

APPENDIX 1. PHARMACIST MEDICINE THERAPY MANAGEMENT DATA TOOLS

PHARMACIST MEDICINE THERAPY MANAGEMENT DATA FORMS PHARMACIST'S PATIENT DATA SHEET



Complete below by filling in the required information and making an (X) inside the appropriate box						
Facility name:			Unique code:			
Pharmacist name:			Pharmacist signature:			
Demographic information	Patient folder number:			Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/>		
	Date of Birth/Age:			Allergies:		
Condition	Diabetes Mellitus Type 2 <input type="checkbox"/>					
Comorbidities	Hypertension <input type="checkbox"/>		Asthma <input type="checkbox"/>		Epilepsy <input type="checkbox"/>	COPD <input type="checkbox"/>
	Other comorbidities not listed: specify					
	BASELINE DATA		POST-PHARMACIST INTERVENTION		6-MONTH FOLLOW-UP DATA	
Date started						
Date completed						
PHYSICAL MEASUREMENT	DATE	RESULT	DATE	RESULT	DATE	RESULT
Weight (kg)						
Height (m)						
Body Mass Index (BMI) kg/m ²						
CLINICAL MEASUREMENT	DATE	RESULT	DATE	RESULT	DATE	RESULT
Blood pressure (mmHg)		At baseline 3 readings				
Fasting Plasma Glucose (mmol/L)		At baseline 3 readings				
Urine test	Glucose					
	Ketones					
	Proteins					
LABORATORY TESTS	DATE	RESULT	DATE	RESULT	DATE	RESULT
HbA1c (%)						
Serum Creatinine (µmol/L)						
GFR (mL/min/1.73m ²)						
Total cholesterol (mmol/L)						
PATIENT MEDICINE THERAPY						
Date of prescription						
Name/Dose/Route						
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
Total number of medicines prescribed						

PHARMACIST MEDICINE THERAPY MANAGEMENT DATA FORMS
PHARMACIST INTERVENTION LOG SHEET



Facility name	Pharmacist name:	Pharmacist signature:
Date started:	Date completed:	Number of interventions recorded:
Patient folder number:		

Complete by filling in the required information

Date	Medicine therapy problem category	Medicine therapy problem type	Pharmacist intervention description	Pharmacist recommendation

MEDICINE THERAPY PROBLEM CATEGORIES (A-I) AND TYPES 1-35) [12]*

A	UNNECESSARY MEDICINE THERAPY		D	DOSAGE TOO LOW		F	DOAGE TOO HIGH
1	No medical indication noted		13	Wrong dose		23	Wrong dose
2	Duplicate therapy		14	Medicine frequency inappropriate		24	Frequency inappropriate
3	Non-drug therapy indicated		15	Medicine interaction		25	Duration inappropriate
4	Treating avoidable adverse medicine reaction		16	Duration inappropriate		26	Medicine interaction
5	Addictive/recreational					27	Incorrect administration
			E	ADVERSE MEDICINE REACTION			
B	NEEDS ADDITIONAL MEDICINE THERAPY		17	Undesirable effect		H	NONCOMPLIANCE
6	Untreated medical condition		18	Unsafe medicine for patient		28	Directions not understood
7	Lack of preventative/prophylactic		19	Medicine interaction		29	Patient prefers not to take
8	Synergistic/potentiating effects of medicines		20	Dosage administered or changed too rapidly		30	Patient forgets to take
			21	Allergic reaction		31	Medicine product too expensive
C	NEEDS DIFFERENT MEDICINE PRODUCT		22	Contra-indications present		32	Cannot swallow/administer
9	More effective medicine available					33	Medicine product not available
10	Condition refractory to medicine						
11	Dosage form inappropriate					I	OTHER
12	Not effective for medical condition					34	Laboratory tests not requested
						35	Lack of physical measurements recorded

* Refer to references

PHARMACIST MEDICINE THERAPY MANAGEMENT DATA FORMS
PHARMACIST ASSESSMENT WORKSHEET



Facility name:
Pharmacist name:
Pharmacist signature:
Date started:
Date completed:
Patent older number:

Complete below by filling in the required information						
Date	Medicine therapy problem type	Pharmacist intervention description	Pharmacist recommendation	Outcome: Accepted (A), Partially Accepted (PA), or Rejected (R)	Club Doctor (d) or Clinical Nurse Practitioner (CNP) whom intervention was for	Indirect cost per month of medicine therapy

