

CHAT, CHECK, CHART

PRESCRIPTION ADAPTATION GUIDE



01 GATHER INFORMATION

Gather information from the patient and other sources (e.g., Netcare) to determine if it is appropriate to adapt a prescription. Ask your patient the **3 prime questions** to efficiently gather information.

CHAT

01 Purpose

- What are you taking this medication for?

02 Direction

- How are you using this medication?

03 Monitoring

- How are you doing on this medication? What are your expectations?

02 ASSESS THE PATIENT AND THERAPY (INCLUDING RENEWALS)

Ask the following questions to evaluate the appropriateness of therapy in order to identify and prevent any potential drug therapy problems.

CHECK

I Is therapy indicated?

- Is there a clinical indication for the therapy?
- Can the medical condition identified benefit from the chosen therapy?

E Is therapy effective?

- Is this one of the most effective options?
- Is the dosage of the medication sufficient to achieve the goals of the therapy?
- For ongoing therapy, are the goals of the therapy being achieved? (Patient's signs and symptoms, vital signs, lab test results, blood glucose levels, etc.)

S Is therapy safe?

- Is the dose safe? (No contraindications or interactions)
- For ongoing therapy, are there any signs of toxicity or adverse reactions? What specific side effects should be monitored?

U Is the patient willing to use/adhere to therapy?

- Is the patient willing and able to take/use this therapy as prescribed? (Cost, concerns, culture, etc.)

03 DEVELOP CARE PLANS

Develop care plans for any drug therapy problems by determining goals of therapy and potential solutions to each drug therapy problem.

04 NOTIFY THE ORIGINAL PRESCRIBER

Reduce the adapted prescription to writing and notify the original prescriber. Document the disclosure as per the *Health Information Act*.

05 DOCUMENT IN THE PATIENT'S RECORD

There are many documentation styles. Regardless of which style is used, the following information should be included:

PATIENT RECORD

- Pharmacist
- Date of adaptation
- Prescription number
- Reference to the original prescription
- Your assessment and rationale by describing:

Data

What information did you gather and check?

- Relevant subjective information: patient's concerns, goals, and preferences
- Relevant objective information: vital signs, lab test results
- Identify which references were checked

Assessment

What is your assessment of the patient and therapy?

- Indication
- Effectiveness
- Safety
- Use/Adherence

You may also find it helpful to include standardized keywords in your assessment of therapy, such as: *resolved, stable, improved, partially improved, unimproved, worsened, failure.*

Plan

What steps did you/will you take?

- Action taken
- Recommendations
- Instructions given to patient
- Monitoring and follow up plan, including monitoring parameters, time frame and person responsible

CHART

*e-Therapeutics is an online publication from the Canadian Pharmacists Association.

Guirguis, Lisa and Shao Lee. "Patient assessment and documentation integrated in community practice: chat, check, and chart." *JAPhA* Volume 52, Issue 6 (2012): 241-251.

Guirguis, Lisa, Shao Lee, and Ravina Sanghera. "Impact of an interactive workshop on community pharmacists' beliefs toward patient care." *IJCP* Volume 34, Issue 3 (2012): 460-467.

01 Example

Scenario: JD, a 45-year-old man, requests a renewal for ramipril 5 mg (no refills left); refilling regularly since 2009 for hypertension; no other medications or medical conditions; last saw doctor June 2015

13/08/2015

Phm: KE

Rx 227523 Original Rx 225436

D: Lab results from July 31, 2015 on Netcare show K: 4.0 mmol/L; CrCl: 118 ml/min; patient reports no cough/dizziness. Pharmacy blood pressure measurement: 123/86.

A: Treatment is appropriate for hypertension; patient tolerating and compliant; blood pressure is controlled.

P: Renewed ramipril 5 mg daily for 3 months; confirmed patient's understanding of therapy; patient to continue monitoring blood pressure and will schedule appointment with Dr. Jones in 3 months.

13/08/2015 - Notified Dr. Jones by fax regarding renewal of ramipril 5 mg.

02 Example

Scenario: FV, a 50-year-old woman, requests a renewal of extended release nifedipine 90 mg for hypertension; 60 tablets filled 143 days ago; last saw Dr. Smith June 2014

13/08/2015

Phm: KP

D: Hypertension medication started in June 2014; no other medications or medical conditions; FV reports skipping medication due to cost. Also reports feeling "dizzy and tired for hours" while taking her medication. Pharmacy blood pressure measurement: 156/76.

A: Extended release nifedipine 90 mg is not appropriate for FV; FV's blood pressure is not controlled (target <140/90) due to medication non-adherence. Description of side effects consistent with hypotension, dose may be too high.

P: Recommended FV to see Dr. Smith for alternatives to treat hypertension. After discussing cost considerations with the patient, faxed physician to consider changing drug therapy to hydrochlorothiazide 25 mg once daily as per e-Therapeutics* first-line alternatives. FV will book appointment with Dr. Smith next week for assessment.

13/08/2015 - Notified Dr. Smith regarding FV's drug therapy problem.