

Patient Assessment in the Community Pharmacy



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Objectives

1. Be familiar with the basics of patient assessment and how to apply this in a community pharmacy
2. Determine areas within the community pharmacy where patient assessment can be incorporated.
3. Develop a plan for implementing clinical services within a community pharmacy.



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Pre/Post Questions

T/F: The first step in the Pharmacist Patient Care Process (PPCP) is Collect

T/F: Tools pharmacists may use to assess patients in a community pharmacy include questionnaires, vitals, observations.

T/F: Pharmacists can prescribe contraception independent from a physician



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Case:

M.N. is a 62 y.o. male who comes to your pharmacy appearing very distraught. He ran out of his blood pressure medication 3 days ago and has been experiencing severe headaches. He does not have a home bp cuff. How can you assist M.N.?



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Big Changes for Community Pharmacies in Oregon

"Oregon phamacists can now Prescribe Naloxone for overdose"



"New Oregon law lets pharmacists prescribe formulary drugs"



"Pharmacists in California and Oregon to Prescribe Birth Control"



"Bill to allow people to get emergency insulin at the pharmacy"



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What Kind of Services Can you Think of to Include in a Community Pharmacy?



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Pharmacist Patient Care Process



Figure 1: Pharmacists' patient care process



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Documentation Requirements from the Board of Pharmacy

SAMPLE Visit Summary

Collect Patients Name: _____ DOB: _____

Assess and Evaluate
Collective Data On Back
History of Present Illness On Back

Per Drug Therapy

Management Care Plan

Treatment Goals
 Monitoring Parameters

Follow-up:

Office/Pharmacy Visit OR Phone Call With: _____
 Provider Referral: _____
 Referral Notification Sent _____ efills _____

For: _____ Date: _____
Address: _____ P# _____
RPh Signature: _____ NPI/DEA #: _____
Address: _____



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What can you COLLECT in a community pharmacy?

Subjective Information:

Categories from traditional documentation

CC **HPI** **PMH** **Meds**
Allergies **SH** **FH**

How to incorporate into a pharmacy

- Pre-Developed questionnaire
- Validated screening tools



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What can you COLLECT in a community pharmacy?

Objective Information:

Traditional hospital/clinic

Vitals PE Diagnostics/Imaging

How to incorporate into a pharmacy

Vitals CLIA-waived tests



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Break for Practice

- Find a friend and take their HR & RR



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Now to ASSESS the Information

Physicians:

- Guidelines
- Algorithms
- Differential diagnosis

Pharmacists: Have a Plan

- Protocols*
- Algorithms*

*Based on guidelines



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Case: Contraception

Follow-Up:

- Initial vs. continuing
- Adjust for side effects
- Refer when appropriate

Collect:

- Insurance
- Questionnaire
- Medications
- BP

Implement:

- Counseling
- Visit Summary
- Fax PCP

Assess:

- Pregnancy
- Standard Procedures Algorithm
- US MEC

Plan:


- Preference
- Options
- Refer when appropriate

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Case: Contraception

Collect:

- Self Assessment Questionnaire
- BP
- Medications



Hormonal Contraceptive Self-Screening Questionnaire

Name _____ Health Care Provider's Name _____ Date _____
 Date of Birth _____ Age _____ Weight _____ Do you have health insurance? Yes/No _____
 Are you pregnant? Yes/No _____ If yes, list them here _____

Background Information:

1 Do you think you might be pregnant now? Yes/No _____
 2 What was the first day of your last menstrual period? _____
 3 Have you ever taken birth control pills, or used a birth control patch, ring, or injection? Yes/No _____
 4 Have you previously had contraindications prescribed to you by a pharmacist? Yes/No _____
 5 Did you ever experience a bad reaction to using hormonal birth control? Yes/No _____
 - If yes, what kind of reaction occurred? _____
 6 Are you currently using any method of birth control including pills, or a birth control patch, ring or shot/injection? Yes/No _____
 - If yes, which one do you use? _____
 7 Have you ever been told by a medical professional not to take hormones? Yes/No _____
 8 Do you smoke cigarettes? Yes/No _____

