

# **Guidelines on Counseling**

**Approved by PEIPB**

**November 2005**

## Patient Counseling

Patient counseling is a key competency element of the Pharmaceutical Care process. Given the advertising for medication in the media and easy access to information on the Web, it is important for pharmacists to provide appropriate, understandable and relevant information to patients about their medication. The pharmacist is in a highly visible and readily available position to answer patient concerns and enquiries about their medications and alternate treatments they may read about or hear from others.

Counseling may be defined as “a one-to-one interaction between a pharmacist and a patient and/or caregiver. It is interactive in nature. It should include an assessment of whether or not the information was received as intended and that the patient understands how to use the information to improve the probability of positive therapeutic outcomes.”<sup>1</sup>

### What to counsel

The following is excerpted from the Standards of Practice document:

1.7 A pharmacist must develop, implement and fulfil plans to monitor the patient's progress towards desired therapeutic outcomes

Routinely and accurately identify the amount and type of education desired / required by patients to maximize their chances of solving or preventing their drug related problem(s).

Routinely and accurately identify the degree of monitoring required by a patient according to the health risks posed by the patient's medication, drug related problems, or disease.

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<sup>1</sup> Beardsley, RS. Review of literature: oral patient counseling by pharmacists. Proceedings of the National Symposium on Oral Counseling by Pharmacists About Prescription Medicines. 1997 Sep 19-21; Lansdowne, Virginia

Routinely, effectively and, in consideration of the above two statements, appropriately educate patients on the following when dispensing prescription and non-prescription drugs, when patient counseling on discharge medications or when providing recommendations about management of specific drug related problems:

- name and class of the drug (e.g. antibiotic, pain reliever)
- directions for use including education about drug devices
- special storage requirements
- common or important drug-drug or drug-food interactions
- the reason for the drug and the intended therapeutic response and associated time frames. (It is recognized that pharmacists do not always have access to the therapeutic indication for the drug).
- common or important side effects and associated time frames
- what the patient should do to monitor his/her therapeutic response or development of side effects
- actions the patient should take if the intended therapeutic response is not obtained or side effects develop
- when appropriate, the actions the pharmacist will undertake to monitor the patient's progress

Appendix A provides a checklist of the counseling process.

### ***Who and When to counsel***

The amount and type of information provided to the patient will vary based on the patient's needs, and practice setting. Ideally, the pharmacist counsels patients on all new and refill prescriptions. If the pharmacist cannot counsel to this extent, it should be defined which patient types, or which medications pharmacists will routinely counsel patients. This will vary depending on the pharmacy clientele and may include

- Patients receiving more than a specified number of medications
- Patients known to have visual, hearing or literacy problems
- Paediatric patients
- Patients on anticoagulants

Appendix B provides additional types and groups of patients to counsel.

Pharmacists should counsel on all new prescriptions, including transferred prescriptions.

Counseling on transferred medications may seem to be unnecessary given that the patient has already been taking the medication; however, it provides the pharmacist an opportunity to interact, and establish a relationship with the patient. The pharmacist may determine there are medication related problems or concerns the patient has from this conversation. A recent incident was reported in New Brunswick where an incorrect medication was dispensed on transfer.

The patient was not counseled and the error was identified by the caregiver when the patient was taking the medication later that night. Had the patient been shown the medication in the counseling process, the incident could have been immediately corrected. Much less harm is done by identifying medications errors before they leave the pharmacy.

For refill prescriptions, at a minimum, the technician interacting with the patient should ask the patient if they wish to speak to the pharmacist about their prescription.

Pharmacists should also talk to patients on refills if there is any identified potential problem eg early or late refill, medication with a narrow safety profile etc.

If the medication is to be delivered, or being picked up by a third party, the pharmacist should telephone the patient to provide counseling.

If the patient is a child, or being cared for by an agent, discuss the medication use with the parent or agent.

### ***Format of counseling provided***

Counseling should be verbal, and accompanied by written material for the patient to refer to at home.

Patients are often stressed and upset from their illness while waiting for their prescription and may not be able to focus on what the pharmacist is discussing with them.

Written material reinforces what the pharmacist says and helps the patient recall what was said. If the patient has forgotten or is unsure of what the pharmacist said, the written material may provide the answer, or stimulate the patient to call the pharmacist. This provides the pharmacist an opportunity to reinforce key points about the medication and assess how the patient is doing. The written material may provide basic information only, or be quite detailed. Pictograms, such as those used for illustrating how to administer eye drops, are much easier to understand and should supplement a detailed verbal description.

