

D.O.C.U.M.E.N.T.

(a classification system for drug-related problems and their resolution)

1. Type of Drug Related Problem

Category (Type)

Drug selection

Problems related to the choice of drug prescribed or taken

Duplication (D1)

When to Use:

When there are no obvious adverse clinical effects of the two drugs together, but it is either inappropriate or very unusual to see them prescribed or used together as they are from the same therapeutic class.

This also covers the specific compliance situation where a person may be inappropriately taking two brands of the same drug.

Examples of when to use:

- Patient prescribed ranitidine plus pantoprazole
- Patient prescribed *Berotec* and *Ventolin* inhalers
- Patient taking *Aratac* and *Cordarone* at the same time
- Patient taking Vioxx sample provided by doctor as well as the Vioxx dispensed at the pharmacy

When Not to Use:

If the drugs involved are not of the same therapeutic class, then use “Drug Interaction (D2)”.

Drug interaction (D2)

When to Use:

When there are no obvious adverse clinical effects of the drug interaction, but the interaction is serious enough to check if the doctor knows of it.

When there is a likely serious interaction between the patient’s existing therapy and a newly prescribed or used drug, but the patient hasn’t yet commenced taking the new drug.

Examples of when to use:

- Patient commenced on tramadol who is already taking fluoxetine
- Patient ceases amiodarone while continuing on warfarin
- Patient requests to purchase an over the counter antacid when taking tetracycline

When Not to Use:

If the interacting drug is of the same therapeutic class as part of the patient’s existing therapy, then use “Duplication (D1)”.

If the interaction is causing, or is suspected of causing a noticeable effect of any sort, then use “Caused by drug interaction (T2)”.

Wrong drug (D3)

When to Use:

When the prescription was intended to mean a different drug and there was an error

When the drug being taken was prescribed correctly but was dispensed as the wrong drug

Examples of when to use:

- Patient supplied with and taking *Hydrea* 2 m, labelled as *Hydrene* 2 m
- Doctor prescribes chlorpromazine 200mg bd but intended carbamazepine 200mg bd

When Not to Use:

If the drug is felt to be inappropriate because of specific patient parameters such as poor renal function, then use “Other Drug selection problem (D0)”.

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If the drug prescribed is unavailable for dispensing (either because your pharmacy has no stock or the manufacturer/distributor has no stock) then use "Non-clinical (N0)".

Wrong dosage form (D4)

When to Use:

When the formulation of the product is inappropriate or incorrect in terms of the intended use of the product.

Also covers the specific situation where an error by the prescriber results in an absurd set of instructions (eg, ventolin inhaler, apply three times a day).

Examples of when to use:

- Vancomycin oral capsules prescribed to treat systemic infection
- Ear drop product ordered or supplied for an eye problem

When Not to Use:

If the patient has a physical problem with the administration of the dosage form as it is intended to be used (eg. swallowing a particular form of the medication whole, cannot appropriately insert suppositories, arthritis limiting the use of an inhaler) then use "Difficulty using dosage form (C4)".

If the difficulty is related to a technical problem with the use of an administration device such as an aerohaler, then use "demonstration of device (E3)".

If the difficulty is not a technical one, and related to lack of understanding of the use of the dose form, then use "Confusion about therapy (E2)".

Other drug selection problem (D0)

When to Use:

When there is a contraindication to the use of a drug because of an underlying condition in the patient.

When a less expensive or alternative brand is substituted purely for cost reasons.

When a drug is felt to be unnecessary based on the conditions the patient has.

When a drug or drug group is prescribed for the patient to which there has previously been a major adverse reaction.

When the drug being used is out of date or deteriorated in some other way.

When you believe a more effective drug is available and you suggest it instead of the current therapy.

Examples of when to use:

- Maxolon prescribed and doctor contacted to change to Pramin
- Patient has Anginine tablets for use that are over 2 years old and have been stored incorrectly.
- Patient commenced omeprazole when they were taking Celebrex for a sore knee. Celebrex has been ceased, but they are still taking omeprazole.

