



Why is this important for you?

One of the key skills of a pharmacist is to be able to perform a fundamental clinical assessment or clinical check. Clinical checks involve the identification of pharmacotherapeutic problems through collation and evaluation of all relevant information, including patient characteristics, disease states, medication regimen and where possible, laboratory results. By using a structured logical approach to screening prescriptions you are able to balance the risks and benefits of a regimen of medicines and in doing so improve medication safety and effectiveness for the patient.

Who needs to read this?

This guidance is for pharmacists undertaking clinical checks.

What will this guidance tell you?

This guidance will highlight areas you would need to consider when undertaking a clinical check including:

- Patient characteristics
- Medication regimen
- Administration and monitoring

This guidance does not cover:

- the legality of prescriptions, which must be also be assessed in addition to the clinical check
- accuracy checking
- specialist areas of treatment e.g. chemotherapy
- IV prescriptions, which may have additional screening requirements

KEY POINTS

The purpose of a clinical check by a pharmacist is to ensure that the medicine supplied is both safe and effective for use by a particular patient in relation to the risk and benefit to the patient.

Safety and therapeutic effectiveness can be affected by inherent patient factors, the type of medicines involved and administration and monitoring of medicines.

In addition to the information provided on the prescription, you should obtain information from other relevant sources for a complete check to be undertaken.

Where can I obtain relevant information to enable me to clinically check a prescription?

The sources and level of detail of information will vary depending on the pharmacy setting. It may not be possible to obtain all the information needed and sometimes decisions will need to be made on limited information.

At primary care level you can obtain information from the prescription, the patient/patient representative, the GP and other healthcare professionals involved in the patient's care, the patient medication records and

other patient medical records where available (e.g. in Scotland access to the Emergency Care Summary, or in a prison environment access to medical records)

In secondary care additional sources of information available would include additional health care professionals e.g. microbiologists, dieticians involved in the patient's care, medical and nursing care notes, additional ward charts and laboratory results.

What patient characteristics do I need to consider?

1) Check the patient type: You need to establish that the patient does not fall into a group where treatment is contraindicated or cautioned.

Specific groups of patients that you would need to be aware of include:

- children
- pregnant and breastfeeding women
- the elderly
- female/male patients the sex of the patient may be an issue in some cases, e.g. finasteride is contraindicated in women
- ethnic background the ethnic origin of the patient can affect the choice of medicine and the dose e.g. the starting dose and maximum dose of rosuvastatin is lower for patients of Asian origin

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2) Check comorbidities: Patient comorbidities such as renal and hepatic impairments, heart failure etc can exclude the use of a particular treatment or necessitate dose adjustments.

3) Check patient intolerances and preferences: Other patient factors that can affect the choice of treatment include known medication adverse events including allergies, dietary intolerances, patient preferences and religious beliefs e.g. lactose containing products, vegan products and products of porcine origin.

What issues surrounding the medication regimen should I be aware of?

1) Check indication: You should ascertain the indication for the treatment to check if the choice of treatment is appropriate for the condition and compatible with recommended guidelines.

2) Check changes in regular treatment: Where there are changes in regular therapy e.g. strength or dose, these should be checked in order to confirm that the change is deliberate and not an error.

3) Check dose, frequency and strength: You should check if the dose, frequency and strength of the drug is appropriate for the individual patient characteristics including:

- age
- renal or hepatic function
- weight and surface area, where appropriate
- co-morbidities
- other drug treatments
- lifestyle patterns

4) Check the dosing of the formulation: You should check that for the prescribed formulation the dose and frequency is appropriate.

5) Check for drug compatibility: Regular and new therapies should be evaluated for any clinically significant interactions, duplications and antagonistic activity.

6) Check monitoring requirements: For medication or conditions that require monitoring you should check for the latest results and ascertain if any dose adjustments are required.

What aspects relating to administration and monitoring should I look out for?

1) Check the route selected: You should check if the route is suitable for the patient and if there is a preparation available for the route prescribed for administration.

You should also check for compatibility issues that may arise from administration via a given route or co-administration with food or other medicines e.g. phenytoin can interact with feeds and therefore administration via an enteral feeding tube would need to be managed accordingly.

2) Check for the need for medicine administration aids: You should check if any adherence aids that may be required are available to the patient e.g. spacers or eye drop devices, braille or large type or pictogram labels, additional information sheets or verbal information.

Where to go for further information

RPS Support: 0845 257 2570

Email support@rpharms.com or complete an online web form at www.rpharms.com

- BNF bnf.org
- BNF for children bnfc.org
- Clinical Pharmacy
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