

 مؤسسة مستشفى سرطان الأطفال - مصر Children's Cancer Hospital Foundation - Egypt		Policy Name: <h2>Patient Education</h2>	
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		Issue Date:	01.09.2015
Reviewed By: مراجعة:	Dr. Hend Alsayed- Senior Supervisor Pharmacy	Issue No.:	04
		No# of Pages:	04
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		Next Review Date	31.12.2025
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1.0 Change of policy

1.1 No changes

2.0 Purpose

2.1 To outline the policy and procedures for the process of the patient education.

3.0 Policy

3.1 Policy statement:

3.1.1 It is the policy of CCHE to maintain a well-defined process of patient education.

3.2 Scope:

3.2.1 All the pharmacists who are in direct contact with the patients.

3.3 Responsibilities

3.3.1 It is the responsibility of the pharmacists in direct contact with the patients to make sure that a patient receives the best education about everything related to his treatments, treatment ways, medications and nutrition.

4.0 Definitions /abbreviations:

4.1 CCHE: Children Cancer Hospital – 57357 Egypt

4.2 CPID: Continuous Performance Improvement Department

4.3 MMU: Medication Management & Use

4.4 MMS: Medication Management & Safety

4.5 MSC: Multi-specialty clinic.

4.6 DC unit: Day Care unit.

4.7 Cerner: is an international health care information computer-based technology that specializes in providing complete systems for hospitals and other medical organizations to manage and integrate all electronic medical records, computerized physician order entry, and

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financial information.

5.0 Procedure:

- 5.1 Patient education is the pharmacist's role; however, it does not end at delivering the medications and explaining some instructions, but the pharmacist has to care for the patient in order to understand his needs and help him get the optimum benefit and care through successful communication.
- 5.2 There are some important considerations for the pharmacist to focus on throughout the patient interview such as:
 - 5.2.1 Privacy and confidentiality of counseling interview.
 - 5.2.2 Rapport, which is an emotional bond or a friendly relationship between people based on mutual liking and a sense that they understand and share each other's concerns.
 - 5.2.3 Successful communication, including verbal and non-verbal communication as facial expressions and body gestures.
 - 5.2.4 Patient-centered language, for better communication, the pharmacist should talk with the patient with a close language to his.
- 5.3 The outpatient dispensing pharmacists are responsible for patient educations and medications hand over to outpatient's oncology clinic, ER and all multispecialty clinic:
 - 5.3.1 The dispense pharmacist first makes positive patient identification through patient's full name and MRN on his wrist band.
 - 5.3.2 Pharmacist will provide appropriate patient education in the patient counseling room.
 - 5.3.3 One of the parents (or an adult family member) should be with the patient when receiving the medications.
 - 5.3.4 The pharmacist gives the medications to the patient while explaining the indications, all the instructions, any special precautions, all the advices for the possible side effects, the route of administration, and the duration of taking each medication according to the patient education checklist.
 - 5.3.5 Any drug-drug interaction or food-drug interaction should be explained by the pharmacist when delivering the patient his/her medications.
 - 5.3.6 In case of MSC patients and patients in chemotherapy the pharmacists should explain carefully if there are any special precautions concerning the drug-drug interactions.
 - 5.3.7 The pharmacist also should explain the importance of the right use of High Alert Medications according to the High Alert Medication policy and the risk of misusing them.
 - 5.3.8 The pharmacist should be aware of the patient's history against the prescribed medications and the concomitant therapy.
 - 5.3.9 The pharmacist should make sure he gets the accurate feedback about the medications from the patient with the Read Back instructions method for medications on labels and any questions related to his case.
- 5.4 The Day Care pharmacists are responsible for the education of patients in the Day Care unit as follows:

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- 5.4.1 The role of the Day Care pharmacist is patient-education for all of the patients' medications for both Day Care IV medications and home medications.
- 5.4.2 One of the parents (or an adult family member) should be with the patient when receiving the medications.
- 5.4.3 **IV medications patient education in Day care unit:**
- 5.4.3.1 The pharmacist should explain to the patient, and an adult family member, all the effects and advice on side effects of the IV drug he will take in the DC unit.
- 5.4.3.2 The pharmacist also needs to be aware of the extravasation risk for the IV medications, and should inform the patient, and an adult family member, with the signs and instructions in case of this risk and the importance of immediate reporting for any signs. All the actions are taken according to extravasation policy.
- 5.4.4 **Home medications patient education in Day care unit the same procedure mentions on outpatient pharmacy regarding patient education and medications handover.**
- 5.4.4.1 In some certain diseases, the patient is first admitted to the Day Care unit as a new case, so the pharmacist in this case should inform the patient, (and an adult family member), with the definition of the disease, all about the protocol, the medications and their indications and advice on side effects, the side effects of chemotherapy and how to deal with it physically and emotionally, the dietary instructions, the treatment plan and its approximate estimated time, pain management, methods of infection to/from others, and lab results and changing effects on lifestyle.
- 5.5 The round pharmacists are responsible for the new cases education and discharge medications patient education. New cases patient education is done as follows:**
- 5.5.1 Each round pharmacist is responsible for 10 to 15 inpatients.
- 5.5.2 When a new case is admitted to the hospital, the round pharmacist is responsible for the education of the new cases in the Doma he is in charge of.
- 5.5.3 One of the parents (or an adult family member) must be present with the patient.
- 5.5.4 **The pharmacist starts with explaining the most important points about the disease and how to deal with, here are the main points:**
- 5.5.4.1 The treatment plans.
- 5.5.4.2 The protocol.
- 5.5.4.3 All the medications in the protocol that the patient may take throughout the treatment period and their indications and advice on their possible side effects.
- 5.5.4.4 The effects and side effects of the chemotherapy and how to deal with it physically and emotionally
- 5.5.4.5 The nutrition and dietary lifestyle and the whole lifestyle through the whole treatment period.
- 5.5.4.6 Pain management.

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- 5.5.4.7 Methods of infection to/from others and how to deal with the surroundings.
- 5.5.4.8 Lab results and their effects on lifestyle.
- 5.5.4.9 The approximate estimated duration for the treatment.

- 5.5.5 The pharmacist should be aware of the extravasation risk for the IV medications, and should inform the patient, and an adult family member, with the signs and instructions in case of this risk and the importance of immediate reporting for any signs.
- 5.5.6 All the actions are taken according to extravasation policy.
- 5.5.7 The pharmacist should handle the patient a copy of his treatment protocol.
- 5.5.8 The pharmacist should make sure he gets the accurate feedback from the patient about his medications and any questions related to his case.

5.6 The discharge medications:

- 5.6.1 the same procedure mentions on outpatient pharmacy regarding patient education and medications handover.

6.0 References:

- 6.1 N/A

7.0 Appendices:

7.1 Related Forms:

- 7.1.1 N/A

7.2 Related Policy(S):

- 7.2.1 Medication Management Program

7.3 Related Standards:

- 7.3.1 JCI standards 7th edition – MMU Chapter. (MMU.6.1)
- 7.3.2 GAHAR Standards name. MMS.15

7.4 Attachments

- 7.4.1 N/A