medSask
YOUR MEDICATION INFORMATION SERVICE

PHARMACIST ASSESSMENT - DYSMENORRHEA

Patient	
Name:	HSN:
Address:	DOB:
Telephone:	☐ Lactating

Medical History

☐ Liver dysfunction ☐ Renal dysfunction (CrCl:)

Differential assessment

☐ Gynaecologic disorders (e.g. endometriosis, ovarian cysts, fibroids) →Refer
☐ Inflammatory bowel disease or irritable bowel syndrome →Refer
☐ IUD insertion within last six months →Refer
☐ Previous diagnosis of current or prior episodes as dysmenorrhea → helps confirm patient self-diagnosis

Treatment considerations

☐ Cardiovascular or cerebrovascular disease or at risk for these conditions? (see guidelines for definitions of risk factors and CVD)
☐ History of peptic ulcer, GERD
☐ Trying to conceive
Yes to any of above → Consider in choice of treatment and / or refer

First episode of dysmenorrhea?

☐ Onset within 6 months of menarche or after age 25, or after at least 2 years of painless periods → Likely secondary dysmenorrhea → Refer
☐ Recent onset + irregular menses → Refer to rule out pregnancy /ectopic pregnancy

Medication History

Drug / other allergies:_____

Current medication profile:

Previous therapy for dysmenorrhea: _____
Satisfactory benefit?
☐ Yes → Response to NSAIDS, hormonal contraceptives is diagnostic of dysmenorrhea
☐ No → Check dose, compliance and/or consider different class of medication to treat current symptoms or refer

Review of Symptoms

Red flag symptoms

☐ Fever, chills → Refer
☐ Atypical gynaecologic symptoms (such as pain during sexual intercourse, excessive bleeding during menstrual period, intermenstrual bleeding, post-coital bleeding, vaginal discharge) → Refer
☐ Pain persisting for more than 5 days, intermenstrual pain or progressive worsening of pain → Refer

Symptoms consistent with the diagnosis of dysmenorrhea

☐ Recurring mild to severe cramping pain in lower abdomen, pelvis
☐ Accompanied by nausea, vomiting, diarrhea, backache, thigh pain, headache, and/or dizziness
☐ Symptoms occur at or shortly before onset of menstruation
☐ No → Consider other conditions / refer
☐Yes → Continue to treatment

Treatment Options

- □ Non-pharmacologic treatment
- □ OTC medication
- □ Hormonal Contraceptives - see Hormonal Contraception Guidelines
- □ NSAIDS – three to five day supply of prescription strength NSAID X 3 months**.**
  - □ **Ibuprofen:** 600 to 800 mg three times daily. Maximum 3200 mg/day.
  - □ **Mefenamic acid:** 500mg initially, followed by 250mg every 6 hours for 3-5 days
  - □ **Naproxen base:** 500mg initially, followed by 250mg every 6 to 8 hours. Maximum 1250 mg/day
- □ Other NSAID (See guideline for list): loading dose followed by usual recommended dose for 3-5 days

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx:

Quantity (*3-5 days for up to three cycles, refill X 1*):

Dosage Directions:

pseudoDIN: 00951095

Counseling ☐ May have prescription filled at pharmacy of choice ☐ PAR will be communicated to primary care provider as part of collaborative practice

☐ Instructions on non-pharmacologic treatment measures
☐ Expect symptoms relief within 30 to 60 minutes; may take up to 3 months cyclical treatment for full benefit of therapy; if no response after 3 cycles or symptoms worsen, contact pharmacist or primary care provider
☐ Instruct patient about pre-dosing and using loading doses with NSAIDs
☐ Potential side effects of treatment

Follow-up in 3 to 5 days: _____ ☐ In pharmacy ☐ Telephone

☐ Symptom relief – advise continuing treatment as needed monthly
☐ Partial relief of symptoms – continue treatment for additional two cycles; if symptoms still bothersome, consider trial of a different NSAID (MAX two trials) or hormonal contraceptives (if appropriate) or refer patient
☐ No benefit – consider trial of a different NSAID (MAX two trials) or hormonal contraceptives (if appropriate) or refer patient
☐ Assess and manage any adverse effects

Prescribing pharmacist:

Name:	Signature:
Pharmacy:	Telephone:
	Fax:
Email:	Date:
Primary Care Provider:	**Fax:**

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with **dysmenorrhea.** After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics:	
Name:	HSN:
Address:	DOB:
Telephone:	□ Lactating

Prescription Issued on _____

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information:

I will follow-up with the patient on _____ and discuss these items:

☐ Symptom relief – advise continuing treatment as needed monthly
☐ Partial relief of symptoms – continue treatment for additional two cycles; if symptoms still bothersome, consider trial of a different NSAID (MAX two trials) or hormonal contraceptives (if appropriate) or refer patient
☐ No benefit – consider trial of a different NSAID (MAX two trials) or hormonal contraceptives (if appropriate) or refer patient
☐ Assess and manage any adverse effects

Prescribing Pharmacist:	
Name:	Signature:
Pharmacy:	Telephone:
Email:	Fax:

Primary Care Provider notified:	
Name:	Fax: