

Pharmaceutical Care Plan (PCP)

Foundation Programme

PCP number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | | | | | **Patient initials:** | | | | | | | | **Age:** (years) | | | | | | | | | | | | **Male / female** | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Past Medical History**  **1**……….………………………………………………...........  **2**……….………………………………………………...........  **3**…………..…………………………..…………..……..…….  **4**………...………………………………....…………….…….  **5**………………………………….…………………………….  **6**……..……………………………………………………....... | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | | **Allergies / Drug Sensitivities** | | | | | **Allergen/Drug (generic name)**  Signature: | | **Type of reaction (e.g. rash)**  Date: | | | **No known allergies** | Signature: | | Date: | |  |  | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Presenting complaint:**  **Working diagnosis:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pre-admission medicines**  (include GP, hospital and self medication) | | | | | | | | | **Continue** | | **Hold** | | | | | | **Stop** | | | | **Change** | | **Comments** | | | | | **Sources used:** | | |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | Patient | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | Relative/carer | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | NIECR | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | Comm pharmacy | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | GP surgery | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | GP letter | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | GP repeat list | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | Nursing home list | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | Residential home | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | PODs | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | Discharge Rx | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | Outpatient letter | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | | Other (details) | |  |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | |  | | |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | |
|  | | | | | | | | |  | |  | | | | | |  | | | |  | |  | | | | |
| **Medicines started since admission** | | | | | | | | | **Date started** | | | | | | | | | | **Comments** | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medication history confirmed: (signature)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relevant laboratory values** (consider trends) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Date** →  **Type** ↓ |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | | **Reference range** | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
|  |  | |  | | | |  | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |
| **Cockcroft and Gault equation**  **Cr/Cl (in ml/min) = (140 – age (years)) x weight\* (in kg) x constant** *(\*see notes below regarding patient’s BMI)*  **Serum creatinine (micromol/l)**  (Where *constant* is *1.23* for men and *1.04* for women) **Patient Cr/Cl** (ml/min)…………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relevant observations** (consider trends) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Date** →  **Type** ↓ | |  | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | **Reference range** | | |
|  | |  | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | |  | | |
|  | |  | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | |  | | |
|  | |  | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | |  | | |
|  | |  | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | |  | | |
|  | |  | |  | | | |  | | | |  | | | | | |  | | | |  | | | | |  | |  | | |
| **Lifestyle issues** | | | | | | | | | | | | | | **Height** …...…………..… **Weight** ………......................  **BMI = weight (kg)/ height (m)2**   |  |  | | --- | --- | | underweight | < 18.5 | | ideal | 18.5 - 25 | | overweight | 25 - 30 | | obese | > 30 |   **Patient BMI** ……………………………………………… | | | | | | | | | | | | | | | | | |
| **Smoking status:**  **Alcohol consumption:** | | | | | | | | | | | | | |
| **Medicines management issues** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Special requirements**  Plain tops / Liquids  Multicompartment aid  Weekly dispensing  Large print / Braille  Non-English speaking  Language: | | | | | | **Who is responsible for managing medicines**  Patient / Spouse  Relative / Carer  Other | | | | | | | | **Communication**  Patient able to communicate effectively  – yes/no | | | | | | | | | | | | **Living arrangements**  Lives alone  Lives with family  Nursing home  Residential home  Sheltered accommodation | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmaceutical Care Plan** - in order of priority  (NB refer to Pharmaceutical Care Plan Checklist for further information) | | | |
|  | What are the **medication-related problems or risks?** | What are the **therapeutic goals?** (specify relevant guidelines, where applicable) | What are the **anticipated outcomes** and **monitoring requirements?**  Is any **further action necessary?** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
|  | | | |
| **FP pharmacist (name):** | | | |