

PROBLEM CLASSIFICATION

1. UNNECESSARY THERAPY
 - A) no medical indication
 - B) addiction/recreational drug use
 - C) non-drug therapy more appropriate
 - D) duplicate therapy
 - E) treating avoidable adverse reaction

2. WRONG DRUG
 - A) dosage form inappropriate
 - B) contraindication present
 - C) condition refractory to drug
 - D) drug not indicated for condition
 - E) more effective medication available

3. DOSAGE TOO LOW
 - A) wrong dose
 - B) frequency inappropriate
 - C) duration inappropriate
 - D) incorrect storage
 - E) incorrect administration
 - F) drug interaction

4. ADVERSE DRUG REACTION
 - A) unsafe drug for patient
 - B) allergic reaction
 - C) incorrect administration
 - D) drug interaction
 - E) dosage increase/decrease too fast
 - F) undesirable effect

5. DOSAGE TOO HIGH
 - A) wrong dose
 - B) frequency inappropriate
 - C) duration inappropriate
 - D) drug interaction

6. INAPPROPRIATE COMPLIANCE
 - A) drug product not available
 - B) cannot afford drug product
 - C) cannot swallow/administer drug
 - D) does not understand instructions
 - E) patient prefers not to take

7. NEED DRUG THERAPY
 - A) untreated condition
 - B) synergistic therapy
 - C) prophylactic therapy

8. ACTUAL TIME INVOLVED
 - A) 5 minutes or less
 - B) 6-15 minutes
 - C) 16-29 minutes
 - D) More than 30 minutes

9. INTERVENTION INITIATED BY:
 - A) student
 - B) pharmacist
 - C) physician, nurse, other
 - D) third party payor

PROBLEM TYPE

- A) potential
- B) actual

PATIENT RISK

- A) significant
- B) moderate
- C) mild

MEDICATION

_____ NDC/Name _____
 _____ NDC/Name _____
 _____ NDC/Name _____

RECOMMENDATION

- | | |
|---|--|
| <input type="checkbox"/> A) discontinue therapy | <input type="checkbox"/> J) refer patient |
| <input type="checkbox"/> B) change medication | <input type="checkbox"/> J) continue unchanged |
| <input type="checkbox"/> C) add medication (Rx) | <input type="checkbox"/> K) disease management program |
| <input type="checkbox"/> D) change dose | <input type="checkbox"/> L) add medication (OTC) |
| <input type="checkbox"/> E) change dosage form | <input type="checkbox"/> M) non-drug therapy |
| <input type="checkbox"/> F) change regimen | <input type="checkbox"/> O) recommend lab test |
| <input type="checkbox"/> G) change product source | <input type="checkbox"/> P) recommend therapeutic |
| <input type="checkbox"/> H) patient education/instruction | drug monitoring |

INTERVENTION ACTIVITY

- | | |
|---|--|
| <input type="checkbox"/> A) prescriber contacted | <input type="checkbox"/> E) referred patient |
| <input type="checkbox"/> B) patient consultation | <input type="checkbox"/> F) patient monitoring initiated |
| <input type="checkbox"/> C) payer/processor contacted | <input type="checkbox"/> G) patient information/ |
| <input type="checkbox"/> D) prescriber report sent | education provided |

EXPECTED OUTCOMES

- | | |
|--|--|
| <input type="checkbox"/> A) improved efficacy | <input type="checkbox"/> F) \$ savings (hospital) |
| <input type="checkbox"/> B) improved safety | <input type="checkbox"/> G) \$ savings (physician) |
| <input type="checkbox"/> C) improved compliance | <input type="checkbox"/> H) \$ savings (work) |
| <input type="checkbox"/> D) \$ increased (product) | <input type="checkbox"/> I) other (specify) |
| <input type="checkbox"/> E) \$ savings (product) | |

RESULTS

- A) recommendation accepted
 - B) recommendation not accepted
 - C) other (specify) _____
- * FOLLOW-UP SCHEDULED FOR _____

SOAP

S

O

A

P

Preceptor comments:

Example – Optional
PATIENT MONITORING RECORD

<i>Problem No.</i>
<i>Follow-up Plan</i>
<i>Date/Findings</i>

<i>Problem No.</i>
<i>Follow-up Plan</i>
<i>Date/Finding</i>

<i>Problem No.</i>
<i>Follow-up Plan</i>
<i>Date/Findings</i>
<i>Status Codes: R=problem resolved, N=new DRP identified, F=additional follow-up schedule</i>