

If you do not have any real life safeguarding experience please select 3 of the following scenarios to complete and discuss with your ES. There is a safeguarding CBD template available to download from the NICPLD website. Remember to think about what the risks are, what further discussions may arise and who you may need to refer to. Please note learning outcomes will not be awarded on theoretical experience but it will act as Practice Activity completion.

Scenario One

Mr. Harris, a 72-year-old man with Parkinson's disease and early dementia, is admitted after being found drowsy and confused at home by his neighbour. His blood tests reveal renal impairment and digoxin toxicity.

During the medicines reconciliation, the pharmacist notices that Mr. Harris is on multiple medications — including levodopa, rivastigmine, digoxin, and furosemide. His daughter, who is his primary carer, manages his medication at home.

When the pharmacist gently asks about his medicines, the daughter looks overwhelmed and says, *"It's hard keeping track — some days he refuses his tablets, other times I think I might have given him extra... I just want him to stay well."*

Scenario Two

Mr. Bennett, a 48-year-old man, comes into the surgery again for headaches and stomach pain — his fourth visit in two months for various minor ailments. He's polite but seems irritable and exhausted. The pharmacist notices he's been prescribed ibuprofen and proton pump inhibitors (PPIs) recently, but no cause for his symptoms has been found.

During the medication review, Mr. Bennett mentions he cares for his mother, who has advanced dementia. He admits, *"She needs me all the time now... I barely sleep. I just need something to keep me going."*

When the pharmacist gently asks about support, he shrugs, saying, *"It's just me — no one else helps. I'll be fine."*

Scenario Three

Mrs. Davies, an 84-year-old woman, has been admitted for a urinary tract infection (UTI) and falls at home. She's now medically stable and set for discharge.

The pharmacist reviews her discharge medications — including new antibiotics, paracetamol for pain, and her regular antihypertensives and thyroid medication.

During the medication counselling, Mrs. Davies seems confused about her tablets, asking, *"Am I still taking the pink ones or just the new ones now?"*

When asked about her home setup, she says she lives alone and relies on her neighbour for shopping. She admits, *"I don't think I've got any food in... I'll sort it once I'm back."*

The discharge nurse mentions that her family is 'too far away to help', but the medical team deems her fit for discharge.

Scenario Four

Mr. Thompson, an 82-year-old man who lives alone, comes to collect his blood pressure tablets (amlodipine) and diabetes medication (metformin).

The pharmacy team notices he's wearing the same clothes as the last few visits, and he smells of urine. He seems confused, asking, *"Did I collect my tablets already? I think I've run out, but I can't find them at home."*

The pharmacist checks the Patient Medication Record (PMR) and sees he collected his monthly supply last week.

When gently asked about his routine, Mr. Thompson looks embarrassed and admits, *"I forget sometimes. It's hard to keep track... I don't really eat properly these days either."*

Scenario Five

Mr. Khan, a 72-year-old man with type 2 diabetes and hypertension, attends his medication review. The pharmacist notices he has started coming into the surgery more frequently, asking detailed questions about his medications — even those he's been stable on for years.

He seems unusually worried about his health, asking things like, *"Could my blood pressure tablets make me confused? My nephew says they might not be safe."*

When the pharmacist gently asks more, Mr. Khan admits his nephew has been "helping with his finances" and "keeping an eye on things" since his wife died last year. He mentions his bank card is with his nephew now because "it's easier that way" — but he isn't sure how much money he has left.

Scenario Six

Mrs. Evans, a 58-year-old woman, attends for a medication review. She's on tramadol for chronic knee pain and sertraline for depression.

The pharmacist notices she's requesting tramadol early — and this has happened three times in the past two months. When asked about her pain, she says, *"It's not the knee anymore — I just feel better when I take them. It helps me sleep too."*

She looks tired and tearful. When gently asked about her mood, she says, *"I'm fine. It's just... things are hard since my daughter moved away. The tablets help me feel less empty."*