

Derry / Strabane / Limavady (Northern ICP) Community Pharmacy Discharge Medicines Pilot Service: worksheet

Patient's name & address:	Date of birth: / /	H&C number:																		
Referring HSC Trust (hospital & ward):	Date referral received: / /	Referred by (WHSC pharmacist):																		
Did the referral meet the minimum essential dataset requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No, because the following data was missing: <input type="checkbox"/> <i>Patient's demographic details</i> <input type="checkbox"/> <i>The medicines being used by patient at discharge</i> <input type="checkbox"/> <i>Contact details for the referring pharmacist or hospital department</i> <input type="checkbox"/> <i>Any changes to medicines (incl. medicines started or stopped, or dosage changes) and documented reason for the change</i>																			
First Element – Medicines Reconciliation and Initial Consultation																				
Pharmacy details:	Name of pharmacist:																			
Medicines reconciliation & review of discharge regimen with pre-admission regimen completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / / If no, reason:																			
Issues or clinical actions identified:	<input type="checkbox"/> Yes discrepancy with medication identified <input type="checkbox"/> No discrepancies with medication were identified <input type="checkbox"/> Specific request included in the referral <input type="checkbox"/> Other (include detail):																			
Initial patient consultation:	<input type="checkbox"/> Initial patient consultation arranged <input type="checkbox"/> Telephone consultation <input type="checkbox"/> In pharmacy consultation <input type="checkbox"/> Video consultation <input type="checkbox"/> Home visit Consultation Date: / / Attending the consultation: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's carer, state relationship to patient:																			
Notes of issues identified during medicines reconciliation process and from the initial patient consultation:																				
Where issues were identified, they were discussed with (multiple options possible):	<input type="checkbox"/> GP <input type="checkbox"/> Hospital <input type="checkbox"/> General practice pharmacist <input type="checkbox"/> Other (include detail):																			
Prescriptions in the system or any previously ordered prescriptions not yet collected intercepted, to prevent patient receiving inappropriate supply:	<input type="checkbox"/> Yes <input type="checkbox"/> No such prescriptions														Process in place to alert pharmacist to provide second element of the service:					<input type="checkbox"/>

Second Element – Follow-up Consultation

Date communication record is received from the GP practice:	/ /	Date first post-discharge prescription is received:	/ /	Check of first post-discharge prescription against discharge summary undertaken (record name of pharmacist & date):	/ /
Issues identified on first post-discharge prescription:	<input type="checkbox"/> None, or (multiple options possible): <input type="checkbox"/> Medicine stopped in hospital still on first post-discharge prescription <input type="checkbox"/> Wrong medicine prescribed <input type="checkbox"/> Wrong strength of medicine prescribed <input type="checkbox"/> Wrong dose of medicine prescribed <input type="checkbox"/> Wrong formulation of medicine prescribed <input type="checkbox"/> Medicine included on discharge list inappropriately missed from first post-discharge prescription <input type="checkbox"/> New medicine initiated in primary care since discharge <input type="checkbox"/> Other Include any relevant notes:				
Follow-up patient consultation:	<input type="checkbox"/> Follow-up patient consultation arranged Consultation Date: / / <input type="checkbox"/> Telephone consultation <input type="checkbox"/> In pharmacy consultation <input type="checkbox"/> Video consultation <input type="checkbox"/> Home visit Attended the consultation: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's carer, <i>state relationship to patient:</i>				
Notes of consultation:					
Consultation outcomes:	<input type="checkbox"/> All important changes understood by patient and/or carer <input type="checkbox"/> Advice provided on medicines regimen and questions answered If necessary, referral to: <input type="checkbox"/> GP <input type="checkbox"/> General practice pharmacist <input type="checkbox"/> Hospital <input type="checkbox"/> Other (include detail in notes)				
Other pharmaceutical services carried out:	<input type="checkbox"/> Disposal of unwanted medicines <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Healthy lifestyle advice <input type="checkbox"/> Other, <i>please state</i>				
Final actions:	<input type="checkbox"/> Confirmation that worksheet and communication record(s) have been shared with GP practice <input type="checkbox"/> Email referral from WHSCT pharmacists deleted from HSC secure email account Date: / / <i>This worksheet should be retained as record of the service in line with Dept. Health Good Management Good Records Guidance</i>				