When Not to Use:

If a less expensive brand is substituted because the ordered brand is unavailable, then use "Non-clinical (N0)".

If the patient is currently experiencing symptoms of toxicity, then use "Toxicity / Adverse reaction"

Over or underdose prescribed

(Problems related to the prescribed dose or schedule of the drug)

Dose too high (O1)

When to Use:

When the total daily dose of a medication prescribed is too high for the patient, either based on previous dosage or reference dose ranges.

Includes the situation where the dose is too high because of a particular parameter of the patient such as renal function weight, age.

This includes situations where the dose that is prescribed is too high by unintentional error.

Examples of when to use:

- Patient is prescribed Diamicon MR 180mg in the morning
- Patient is prescribed dexamethasone 50mg daily (doctor was thinking of prednisolone dose)
- Patient prescribed spironolactone 100mg bd for heart failure

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When Not to Use:

If the patient is taking too high a dose as a result of not following the appropriate directions, then use “Taking too much (C3)”.

Dose too low (O2)

When to Use:

When the dose prescribed is either too low based on reference dose ranges or too low based on previous therapy. This includes situations where the dose that is prescribed is too low by unintentional error

Examples of when to use:

- Locum doctor prescribes *Karvea* 150mg daily , when previous therapy was meant to be 300mg daily
- Prescription for prazosin 0.5mg bd for hypertension

When Not to Use:

If the actual dose per day is suitable, but the duration is too short, then use “Other Dose problem (O0)”

If the patient is taking too low a dose of a drug as a result of not following the appropriate directions, then use “Taking too little (C1)”.

Other Dose Problem (O0)

When to Use:

When the duration of use of the product is too short or too long.

When the total dose of a medication is suitable, but the frequency or the dosage schedule is inappropriate.

Examples of when to use:

- Patient prescribed cephalexin 500mg tds for 3 days for cystitis.
- Simvastatin ordered as 40mg in the morning
- *Diamicron MR* prescribed as three times daily

When Not to Use:

If the patient is not taking the appropriate dose of a product as a result of a lack of understanding of the dosage regimen, then a compliance related code would be more appropriate.

Compliance

(Problems related to the way the patient takes the medication)

Taking too little (C1)

When to Use:

When the patient uses too little of a medication as a result of forgetfulness or lack of understanding of the dosage regimen prescribed.

Examples of when to use:

- Patient taking metformin only when required rather than regularly
- Patient using *Transiderm-Nitro* patches only every few days, not regularly
- Patient not taking medication because they believe it will "stop working later on"

When Not to Use:

If the underuse is appropriate because of the resolution of symptoms or a condition, then use “Other Drug selection problem (D0)” and specify that the drug may no longer be required.

If the patient has a physical problem with the administration of the dosage form as it is intended to be used (eg. swallowing a particular form of the medication whole, cannot appropriately insert suppositories, arthritis limiting the use of an inhaler) then use “Difficulty using dosage form (C4)”

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Taking too much (C2)

When to Use:

When the patient uses too much of a medication as a result of forgetfulness or lack of understanding of the dosage regimen prescribed.

Examples of when to use:

- Patient presents requesting a second ventolin inhaler 11 days after the previous one was provided.
- Patient continuing to take 50mg daily of prednisolone, had forgotten to commence a dose reduction schedule as instructed by the doctor.
- Patient believes they have forgotten a medication and takes a second dose on the same day.

When Not to Use:

If the overuse is due to an appropriate increase in use because of increased symptoms, then use “Condition not adequately treated (U1)”

If the overuse consists of inappropriately taking two different brands or forms of the same ingredient unknowingly, then use “Duplication (D1)”.

Intentional drug misuse (C3)

When to Use:

When there is suspected overuse of a particular, potentially abusable, product is intentional. Includes the situation where the prescription appears to be a forgery.

Examples of when to use:

- Patient presents a third prescription for Panadeine Forte within 2 weeks, each of the prescriptions was written by a different doctor.
- Patient lives in one town, sees a doctor for a prescription for oxazepam in another town and presents it for dispensing in a third town.

