Therapeutic Thought Process Algorithm

describe the current or potential undesirable signs/symptoms

determine urgency

determine if these undesirable signs/symptoms are being caused by a drug the patient is taking or has recently taken

if yes, determine how the drug is causing these undesirable signs/symptoms
if no

ADR (DRP #7) excess dose (DRP #5) drug interaction (DRP #8)
determine if additional DRPs exist

do the original signs/symptoms/ disease for which the patient is taking the causative drug:

require treatment?

if no (actual or potential DRP #1)

determine if the patient is taking any medications for these undesirable signs/symptoms other than those on your list

if yes (DRP #1) if no (DRP #2)
determine if the patient is taking any of these medications

if yes, is it the most appropriate drug or dosage form?

if yes, determine why the drug is not working
if no (DRP #3)
too little (DRP #4) drug interaction (DRP #8) noncompliance (DRP #6) additional therapy needed (DRP #2) unknown

if yes, determine what non-drug and drug alternatives (including different dosage forms) can be used to treat the problem (make a list of all effective alternatives)

require treatment?

if yes
The eight categories of drug related problems referred to are that the patient is suffering an undesirable sign or symptom because he/she:

1. is on a drug which he does not need (because there is no medically valid indication);
2. needs a drug and has not been prescribed (or suggested) one;
3. is receiving the wrong drug or drug product;
4. is getting too little of the right drug;
5. is getting too much of the right drug;
6. is not actually taking his medications appropriately;
7. is suffering an ADR;
8. is suffering a drug interaction.
Initial Assessment

Date: ______

Progress Notes - Soap Documentation

Page I

TITLE (DRP): __ category __ actual __ potential

PATIENT DATA: ___________________________________________________________

S/O

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

ASSESSMENT: __ new DRP __ follow-up __ follow-up /resolved

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_________________________________________________________________

PHARMACY CARE PLAN:

a) Clinical Outcome________________________________________________________

_________________________________________________________________

b) Pharmacotherapeutic Outcome:

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c) Pharmacotherapeutic Endpoints:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

ALTERNATIVES:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
THERAPEUTIC PLAN/RECOMMENDATION:

- Physician accepted pharmacist's original recommendation.
- MD not accept recommendation but had an acceptable rationale
- MD not accept recommendation & did not have an acceptable rationale
- Patient accepted recommendation
- Recommendation modified after consultation with patient
- Patient did not accept recommendation

Actions:

- MD contacted in writing
- MD contacted by phone
- MD not contacted
- Patient as primary contact
- Other HC providers contacted
- Others

Recommendations:

- D/c drug & new drug not started
- Improve compliance
- Lab test requested/measured
- D/c drug & new drug started
- Alternate dosage form
- Monitored clinical parameters
- Initiate new drug
- Dose/interval change
- Counselling regarding (circle appropriate): use, indication, ADR, Allergy, other
- Consultation re: In prevention: Referral to: MD, Home Care, other

THERAPEUTIC ENDPOINTS:

MONITORING PLAN:

FOLLOW-UP NOTE
Follow-up Assessment

Progress Notes - Soap Documentation

Title (DRP #) / If no DRP give reason for F/U:
__________________________________________________________

Patient Data: ___________________________________________
S/O

Assessment: ___________________________________________
__ follow/up __ follow/up resolved

Status of DRP: __ resolved, __ control, __ improved, __ negative outcome
(Or medical __ no change __ medical problem worse, __ partial improvement __ deceased
problem for routine follow-up)

Individuals contacted __ patient __ others __ physician in writing __ physician by phone
for follow-up:

Pharmacy Care Plan: __ continue with previous therapeutic plan __ develop new therapeutic plan
based on previous outcomes

THERAPEUTIC PLAN/ENDPOINTS:

MONITORING PLAN: __ continue with previous monitoring plan. __ new monitoring plan

FOLLOW-UP NOTE:

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