Medical History:

9 Have you given birth within the past 6 weeks? Yes/No _____
 10 Are you currently breastfeeding? Yes/No _____
 11 Do you have diabetes? Yes/No _____
 12 Do you get migraine headaches? If so, have you ever had the kind of headaches that start with warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts? Yes/No _____
 13 Do you have high blood pressure, hypertension, or high cholesterol? (Please indicate yes, even if it is controlled by medication) Yes/No _____
 14 Have you ever had a heart attack or stroke, or been told you had any heart disease? Yes/No _____
 15 Have you ever had a blood clot? Yes/No _____
 16 Have you ever been told by a medical professional that you are at risk of developing a blood clot? Yes/No _____
 17 Have you had recent major surgery or are you planning to have surgery in the next 4 weeks? Yes/No _____
 18 Have you had bariatric surgery or stomach reduction surgery? Yes/No _____
 19 Do you have or have you ever had breast cancer? Yes/No _____
 20 Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, or do you have jaundice (yellow skin or eyes)? Yes/No _____
 21 Do you have lupus, rheumatoid arthritis, or any blood disorders? Yes/No _____
 22 Do you have HIV, tuberculosis (TB), fungal infections, or human papillomavirus (HPV)? Yes/No _____
 23 Do you take any medications, including herbs or supplements? Yes/No _____

What type of birth control that you would like to use?

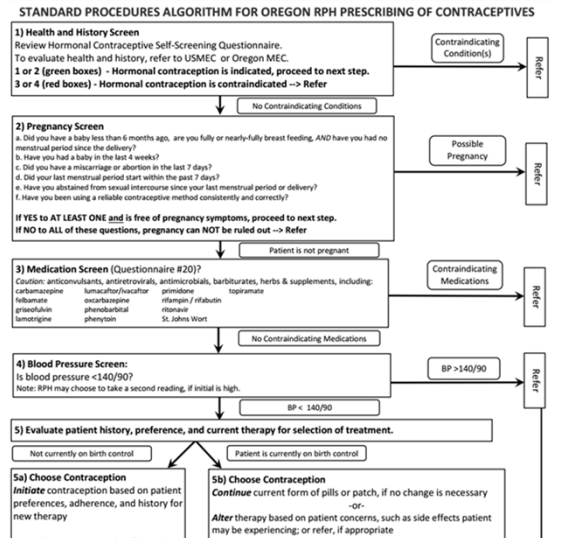
patch that you change weekly: Other (ring, injectable, implant, or IUD) _____
 _____ with valid photo ID BP Reading _____
 _____ Pharmacist Signature _____
 _____ Patient Referred circle reason(s) _____
 _____ Pharmacy Phone _____ Address _____ Age _____

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Case: Contraception

Assess:

- Standard Procedures Algorithm
- Guidelines:
 - US MEC



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Your turn

Case: Emergency Refill of Insulin

What information do you want to COLLECT?

- Subjective?
- Objective?

How do you ASSESS this information?

- Simple vs Complex situation?
- Inclusion or exclusion criteria?



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Your turn**Case: M.N. (Hypertension)**

What information do you want to COLLECT?

- *Subjective?*
- *Objective?*

How do you ASSESS this information?

- *Simple vs Complex situation?*
- *Inclusion or exclusion criteria?*



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Your turn**Case: Depression Referral**

What information do you want to COLLECT?

- *Subjective?*
- *Objective?*

How do you ASSESS this information?

- *Simple vs Complex situation?*
- *Inclusion or exclusion criteria?*



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Pre/Post Questions

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T/F: Tools pharmacists may use to assess patients in a community pharmacy include questionnaires, vitals, observations.

T/F: Pharmacists can prescribe contraception as a licensed independent practitioner (LIP)



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Questions?

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