When Not to Use:

If the overuse is due to an appropriate increase in use because of increased symptoms, then use “Condition not adequately treated (U1)”

Difficulty using dosage form (C4)

When to Use:

When the patient has a physical problem with the administration of the dosage form or device as it is intended to be used (eg. swallowing a particular form of the medication whole, cannot appropriately insert suppositories, arthritis limiting the use of an inhaler)

Examples of when to use:

- Patient cannot swallow her slow release diltiazem capsules
- Patient with scoliosis cannot insert suppositories
- Controlled release tablet ordered for a patient who must crush all oral medications

When Not to Use:

If the difficulty is related to a technical problem with the use of an administration or monitoring device such as an aerohaler, then use “demonstration of device (E3)”.

If the difficulty is not a technical one, and related to lack of understanding of the use of the dose form, then use “Confusion about therapy (E2)”.

Other Compliance Problem (C0)

When to Use:

When the patient is aware of the way to take the drug, is physically able to take the drug, and understands its purpose, but does not wish to take it.

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Examples of when to use:

- Patient unwilling to use mirtazapine after reading the package insert.

When Not to Use:

If the compliance issue results in two drugs of the same therapeutic class being taken inadvertently, then use “Duplication (D1)”.

If the patient does not wish to take the medication because it is causing an adverse event of some sort, then a toxicity or adverse event category would be appropriate.

Untreated indications

(Problems relating to actual or potential conditions that require management)

Condition not adequately treated (U1)

When to Use:

When the patient has a symptom or disease condition that is either not being treated, or not being treated adequately.

Examples of when to use:

- Patient taking *Hydrene* and *Coversyl* for high blood pressure, but blood pressure continues to be high
- Patient develops nausea as part of a viral illness and requires addition of antinauseant medication.

When Not to Use:

If the patient requires additional therapy as a preventative strategy (eg potassium when on a loop diuretic), then use “Preventive therapy required (U2)”.

Preventive therapy required (U2)

When to Use:

When the patient requires additional therapy to prevent a likely adverse event as a result of the patient’s therapy, coexisting diseases or risk factors.

Examples of when to use:

- Patient commences on morphine slow release and you suggest the addition of a stool softener
- You suggest the addition of antiplatelet therapy in an elderly, obese, male patient with type two diabetes and hypertension

When Not to Use:

If the patient already has treatment for a particular problem, but it is not effective enough, then use “Condition not adequately treated (U1)”.

Other Untreated indication Problem (U0)

When to Use:

When you think the patient has any other problem relating to actual or potential conditions that requires management.

Monitoring

(Problems related to monitoring the efficacy or adverse effects of a drug)

Laboratory Monitoring (M1)

When to Use:

When, in the absence of any adverse effects, you believe that a laboratory test is required (e.g. Potassium, creatinine, white cell count, INR)

Also covers the situation where you undertake the monitoring in question and provide a recommendation following the result. (eg INR monitoring and suggesting a change of warfarin dose)

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When, in the absence of any adverse effects, you believe that drug level monitoring is required.

Examples of when to use:

- Patient recently increased frusemide dose from 40mg daily to 120mg daily without a change in potassium replacement.
- Patient commenced on Amiodarone and you recommend a thyroid function test
- Elderly woman on digoxin, who has not had a blood test for two years

When Not to Use:

If there are adverse effects associated with the parameter, then use “Other Toxicity problem (T0)”, and specify the parameter to be tested and the symptom or sign. (eg, patient with leg cramps, suggest magnesium level)

If the need for laboratory level monitoring comes about as a result of a newly commenced drug, then use “Drug interaction (D2)”. The monitoring then becomes a recommendation, not the primary problem

If the patient is experiencing an adverse effect of some sort, which you believe is due to elevated drug levels, then use “Caused by dose (T1)”.

If the need for drug level monitoring comes about as a result of a newly commenced drug, then use “Drug interaction (D2)”. The monitoring then becomes a recommendation, not the primary problem.

