

### Examples of recorded interventions

Category	Example
<b>D1</b>	Patient was discharged from hospital and was unknowingly taking two brands of amlodipine at the same time, Norvasc and Amlodipine Sandoz
<b>D2</b>	Patient taking verapamil was prescribed clarithromycin (increased serum verapamil concentration)
<b>D3</b>	Child prescribed Aldomet 250mg tid (methyldopa), was meant to be prescribed as Amoxycillin 250mg tid
<b>D4</b>	Patient was dispensed Avapro HCT 300/12.5 from another pharmacy, patient should have been dispense Avapro HCT 300/25
<b>D5</b>	Patient was prescribed beclomethasone asthma inhaler, yet beclomethasone nasal spray was intended
<b>D6</b>	Lady in third trimester requested ibuprofen for pain relief which is harmful to the foetus
<b>D7</b>	Elderly patient was prescribed Diltiazem CD 180mg, pharmacist confirmed with Doctor that the patient did not have an associated medical condition
<b>D0</b>	Sofradex ear drops had been unavailable for several weeks, doctor contacted and ciprofloxacin drops prescribed
<b>O1</b>	Patient being prescribed Panadol Osteo (paracetamol 665mg) two tablets four times daily
<b>O2</b>	Patient stabilised on phenytoin 100mg 3 daily presented with a new prescription for phenytoin 30mg 3 daily
<b>O3</b>	Patient prescribed Norspan weekly patch to be applied every 3 days
<b>O0</b>	Pharmacist confirmed the quantity of diazepam to supply to patient
<b>C1</b>	Patient prescribed naproxen and pramipexole, but patient not taking pramipexole as patient thought it was the same as naproxen
<b>C2</b>	Patient administered 200 doses of salbutamol inhaler over two days to treat uncontrolled asthma
<b>C3</b>	Patient forgetful of when or what tablets she takes. Dose administration aid was initiated
<b>C4</b>	Pharmacist identified patient had obtained two supplies of diazepam from two different doctors within several days
<b>C5</b>	Arthritic patient having difficulty using eye drop bottle. Provided Eyeopt device to assist administration.
<b>C0</b>	Patient's relative read the carbamazepine consumer leaflet and advised patient not to use the carbamazepine as it caused liver problems
<b>U1</b>	Patient currently using blood pressure medication had blood pressure measured in pharmacy and it was very high 220/100
<b>U2</b>	Patient discharged from hospital with pain control, but nothing had been provided for the patient's severe nausea
<b>U3</b>	Patient experiencing gout attacks every one or two months was using colchicine and was unaware of preventative medication or dietary modifications
<b>U0</b>	Patient prescribed inadequate quantity of medication for malaria prophylaxis

<b>M1</b>	Patient had been using amiodarone for several years without laboratory monitoring
<b>M2</b>	Patient offered blood pressure measurement, blood pressure was measured on two separate days both times high
<b>M0</b>	Female patient taking multiple antibiotics, pharmacist explained what to look for regards candidal symptoms
<b>E1</b>	Patient taking atorvastatin was concerned about the increased risk of myopathy
<b>E2</b>	Patient using rabeprazole to reduce regurgitation symptoms. Lifestyle advice provided to manage condition
<b>E0</b>	Pharmacist obtained contact details and procedure for patient to order incontinence supplies from Independence Health Australia
<b>N0</b>	Patient provided prescription in another patient's name
<b>T1</b>	Patient experienced dizziness, nausea and drowsiness since commencing metoprolol 50mg

Table 1