

PHARMACIST ASSESSMENT - GERD

Patient

Name:	HSN:	
Address:	DOB:	<input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant → refer <input type="checkbox"/> Lactating	

Medical History:

- ☐ Previous diagnosis of GERD → helps confirm self-diagnosis of GERD for current symptoms

Drug History:

- ☐ Medications which could be causing symptoms (see guideline for examples) → refer or recommend alternative

Review of Symptoms

- ☐ Less than 18 or over 50 years of age AND these are new, undiagnosed symptoms → refer
- ☐ Alarm symptoms present (specify: _____) → refer
- ☐ Symptoms consistent with diagnosis of GERD (heartburn, regurgitation, hypersalivation)?
☐ Yes → Continue ☐ No → Consider other conditions, refer
- ☐ Severe symptoms (including nocturnal awakenings or regular interference with daily activities) → refer
- ☐ Has the patient tried any non-pharmacologic or pharmacologic treatment for symptoms?
☐ No ☐ Yes → What? _____ Effect? _____

Treatment recommended

SCENARIO 1

☐ **Symptoms mild and occur fewer than three times weekly.** Recommend non-pharmacologic tx and one of the following for 2 weeks:

- ☐ Antacid PRN
- ☐ Antacid / Alginate PRN
- ☐ OTC dose H₂RA PRN
- ☐ OTC dose H₂RA / antacid PRN

☐ **Symptoms above not resolved.** Reassess alarm symptoms. Continue non-pharmacologic tx and recommend or prescribe for **2 weeks**:

- ☐ Different PRN OTC agent
- ☐ Prescription dose H₂RA. May refill x 1
- ☐ OTC esomeprazole or omeprazole

☐ **Symptoms above not resolved.** Reassess alarm symptoms. Continue non-pharmacologic tx and **prescribe** for **4 weeks**:

- ☐ Prescription PPI. If not resolved by end of 28 days refer to MD or NP

SCENARIO 2

☐ **Symptoms mild & occur more than twice weekly OR moderate symptoms.** Recommend non-pharmacologic tx and prescribe:

☐ Prescription PPI x 4 weeks

☐ **Symptoms above improved but not resolved OR recur within 7 days of stopping PPI.**

Reassess alarm symptoms. Continue non-pharmacologic tx and **prescribe for 4 weeks:**

☐ Prescription PPI (i.e. an additional 4 weeks); consider tapering latter doses

☐ **Symptoms above not resolved after prescription PPI:**

☐ Refer

☐ **Symptoms above resolved but recur >7 days but less than 3 months after stopping therapy:**

☐ Refer

SCENARIO 3

☐ **Symptoms recur more than 3 months** after stopping previously effective therapy.

☐ Reassess alarm symptoms. Continue non-pharmacologic tx **and repeat treatment that was effective in last episode as a new discrete episode.**

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx:

Quantity (28 days PPI; 14 days H₂RA. Each can have 1 refill):

Directions:

pseudoDIN: 00951096

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

☐ Non-pharmacologic treatment

☐ When to expect onset of effect

☐ If symptoms worsen or alarm symptoms present, consult pharmacist or physician

Follow-up scheduled for:

☐ In pharmacy ☐ Telephone

☐ Symptoms resolved – continue non-pharmacologic treatment, discontinue medication.

☐ Symptoms improved, but still bothersome – refer to algorithm

☐ No effect or symptoms worsening – refer to algorithm

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 **GERD**.

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:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> 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:

- ☐ Symptoms improved or resolved: continue therapy for a maximum of 14 days in total; discontinue medication once symptoms have resolved
- ☐ Symptoms not improving: refer
- ☐ Intolerable side-effects to medication: recommend different drug, assess administration (eg. with food), refer

Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date:

Primary Care Provider notified

Name:	Fax:
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