Non-Laboratory monitoring (M2)

When to Use:

When, in the absence of any adverse effects, you believe that non-laboratory monitoring is required. (eg BP, BSL, temperature, weight)

Also covers the situation where the test is undertaken as a screening process.

Examples of when to use:

- A patient with heart failure has an appropriate increase in his dose of frusemide and you advise him to weigh himself each day for the next week.

When Not to Use:

If you recommend monitoring of a parameter (eg weight, BSL) as a result of another drug problem, then that recommendation should be recorded in the Recommendation code section. The type of problem that leads to this recommendation may vary.

Other Monitoring Problem (M0)

When to Use:

When the patient has another problem related to the monitoring of his drugs for either efficacy or adverse effects.

When the patient should be having monitoring done, but has problems with attending the laboratory, or paying for the test or equipment needed.

Education or Information

(Problems related to knowledge of the disease or its management)

Patient drug information request (E1)

When to Use:

When the patient has a reasonable understanding of their condition, but requests further information about their medication.

Examples of when to use:

- Patient requests information about alendronate and you provide a CMI

When Not to Use:

If the patient requests information primarily about the disease state, rather than a drug, then use “Disease management or advice (E4)”

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If the patient does not request the information, but you discover that they need the information in the course of your routine dispensing, then use “Confusion about therapy (E2)”.

If the request is not about a specific drug, but a therapeutic device, then use “Demonstration of device (D3)”

Confusion about therapy (E2)

When to Use:

When the patient does not understand the reasons for the use of a medication, but they still take the medication as directed (ie correct dose and time).

Examples of when to use:

- When providing a new prescription for metoprolol for a patient with newly diagnosed hypertension, you find that she believes that the drug may cure the condition and she can stop the drug in a few months.

When Not to Use:

If the patient requests further information, then use either “Drug information request (E1)” or “Disease management or advice (E4)” as appropriate.

If the confusion would have (or did) resulted in a change in compliance (either taking too much or too little of the medication), then an appropriate compliance code should be selected.

If the request is not about a specific drug, but a therapeutic device, then use “Demonstration of device (E3)”

Demonstration of device (E3)

When to Use:

When the patient has a technical problem with the use of an administration or monitoring device.(eg inhaler, BSL Monitor, turbuhaler)

Examples of when to use:

- A patient is changed from a metered dose inhaler to an aerohaler and requests a demonstration of how to use the device.

When Not to Use:

If the patient understands how to use the device, but has a physical reason for not being able to use it, then use “Difficulty using dosage form (C4)”.

Disease management or advice (E4)

When to Use:

When the primary purpose of the interaction with the patient was to inform them of critical aspects of the management or prevention of a disease or condition.

Also covers the situation where the patient requests the information. Or where there is confusion about a fundamental aspect of a condition they have,

Examples of when to use:

- You counsel a patient with heart failure about fluid restriction
- You provide information about weight loss or smoking cessation for a person who has cardiovascular disease.

When Not to Use:

If the patient request information primarily regarding a drug, then use “Drug information request (E1)”.

Other Education or Information Problem (E0)

When to Use:

When another health care worker (e.g. a doctor or another pharmacist) requests information. Also covers any other education or information related problem.

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Non-clinical

(Problems related to administrative aspects of the prescription)

Not sub-classified (N0)

When to Use:

When an illegible prescription requires clarification.

When the prescription does not meet PBS requirements.

When the drug is unavailable from the manufacturer or is out of stock temporarily.

When the dose of the medication is not specified on the prescription.

When the prescriber is not authorised to prescribe that particular medication.

When the patient has problems getting to pharmacy or collecting prescriptions.

Examples of when to use:

- Physeptone 5mg tablets not available, substitute 10mg tablets with dose adjustment

When Not to Use:

If a less expensive or alternative brand is substituted purely for cost reasons, then use “Other drug selection problem (D0)” and specify brand substitution for cost reasons.

