=YeOi_A_6Ug0)