PHARMACIST MEDICINE THERAPY MANAGEMENT DATA TOOLS

COVER PAGE FOR STABLE DIABETIC FOLDER

THURSDAY DIABETIC CLUB PHARMACIST INTERVENTION LABEL

Date	
Intervention	
Recommendation	
Pharmacist	
Sign	

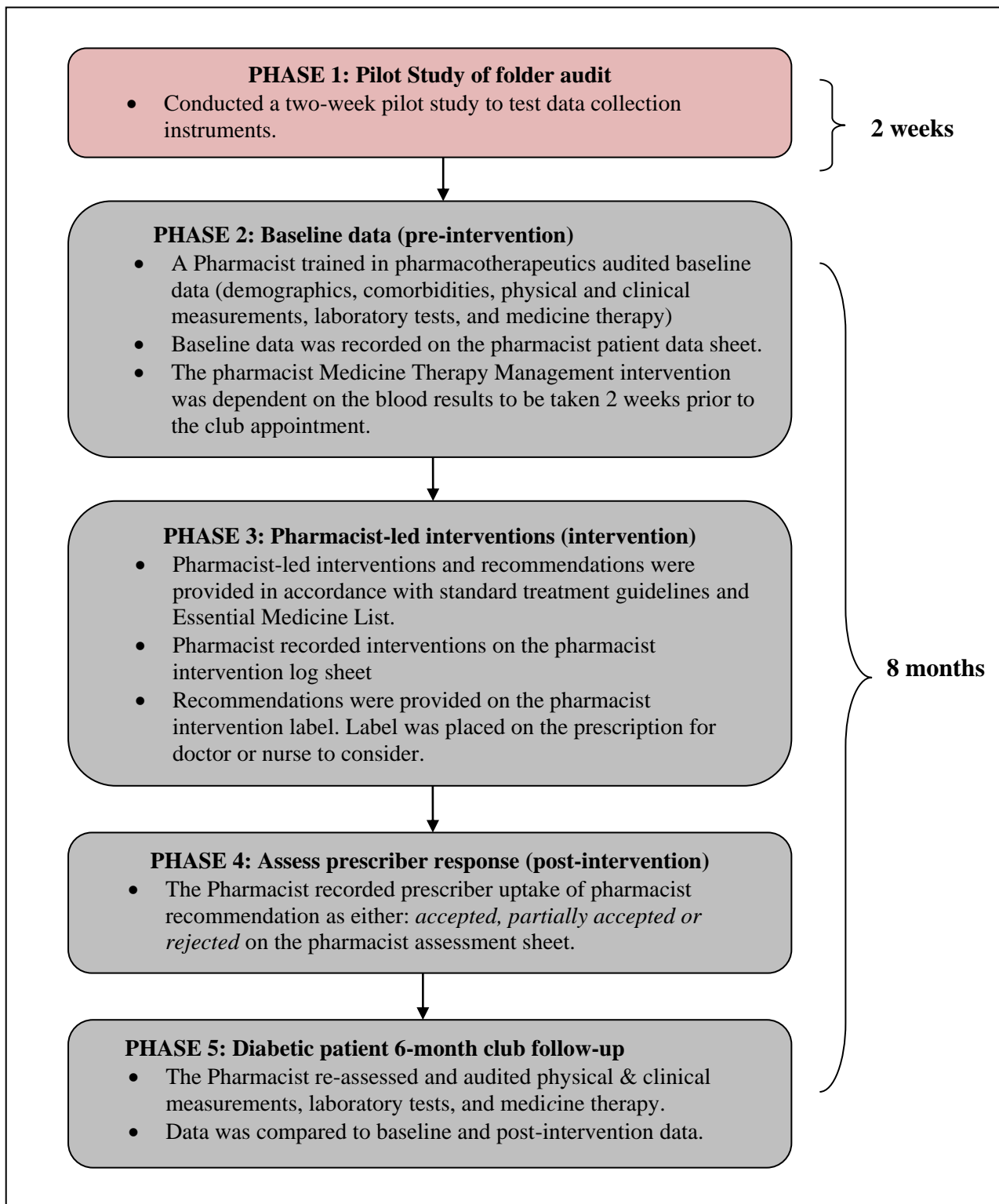


PHARMACIST INTERVENTION LABEL

Date:
Intervention:
Recommendation
Pharmacist:
Sign:



APPENDIX 2. PHARMACIST MEDICINE THERAPY DATA COLLECTION PROCESS



Outline of the pharmacist medicine therapy management data collection process (November 2016 - June 2017).