Toxicity or Adverse reaction

(Problems related to the presence of signs or symptoms which are suspected to be related to an adverse effect of the drug)

Toxicity caused by dose (T1)

When to Use:

When the patient has signs or symptoms that suggest an adverse reaction that is likely to be dose related Also where compliance issues have lead to symptoms of toxicity.

Examples of when to use:

- Patient has increased their dose of tramadol and develops headache, sweating and agitation
- Promethazine and amitriptyline together causing worsening of dry mouth
- Patient prescribed diamicon MR three times daily and has significant hypoglycaemic symptoms
- Patient intentionally misusing medication presents with signs or symptoms of toxicity

When Not to Use:

If the patient does not have any signs or symptoms of adverse effects and you believe the dose is too high, then use “Dose too high (O1)”

Toxicity caused by drug interaction (T2)

When to Use:

When the patient has signs or symptoms that suggest an adverse reaction that relates to the presence of an interacting drug

Examples of when to use:

- Patient taking warfarin develops an elevated INR after commencing metronidazole
- Patient taking perindopril and frusemide, who commences diclofenac and develops renal dysfunction

When Not to Use:

If the patient has an interacting drug present, but there are NO signs or symptoms of the interaction causing an adverse effect, then use “Drug interaction (D2)”. Also where the patient has been prescribed interacting drugs but has not taken the medications

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Toxicity evident (T3)

When to Use

When there are symptoms of toxicity but the cause is not due to interaction or dose but there is a suspected medication cause.

Examples of when to use

- Patient on Captopril develops a dry cough.

When not to Use

If there are no signs or symptoms of toxicity or adverse reaction.

Other Toxicity/Adverse Effect problem (T0)

When to Use:

When the patient has signs or symptoms that suggest an adverse reaction that is likely to be related to a particular drug, but doesn't seem to be dose related or related to an interaction.

Examples of when to use:

- Patient develops hypotension after commencing prazosin, even though the dose is controlling the prostatic hypertrophy

When Not to Use:

Should not be used if there are no signs or symptoms of adverse effects.

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2. Actions to Investigate the Problem

What did the pharmacist do in order to sort out the problem?

Note 1: multiple actions are possible for one situation and each action may occur multiply

Note 2: Each of these actions will have a time value allocated to them after the pilot study

Investigate, written material (A1)

When to Use:

When the pharmacist consults a textbook or other written reference material

Examples of when to use

- Printed versions of Martindale, AMH or PP guide

When Not to Use:

If the reference material is electronically accessed from the local computer system, use "Investigation:software (A2)".

Investigation: Software (A2)

When to Use:

When the pharmacist consults decision support software that is located on the computer or server in the pharmacy.

Examples of when to use

- eMims, electronic AMH, Electronic therapeutic Guidelines

When Not to Use:

If the electronic resource requires an internet connection to obtain it, then use "Investigation: Other (A4)".

Where the investigation involves the dispensing software, then use "Investigation: Patient History(A3)"

Investigation: Patient History (A3)

When to Use

When the pharmacist consults a formal patient history, including dispensing history from software

Examples of when to use

- The dispensing history is consulted to determine when a patient last received their medication.

When Not to Use

If any other software is used to investigate the problem

Investigation: Other (A4)

When to Use:

When the pharmacist consults another pharmacist or health professional to investigate the problem.

When the pharmacist contacts the manufacturer or supplier of the product for information.

When the pharmacist consults decision support software that is located on the internet.

When the pharmacist contacts the National Prescribing Service or one of the State Drug Information Services for information

Examples of when to use

- Pharmacist rings the pharmacy where the prescription was previously dispensed to clarify an issue.
- Pharmacist contacts a colleague who works at the same pharmacy to clarify the problem.
- Pharmacist conducts a PubMed search
- Pharmacist emails the NPS to determine information about a new drug that has not yet been released.
- Pharmacist contact the HIC to determine the details of a particular Authority script arrangement.

