

# Pharmaceutical care

---

DEFINITION, CLASSIFICATION OF DRUG RELATED  
PROBLEMS. PRINCIPLES AND PROCEDURE TO PROVIDE PHARMACEUTICAL  
CARE

# Pharmaceutical care :

---

Pharmaceutical Care is a patient-centered, outcomes oriented pharmacy practice that requires the pharmacist to work in concert with the patient and the patient's other healthcare providers *to promote health, to prevent disease, and to assess, monitor, initiate, and modify medication use to assure that drug therapy regimens are safe and effective.*

The goal of Pharmaceutical Care is to optimize the patient's health-related quality of life, and achieve positive clinical outcomes, within realistic economic expenditures

The goal of Pharmaceutical Care is to optimize the patient's health-related quality of life, and achieve positive clinical outcomes, within realistic economic expenditures. To achieve this goal, the following must be accomplished:

---

1. A professional relationship must be established and maintained:
2. Patient-specific medical information must be collected, organized, recorded, and maintained.
3. Patient-specific medical information must be evaluated and a drug therapy plan developed mutually with the patient.
4. The pharmacist assures that the patient has all supplies, information and knowledge necessary to carry out the drug therapy plan.
5. The pharmacist reviews, monitors, and modifies the therapeutic plan as necessary and appropriate, in concert with the patient and healthcare team.

# A Drug-Related Problem

---

A Drug-Related Problem is an event or circumstance involving drug therapy that actually or potentially interferes with desired health outcomes.

The basic classification now has 3 primary domains for problems, 8 primary domains for causes and 5 primary domains for Interventions.

In V7 a new section, called ‘Acceptance of the Intervention Proposals’ was added, including 3 domains.

However, on a more detailed level there are 7 grouped sub domains for problems, 35 grouped sub domains for causes and 16 grouped sub domains for interventions, and 10 subdomains for intervention acceptance. Those subdomains can be seen as explanatory for the principal domains

# Principles and Procedure to provide Pharmaceutical Care:

## A. Data Collection:

---

1. The pharmacist conducts an initial interview with the patient for the purposes of establishing a professional working relationship and initiating the patient's pharmacy record. In some situations (e.g. pediatrics, geriatrics, critical care, language barriers) the opportunity to develop a professional relationship with and collect information directly from the patient may not exist. Under these circumstances, the pharmacist should work directly with the patient's parent, guardian, and/or principal caregiver.

2. The interview is organized, professional, and meets the patient's need for confidentiality and privacy. Adequate time is devoted to assure that questions and answers can be fully developed without either party feeling uncomfortable or hurried.

The pharmacist uses health/physical assessment techniques (blood-pressure monitoring, etc.) appropriately and as necessary to acquire necessary patient-specific objective information.

The pharmacist creates a pharmacy record for the patient and accurately records the information collected. The pharmacist assures that the patient's record is appropriately organized, kept current, and accurately reflects all pharmacist-patient encounters

# B. Information Evaluation

---

1. The pharmacist evaluates the subjective and objective information collected from the patient and other sources then forms conclusions regarding:
  - a) Opportunities to improve and/or assure the safety, effectiveness, and/or economy of current or planned drug therapy;
  - b) Opportunities to minimize current or potential future drug or health-related problems; and
  - c) The timing of any necessary future pharmacist consultation.
2. The pharmacist records the conclusions of the evaluation in the medical and/or pharmacy record.
3. The pharmacist discusses the conclusions with the patient, as necessary and appropriate, and assures an appropriate understanding of the nature of the condition or illness and what might be expected with respect to its management.

# C. Formulating a Plan

---

- I. The pharmacist, in concert with other healthcare providers, identifies, evaluates and then chooses the most appropriate action(s) to:
  - II. improve and/or assure the safety, effectiveness, and/or cost-effectiveness of current or planned drug therapy; and/or,
  - III. minimize current or potential future health-related problems.
- IV. The pharmacist reviews the plan and desirable outcomes with the patient and with the patient's other healthcare provider(s) as appropriate.
- V. 5. The pharmacist documents the plan and desirable outcomes in the patient's medical and/or pharmacy record.

# D. Implementing the Plan

---

- I. The pharmacist and the patient take the steps necessary to implement the plan.
- II. The pharmacist works with the patient to maximize patient understanding and involvement in the therapy plan, assures that arrangements for drug therapy monitoring (e.g. laboratory evaluation, blood pressure monitoring, home blood glucose testing, etc.) are made and understood by the patient, and that the patient receives and knows how to properly use all necessary medications and related equipment.
- III. The pharmacist assures that appropriate mechanisms are in place to ensure that the proper medications, equipment, and supplies are received by the patient in a timely fashion.
- IV. The pharmacist documents in the medical and/or pharmacy record the steps taken to implement the plan including the appropriate baseline monitoring parameters, and any barriers which will need to be overcome

# E. Monitoring and Modifying the Plan/Assuring Positive Outcomes

---

- I. The pharmacist regularly reviews subjective and objective monitoring parameters in order to determine if satisfactory progress is being made toward achieving desired outcomes as outlined in the drug therapy plan.
- II. The pharmacist and patient determine if the original plan should continue to be followed or if modifications are needed.
- III. The pharmacist reviews ongoing progress in achieving desired outcomes with the patient and provides a report to the patient's other healthcare providers as appropriate.
- IV. As progress towards outcomes is achieved, the pharmacist should provide positive reinforcement.
- V. A mechanism is established for follow-up with patients. The pharmacist uses appropriate professional judgement in determining the need to notify the patient's other healthcare providers of the patient's level of adherence with the plan.