

## DRP-Registration Form V6.2 (PCNE Classification)

Age of patient: .....  Male  Female

Name of medication : .....  R<sub>x</sub>  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

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

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

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

- Potential problem  
 Manifest problem

#### ***P1. Drug effect***

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

#### ***P2. Adverse reactions***

- Adverse drug event (non allergic)  
 Adverse drug event (allergic)  
 Toxic adverse drug event

#### ***P3 Treatment costs***

- Drug treatment more costly than necessary  
 Unnecessary drug treatment

#### ***P4. Others***

- Patient dissatisfied with therapy  
 Therapy failure (unknown reason)

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

***C1. Drug selection***

- Inappropriate drug
- No indication for drug
- Inappropriate combination
- Inappropriate duplication
- Unnoticed indication
- Too many drugs for indication
- more cost-effective drug available
- Synergetic or preventive drug required
- New indication 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
- No therapeutic drug monitoring
- Pharmacokinetic problem
- Deterioration/improvement of disease

***C4. Treatment duration***

- Duration of treatment too short
- Treatment duration too long

***C5. Drug use process***

- Patient gets/takes drug on wrong times
- Drug under used/administered
- Drug overused/administered
- Drug not taken/administered at all
- Wrong drug taken/administered
- Drug abused (unregulated overuse)
- Patient unable to use drug or form as directed

***C6. Logistics***

- Prescribed drug not available
- Prescribing error (information wrong or missing)
- Dispensing error (wrong drug or dose)

***C7. Patient***

- Patient forgets to take drug
- Patient uses unnecessary drug
- Patient takes food that interacts
- Patient stored drug inappropriately

***C8. Other***

- Other cause
- No obvious cause

**TYPE OF INTERVENTION** (*Max. 3 boxes to be ticked*)

**10. No intervention**

**11. Prescriber level**

- Prescriber informed only
- Prescriber asked for information
- Intervention proposed, approved by prescriber
- Intervention proposed, **not** approved by prescriber
- Intervention proposed, outcome unknown

**12. Patient/carer level**

- Patient (medication) 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**

- Other intervention  
.....
- Side effect reported to authorities

**OUTCOME OF INTERVENTION** (*Tick one box only*)

**00. Unknown**

- Outcome intervention unknown

**01. Solved**

- Problem totally solved

**02. Partially solved**

- Problem partially solved

**03. Problem NOT solved**

- Lack of cooperation of patient
- Lack of cooperation of physician
- 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.