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When Not to Use:

If this option is selected additional notes must be added to clarify the exact action taken

Contacted prescriber (A6)

When to Use:

When the pharmacist needs to contact the prescriber in order to clarify the prescriber's intent, provide new information from a patient encounter or to discuss recommendations the pharmacist may wish to make.

Examples of when to use

- Pharmacist rings the doctor to confirm that the dose increase for tramadol was intentional, as the patient was unaware of any change.

When Not to Use:

If as a result of investigating the problem you refer the patient to the prescriber, but do not contact the prescriber first, then the referral is a recommendation and you should use "Refer to prescriber (R10)".

Discussion with patient or carer (A7)

When to Use:

When a discussion with the patient takes place that is primarily aimed at clarifying a drug related problem.

Examples of when to use

- Pharmacist receives a script from the patient and finds the dose is different from the last time the patient had the drug dispensed, then checks with the patient that the dose change was intentional.

When Not to Use:

If the discussion with the patient is within the usual course of the prescription being received or giving out, then it is not considered an action. For example, "Can you please wait while I contact the doctor" is not a discussion with the patient/carer.

Corrected without discussion (A8)

When to Use:

When the problem is a simple issue that requires correction (often administrative).

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3. Recommendations to Resolve the Problem

What did the pharmacist recommend as a solution to the problem?

Note 1: multiple recommendations possible for one situation

A Change in Therapy

Dose change (R1)

When to Use:

When the pharmacist recommends that the total daily dose of the medication is either increased or decreased.

Examples of when to use

- Pharmacist recommends that the dose of *Diamicron MR* be reduced.
- Pharmacist recommends increase in dose of antibiotics for a 4 year old child after calculating appropriate dose based on weight.

When Not to Use:

If the total daily dose of the product does not change, but you recommend the schedule changes, then use “Dose frequency or schedule change (R5)”.

Drug change (R2)

When to Use:

When the pharmacist recommends a change in current medications, this can include addition or cessation of drug.

Examples of when to use

- Patient describes ongoing drowsiness in the mornings with nitrazepam, and the pharmacist suggests a change to temazepam
- Pharmacist suggests patient does not take a medication for a day and to go to the doctor to discuss the problem.
- Pharmacist recommends the addition of aspirin in a patient that is at risk of cardiovascular events

Note in many cases you should also select “Refer to prescriber (R8) ”

When Not to Use:

If the change in medication is simply a brand change, then use “Drug brand change (R4)”.

If the change in medication is a change in the formulation (eg from cream to ointment, or plain tablets to controlled release), then use “drug formulation change (R3)”.

Drug formulation change(R3)

When to Use:

When the active ingredient of the medication and its total daily dose is not changed, but the formulation is changed.

Examples of when to use

- Pharmacist suggests a change from a metered dose inhaler to an aerohaler
- The pharmacist suggests a change from cream to ointment as the cream is not available

When Not to Use:

If the formulation change also results in a change in the total daily dose of the medication, then use “Dose change (R1)”.

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Drug brand change (R4)

When to Use:

When the pharmacist suggests a change in brand of the drug (same drug same dose).

Examples of when to use

- Maxolon unavailable, pharmacist suggests that Pramin could be substituted.

When Not to Use:

In the change in brand is to a different formulation of the same active ingredient, then use “Drug formulation change (R3)”.

Dose frequency/schedule change (R5)

When to Use:

When the total daily dose of the product remains the same, but the pharmacist suggests a change in the number of times a day, or the timing of the doses each day.

Examples of when to use

- Pharmacist suggests changing valproate from 1g twice daily to 500mg four times daily to reduce gastric upset.
- Pharmacist suggests change in timing of Isosorbide mononitrate from morning to night to cover unstable angina during the night.

When Not to Use:

When the change results in a change in the total daily dose of the medication, use “Dose change (R1)”

Prescription not dispensed (R6)

When to use

If the circumstances of the situation means that the current prescription is not dispensed at this time.

Other changes to therapy (R7)

When to use

When the pharmacist recommends another change to the patients current therapy

A referral required

Refer to prescriber (R8)

When to Use:

When the problem is of sufficient seriousness for the patient to see the prescriber again in order to resolve the problem.

