

INTRODUCTION TO MEDICATION CHART REVIEW

- It is a fundamental responsibility of a pharmacist to ensure the appropriateness of medication orders. It serves as starting point for other clinical pharmacy activities (medication counseling, TDM, DI, and ADR).
- It is a fundamental responsibility of a pharmacist to ensure the appropriateness of medication orders.
- Organizing information according to medical problems (example disease) helps breakdown a complex situation into its individual parts.
- Medical charting involves processes such as medical chart audit, organization of the chart chronologically and category, checking for missing information, developing analysis and summary of the chart, and a timeline of events.

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GOALS OF MEDICATION CHART REVIEW

1. To optimise the patients drug therapy.
2. To prevent or minimize drug related problems/medication errors.

PROCEDURE OF MEDICATION CHART REVIEW

- The patient's medical record should be reviewed in conjunction with the medication administration record.
- Recent consultations, treatment plans, and daily progress should be monitored when determining the appropriateness of medication orders and planning each patient's care.
- All current and recent medication orders should be reviewed.

COMPONENTS OF MEDICATION CHART REVIEW

1. Checking that medication order is written in accordance with legal and local requirements.
2. Ensuring that the medication order is comprehensible and unambiguous, that appropriate terminology is used and that drug names are not abbreviated. Annotate the chart to provide clarification as required.
3. Detecting orders for medication to which the patient may be hypersensitive/intolerant.
4. Ensuring that medication order is appropriate with respect to:
 - a) The patient's previous medication order.
 - b) Patient's specific considerations e.g. disease state, pregnancy.

COMPONENTS OF MEDICATION CHART REVIEW

- c) Drug dose and dosage schedule, especially with respect to function, liver function.
- d) Route, dosage form and method of administration.

COMPONENTS OF MEDICATION CHART REVIEW

5. Checking complete drug profile for medication duplication, interactions or incompatibilities.
6. Ensuring that administration times are appropriate e.g. with respect to food, other drugs and procedures.
7. Checking the medication administration record to ensure that all ordered have been administered.
8. Ensuring that the drug administration order clearly indicates the time at which drug administration is to commence.
9. Special considerations should be given especially in short course therapy as in antibiotics and analgesics.

10. Ensuring that the order is cancelled in all sections of medication administration record when the drug therapy is intended to cease.

COMPONENTS OF MEDICATION CHART REVIEW

11. If appropriate follow up of any non-formulary drug orders, recommending a formulary equivalent if required.
12. Ensuring appropriate therapy monitoring is implemented.
13. Ensuring that all necessary medication is ordered.
E.g. premedication, prophylaxis.
14. Reviewing medication for cost effectiveness.
15. Identification of drug related problems.

- **Untreated indication.**
- **Inappropriate drug selection.**
- **Adverse drug reaction.**
- **Failure to receive drug.**

MEDICATION CHART ENDORSEMENT

- ❑ Another important goal of treatment chart review is to minimise the risk of medication errors that might occur at the level of prescribing and / or drug administration.
- ❑ A medication error is any preventable error that may lead to inappropriate medication use or patient harm.
- ❑ To prevent potential morbidity and mortality associated with these errors, pharmacists should systematically review the medication chart and write annotations on the chart where the medication orders are unclear.

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CLINICAL REVIEW

Clinical review is one of the integral components of medication review and should preferably be performed on a daily basis. It is the review of the patients' progress for the purpose of assessing the therapeutic outcome. The therapeutic goal for the specific disease should be clearly identified before the review.

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GOALS OF CLINICAL REVIEW

The primary aims of the clinical review are to:

- Assess the response to drug treatment.
- Evaluate the safety of the treatment regimen.
- Assess the progress of the disease and the need for any change in therapy.
- Assess the need for monitoring, if any.
- Assess the convenience of therapy (to improve compliance).

DRUG USE EVALUATION (DUE)

Drug use evaluation is an ongoing process authorized and systematic quality improvement process, which is designed to:

- Review drug use and or prescribing patterns
- Provide feedback of results to clinicians and other relevant groups
- Develop criteria and standards
- Promote appropriate drug use

STEPS INVOLVED IN DRUG USE EVALUATION (DUE)

STEP-1: Identify drugs or therapeutic areas of practice for possible inclusion in the program

STEP-2: Design of study

STEP-3: Define criteria and standards

STEP-4: Design the data collection form

STEP-5: Data collection

STEP-6: Evaluate results

STEP-7: Provide feedback of results

STEP-8: Develop and implement interventions

STEP-9: Re--evaluate to determine if drug use has improved

STEP-10: Reassess and revise the DUE program

STEP-11: Feedback results

STEPS
STEP-6: Eval
STEP-7: Prox
STEP-8: Do-
STEP-9: Re-
STEP-10: Re-

PHARMACIST ROLE IN DRUG USE EVALUATION (DUE)

- Program development, supervision and coordination
- Education of hospital staff
- Promotion of the goals and objectives
- Development /review of audit criteria,
- Development of data collection instrument



PHARMACISTS' INTERVENTIONS

Pharmacists' intervention and comments written on the prescriptions were used to revise each error by advocating the proper use of medication.

- ✓ Intervention done by pharmacist can be active or passive or reactive.
- ✓ Decision are made regarding inpatient management during ward rounds and clinical pharmacists participating on ward rounds may

influence these decisions.

DIFFERENT ASPECTS OF PHARMACISTS' INTERVENTIONS

- Decreasing health care cost and utilization
- Medication adherence
- Patient education
- Effective communication and establishing patient relationship
- Medication therapy management
- As a member of healthcare team