### ***Counseling area***

The patient should be counseled in a semi-private, or private, area away from other people and distractions, depending on the medication(s). The patient should perceive the counseling area as confidential, secure and conducive to learning. This helps ensure both parties are focused on the discussion, and minimizes interruptions and distractions. It provides an opportunity for patients to ask questions they may be hesitant to ask in public.

### ***Documentation***

The counseling session should be documented. This may be as simple as a check list or as detailed as recorded notes in the patients' medication profile. Any follow-up required should be noted. It should also be recorded if the patient does not wish to be counseled.

### ***Summary***

The counseling process, properly implemented and consistently maintained, will result in the following benefits/outcomes:

- Improved patient understanding of their medication, resulting in increased compliance
- Reinforcement of advice from primary health care team
- Those patients most in need given more attention
- Improved job satisfaction for pharmacists
- Improved patient loyalty
- Improved pharmacist-prescriber relationships
- Ability to demonstrate quality of service provided when requested by outside agencies

## Counseling on non-prescription drugs<sup>2</sup>

Effective non-prescription drug counselling requires a thorough description of patient's symptoms. Before advice can be given, the postgraduate student will need knowledge on the nature, severity and extenuating circumstances surrounding those symptoms. As well, other aspects of the patient's health e.g. other diseases, drugs, contraindications, allergies, must be examined. This information-gathering" stage is most important.

When non-prescription drugs are indicated, the postgraduate student must be able to give information to the patient so products are used both safely and effectively.

When providing care to patients involving over the counter medications, it is necessary to perform an adequate mini-assessment of the client's problem, consisting of:

- \_ properly identifying the person who will be using the product and determining their approximate age;
- \_ inquiring about any current medical conditions;
- \_ asking about current non-prescription drug use, including herbal products;
- \_ asking about current prescription drug use;
- \_ inquiring about the symptoms and duration of the complaint;
- \_ asking about whether the client has any medication allergies; and,
- \_ asking whether the client has consulted a health care professional about the problem.

You should refer the client for medical attention if:

- \_ their condition is potentially severe,
- \_ they are uncertain about their symptoms,
- \_ their self-diagnosis is likely incorrect,
- \_ the condition has not responded to previous appropriate therapy, or
- \_ they have other risk factors that should be assessed.

When you have assessed the client and the problem, and feel that a referral is not necessary, you may recommend an appropriate product or course of action, including non-drug measures. If you recommend a non-prescription drug product, you should discuss:

- \_ Directions for use;
- \_ Expected outcomes of therapy, including a time-frame for a response;
- \_ Common adverse effects and precautions;
- \_ Correct storage; and,
- \_ When to seek medical attention.

Ideally, you should document nonprescription drug use on the client's medication profile. This is especially important for clients who have a medical condition and/or are taking prescription medication.

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<sup>2</sup> ACPNews - Alberta College of Pharmacists Nov/Dec 2004

## **Appendix A**

### **Medication Counseling Tips**

- ✓ **Establish relationship – show interest in patient (verbal & nonverbal)**
- ✓ **Verify patient's name and prescriber's name**
- ✓ **Why the patient is being prescribed the medication (if known) or the medication's use, expected benefits and action**
- ✓ **Open the medication containers and show patient what the medication looks like, or demonstrate use**
- ✓ **How to take the medication**
- ✓ **When to take and how long to take the medication**
- ✓ **What to do if a dose is missed**
- ✓ **Any special precautions to follow**
- ✓ **Foods, alcoholic beverages or OTC's to be avoided**
- ✓ **How the patient will know the medication is working**
- ✓ **How to store the medication**
- ✓ **If the prescription can be refilled, and if so, when**
- ✓ **Verify the patients' knowledge and understanding**
- ✓ **Ask the patient if they have any questions**
- ✓ **Document the interaction**

## Appendix B

### Patients who should always be counseled:

- Confused patients, and their caregivers
- Patients who are sight or hearing impaired
- Patients with poor literacy
- Patients whose profile shows a change in medications or dosing
- New patients, or those receiving a medication for the first time (transfer prescription)
- Children, and parents receiving medication
- Patients receiving medication with special storage requirements, complicated directions, significant side effects

### Patients who should be counseled at certain intervals:

- Asthmatic patients
- Diabetic patients
- Patients taking 4 or more prescribed medications
- Patients who are mentally ill
- Patients using appliances
- Epileptic patients
- Patients with skin complaints
- Patients misusing drugs
- Patients who are terminally ill