Examples of when to use

- Patient presents with a rash from the recently commenced antibiotics. You tell the patient to cease the capsules and refer her back to the prescriber for some different antibiotics. Note should also select “Drug Change

When Not to Use:

If the patient goes back to the prescriber simply to get a new prescription, as a result of you discussing the problem with the prescriber then this code should not be selected.

If the pharmacist contacted the Doctor to resolve the issue and therefore the patient does not require referral to the doctor. In this situation contacting the doctor should be recorded in "Contacted Prescriber A5"

Refer to hospital (R9)

When to Use:

When the problem is of sufficient seriousness for the patient to go to hospital in order to resolve the problem.

Examples of when to use

- Patient presents with melena after commencing a non steroidal medication.

When Not to Use:

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Refer for medication review (R10)

When to Use:

When the pharmacist commences the process for a Home Medicines Review for the patient.

Examples of when to use

- You recommend a HMR for patient who has significant problems with understanding of their medications.

When Not to Use:

When you undertake an “ad hoc” review of the medications and generally assist with the patient’s understanding, use “Education Counselling session (R1)”

Other referral required (R11)

When to use

When referring the patient to another health professional

Examples of when to use

When referral to another health professional is required for example to dentist, podiatrist

When not to use

When referring to patients prescriber

Provision of information

Education/counselling session (R12)

When to Use:

When the pharmacist conducts a detailed counselling or education session with the patient or carer that is specifically targeted at resolving the problem that has been identified.

Examples of when to use

- Patient was not taking metformin correctly, pharmacist gave details of how to take it in relation to food, how long it lasts and also gave information regarding the complications and management of diabetes.

When Not to Use:

If the discussion with the patient is to determine the nature of the problem, rather than propose a resolution recommendation or further education, then it is an investigative action and you should use “Discussion with patient or carer (A7)”. Note that a conversation or discussion with the patient may involve both investigation of the problem (“discussion with patient/carer(A7)) and an education/counselling session to resolve the problem identified (Education/counselling session)

Written summary of medications (R13)

When to use

When the pharmacist provides the patient with a detailed list of their medications such as a medipal or medprof

Examples of when to use

- Patient commenced on three new medications to minimise potential confusion a medication profile is produced

When not to use

If the information provided is simply a list of medications with no additional information. Where the information provided is in the form of self-care cards or other written information.

Commence dose administration aid (R14)

When to Use:

When you suggest the use of a dose administration aid such as a Dosette box or a Webster pack.

Examples of when to use

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- You recommend a Webster pack for a patient who has significant problems with understanding of the schedule and timing of their medications.

When Not to Use:

If you provide a written summary of the patients medications and their schedule (eg medprof or mediPal) in addition to the dose administration aid, then also select “Education/Counselling session (R12)”.

Other written information (R15)

When to use

If the patient requires additional written information for example in the form of self care cards

Example of when to use

Patient commenced Ranitidine, pharmacist also gives them a self care card on Heartburn and Indigestion

Monitor

Monitoring: non-laboratory (R16)

When to Use:

When the pharmacist suggests that the patient undertake some non-laboratory monitoring for efficacy or adverse effects from the medication.

Examples of when to use

- Pharmacist suggests the patient weigh themselves daily while they are taking an increased dose of frusemide for heart failure.

When Not to Use:

If the monitoring involves laboratory-based test of some sort, then use “Monitoring: Laboratory test (R17)”.

Monitoring: Laboratory test (R17)

When to Use:

When the pharmacist suggests to the prescriber that they undertake some laboratory monitoring for efficacy or adverse effects from the medication.

Examples of when to use

- You contact the prescriber to suggest that he check the INR in a patient taking warfarin who has commenced amiodarone.

When Not to Use:

If the monitoring relates to a test that can be done at home (eg BSL) then use “Monitoring: non-laboratory (R16)”.

No recommendation necessary (R18)

When to Use:

When you have investigated a problem, but find that the problem does not need to be addressed with any changes or monitoring.

