

DRP-Registration Form V9.0 (PCNE Classification)

one form per problem

Age of patient:

Male

Female

Patient identifier:

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

by physician

Date:/...../.....

Description & comments:

Time spent on evaluation and
intervention :min.

Date evaluation of outcome:/...../.....

Problem solved

Problem partially solved

Problem not solved

Outcome unknown

TYPE OF PROBLEM (please classify 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

Untreated symptoms or indication

P2. Treatment safety

Adverse drug event(possibly) occurring

P3 Others

Problem with cost-effectiveness of the
treatment

Unnecessary drug-treatment

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 herbal medications or drugs and herbal medicines
- Inappropriate duplication of therapeutic group or active ingredient
- No or incomplete drug treatment in spite of existing indication
- Too many drugs prescribed for indication

C2. Drug form

- Inappropriate drug form (for this patient)

C3. Dose selection

- Drug dose too low
- Drug dose too high**
- Dosage regimen not frequent enough*
- Dosage regimen too frequent
- Dose timing instructions wrong, unclear or missing

C4. Treatment duration

- Duration of treatment too short
- Duration of treatment too long

C5. Dispensing

- Prescribed drug not available
- Necessary information not provided
- Wrong drug, strength or dosage advised (OTC)
- Wrong drug or strength dispensed

Specification other cause:

C6. Drug administration process

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

C7. Patient related

- Patient uses/takes less drug than prescribed or not does not take the drug at all
- Patient uses/takes more drug than prescribed
- Patient abuses drug (unregulated overuse)
- Patient takes food that interacts
- Patient uses unnecessary drug
- Patient stores drug inappropriately
- Patient administers/uses the drug in a wrong way
- Inappropriate timing or dosing intervals
- Patient unable to use drug/form as directed
- Patient unable to understand instructions properly

C8 Patient transfer related

- No medication reconciliation at transfer
- No updated medication list available
- Discharge/transfer information about medication incomplete or missing
- Insufficient clinical information about the patient
- Patient has not received necessary medication at discharge from hospital or clinic

C8. Other

- No or inappropriate outcome monitoring (incl. TDM)
- Other cause; specify on left
- 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
- Intervention discussed with prescriber

12. At patient 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 pause or stopped
- Drug started

14. Other intervention or activity

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

ACCEPTANCE OF THE INTERVENTION PROPOSALS (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)

Date assessed:/...../.....

00. Problem status Unknown

01. Problem totally solved

02. 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 3 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_x 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. The 'Number of drugs prescribed' refers to the number of different prescription drugs and OTC drugs taken by the patient, according to the patient medication profile or according to the patient
10. If the patient initiates the discussion of the (potential) drug-related problem, tick the 'by patient' box in the 'Problem discovered:' section.
If the (potential) drug-related problem is discovered by a member of the Pharmacy staff, tick the 'by pharmacy' box in the 'Problem discovered:' section.
If the physician has found a (potential) problem, tick the 'by physician' box in the 'Problem discovered:' section.
11. Use the basic classification or the full classification for marking the codes. It is not a good idea to mix the two types without a good reason.
12. The 'Time spent on intervention' is the time spent actively involved in dealing with the drug-related problem. This includes time from the identification of the (potential) problem, time spent in discussion with the patient, with any other health care professional, obtaining information and final communication with the patient about the resolution of the drug-related problem.