

## DRP-Registration Form V7.0 (PCNE Classification)

Age of patient: .....  Male  Female

Name of medication : .....  Rx  OTC

Main active substance: .....  New  Refill  
(ATC-Code(s))

N° of drugs taken: .....  According to patient  
 According to medication record

Problem discovered  by patient  
 by pharmacist Date: .../.../.....  
 by physician

---

Description & comments: Time spent on evaluation and  
intervention : .....min.

---

Date evaluation of outcome:  Problem solved  
 Problem partially solved  
 Problem not solved

---

### **TYPE OF PROBLEM** (please tick only ONE problem and indicate if the problem is potential or manifest))

- Potential problem  
 Manifest problem

#### **P1. Treatment effectiveness**

- No effect of drug treatment  
 Effect of drug treatment not optimal  
 Unnecessary drug-treatment  
 Untreated indication

#### **P2. Adverse event**

- Adverse drug event occurring

#### **P3 Others**

- Patient dissatisfied with therapy despite  
optimal clinical and economic treatment  
outcomes  
 Unclear problem/complaint. Further  
clarification necessary (please use as escape  
only)

**CAUSE OF DRP (max. 3 boxes to be ticked)**

**C1. Drug selection**

- Inappropriate drug according to guidelines/formulary
- Inappropriate drug (within guidelines but otherwise contra-indicated)
- No indication for drug
- Inappropriate combination of drugs, or drugs and food
- Inappropriate duplication of therapeutic group or active ingredient
- Indication for drug-treatment not noticed
- Too many drugs prescribed for indication
- Synergetic or preventive drug required and not given
- New indication for drug treatment presented

**C2. Drug form**

- Inappropriate drug form

**C3. Dose selection**

- Drug dose too low
- Drug dose too high
- Dosage regimen not frequent enough
- Dosage regimen too frequent

**C4. Treatment duration**

- Duration of treatment too short
- Treatment duration too long

**C5. Dispensing**

- Prescribed drug not available
- Prescribing error (necessary information missing)
- Prescribing error (prescribing software related)
- Dispensing error (wrong drug or dose dispensed)

**C6. Drug use process**

- Inappropriate timing of administration and/or dosing intervals
- Drug under-administered
- Drug over-administered
- Drug not administered at all
- Wrong drug administered

**C7. Patient related**

- Patient forgets to use/take drug
- Patient uses unnecessary drug
- Patient takes food that interacts
- Patient stored drug inappropriately
- Patient administers/uses drug in a wrong way
- Patient cannot afford drug
- Drug abused (unregulated overuse)
- Patient unable to use drug/form as directed

**C8. Other**

- No or inappropriate outcome monitoring (incl. TDM)
- Other cause; specify
- No obvious cause

**PLANNED INTERVENTION** (Max. 3 boxes to be ticked)

**10. No intervention**

**11. Prescriber level**

- Prescriber informed only
- Prescriber asked for information
- Intervention proposed to prescriber

**12. Patient/carer level**

- Patient (drug) counseling
- Written information provided (only)
- Patient referred to prescriber
- Spoken to family member/caregiver

**13. Drug level**

- Drug changed to .....
- Dosage changed to .....
- Formulation changed to .....
- Instructions for use changed to .....
- Drug Stopped
- New drug started

**14. Other intervention or activity**

- Other intervention (specify)
- Side effect reported to authorities

**ACCEPTANCE & IMPLEMENTATION OF INTERVENTION** (Tick one box only)

**A1. Intervention accepted**

- Intervention accepted and fully implemented
- Intervention accepted, partially implemented
- Intervention accepted but not implemented
- Intervention accepted, implementation unknown

**A2 Intervention not accepted**

- Intervention not accepted: not feasible
- Intervention not accepted: no agreement
- Intervention not accepted: other reason (specify)
- Intervention not accepted: unknown reason

**A3 Other (no information on acceptance)**

- Intervention proposed, acceptance unknown
- Intervention not proposed

**STATUS OF THE DRP (OUTCOME OF INTERVENTION)** (Tick one box only)

**00. Problem status Unknown**

**01. Problem totally solved**

**03. Problem Partially solved**

**03. Problem NOT solved**

- Lack of cooperation of patient
- Lack of cooperation of prescriber
- Intervention not effective
- No need or possibility to solve problem

## INSTRUCTIONS FOR COMPLETING THE DRP (DRUG-RELATED PROBLEM) REGISTRATION FORM.

1. Use only one form for each drug-related problem you detect.
2. You may indicate more than one cause for a particular drug-related problem (max 3)
3. You may indicate more than one intervention made per drug-related problem (max 3)
4. If the patient's age is not known, please estimate the age within a 5 year range
5. The drug(s) involved in the drug-related problem are entered under the 'Name of medication' section
6. If the ATC-code of the drug is not known, please enter the main active substance or approved / generic name of the medicine
7. R<sub>x</sub> relates to a prescribed drug, and OTC relates to products purchased without prescription.
8. Complete the section 'New' and 'Refill' only if the medicine involved is a prescribed medicine
9. If the patient initiates the discussion of the drug problem, tick the 'by patient' box in the 'Problem discovered:' section.  
If the drug problem is discovered by a member of the Pharmacy staff, tick the 'by pharmacy' box in the 'Problem discovered:' section
10. The 'Number of drugs prescribed' refers to the number of different *prescription* drugs taken by the patient, according to the patient medication profile or according to the patient
11. The 'Time spent on intervention' is the time spent actively involved in dealing with the drug problem. This includes time from the identification of the drug problem, time spent in discussion with the patient, with any other health care professional, obtaining information and final communication with the patient at the resolution of the drug-related problem.