Examples of when to use

- Pharmacist receives a script from the patient and finds the dose is different from the last time the patient had the drug dispensed, then checks with the patient that the dose change was intentional.

D.O.C.U.M.E.N.T.

(a classification system for drug-related problems and their resolution)

4. Acceptance of Pharmacist's Resolution of the Problem (Outcome)

Did the clinical activity actually result in a change of management, or was the suggestion deemed not relevant in this case?

Note 1: If at the time of clinical activity the outcome is not known, the incident is flagged for later addition of the outcome.

Unknown

When to Use:

When the pharmacist is unaware of what happened after he made the recommendation(s).

Examples of when to use

- You suggest that the patient go and see the doctor and they say they will think about it.
- You leave a message for the doctor to contact the patient about a problem.

Accepted

When to Use:

When all of the recommendation(s) that the pharmacist makes are accepted

Examples of when to use

- You contact a doctor to suggest reduction of the dose of tramadol and he accepts your suggestion.
- You take the time to explain fully the medications and disease a patient has (Education Counselling (R1)).

When Not to Use:

If you make multiple recommendations and not all of them are accepted, then use "Partially Accepted"

Partially Accepted

When to Use:

When the pharmacist makes multiple recommendations, and only some of the recommendations that were made are accepted.

Examples of when to use

- You contact a doctor to suggest reduction of the dose of digoxin and a repeat blood level of digoxin. He agrees with the reduction in dose, but thinks the blood level would be a waste of time.
- You suggest to the patient that they withhold their ibuprofen for a few days and go back to the doctor and ask for a different medication. They decide to stop the drug for a while, but choose not to go to the doctor.

Not accepted

When to Use:

When all of the recommendation(s) that the pharmacist makes are rejected

Examples of when to use

- You contact a doctor to suggest reduction of the dose of tramadol and he says that he still wants to use that dose as the patient's pain warrants it.

D.O.C.U.M.E.N.T.

(a classification system for drug-related problems and their resolution)

5. Clinical Significance of the Problem

If the pharmacist had not intervened/provided a clinical activity, what was the possible/potential outcome if therapy had continued? (a subjective rating, predicting the clinical severity if action was not taken).

That is: **How serious was/could have been the problem?**

Note 1: Situations rated as high (S4) will require additional information to be entered into a notes field

Nil (S0)

When to Use:

When there is no consequence to the patient.

Examples:

- Prescription incomplete, contacted doctor and obtained directions

Low (S1)

When to Use:

When the consequence to the patient are related to costs or information only

Examples:

- Lisodur substituted for Zestril
- Provided CMI on *Fosamax* at request of patient.

Mild (S2)

When to Use:

When the consequences to the patient are that they have improved a minor symptom, or if the intervention had not occurred they would have developed a minor symptom. The symptom should be such that it does not require a doctor's visit to treat.

Examples:

- Patient commences on a codeine based analgesic and you recommend to take prophylactic stool softeners

Moderate (S3)

When to Use:

When if the intervention did not occur, it was likely that the patient would have had to go to the doctor because of the consequences. Also covers the situation where you need to refer the patient to the doctor because of the seriousness of the situation.

Examples:

- The patient was inadvertently taking twice the dose of sulphonylurea tablets and would have developed hypoglycaemia that required a trip to the GP to treat the symptoms.

High (S4)

When to Use:

When if the intervention did not occur, it was likely that the patient would have had to go to a hospital because of the consequences. Also covers the situation where you need to refer the patient to a hospital because of the seriousness of the situation.

D.O.C.U.M.E.N.T.

(a classification system for drug-related problems and their resolution)

When if the intervention did not occur, it was likely the patient would have had to receive assistance from a regular nurse visit, or would have had to been placed into residential care of some sort. Also includes the situation where the intervention prevents the additional nursing care or delays the admission to residential care.

Examples:

- The patient was inadvertently taking double the dose of amiodarone and was taking warfarin. Presented with bleeding.