**ClereMed – Linking Pre-Screening and Screening Game Results to Recommendations**

Recommendations for pharmacists following ClereMed pre-screening and screening game are as follows (and can use 15-point font):

1. Use standard label on vial.
2. Use numbers instead of text
3. Use simple language: e.g., “Take 1 tablet in the morning and in the evening” NOT “Take 1 tablet twice daily”
4. Use upper and lower case, NOT ALL CAPS
5. Do NOT tape label.
6. Patient was able to read standard labels.
7. Patient was NOT able to read standard label.
8. Patient was NOT able to read large print label.
9. Print a duplicate (15/18 point font) label on paper stock using Arial or Verdana font
10. Match duplicate label to vial using a large-print number or colored sticker on both duplicate label and corresponding vial.
11. Patient should be routinely assessed by a family physician or vision specialist
12. Recommend compliance packaging
13. Patient uses large print reading materials at home.
14. Patient expressed difficulty reading prescription labels.
15. Patient has difficulty reading non-prescription labels.
16. Patient has difficulty reading worn prescription labels. Consider taping label.
17. Patient has difficulty reading glossy papers.
18. Patient has difficulty reading worn prescription labels and glossy papers. Discuss importance of protecting label from wear (e.g., use a weekly pill box).
19. Discuss need for compliance packaging. Decision based pharmacist judgment.
20. Counsel patient on role of medications in low vision.
21. Discuss need for a magnifying glass.
22. Discuss need for a magnifying glass or large print label.

**Table 1.** Links between ClereMed pre-screening and screening game results and recommendations

|  |  |
| --- | --- |
| **Pre-Screening Question** | **Recommendation** |
| **General** |  |
| Everyone | 1-4  5 -> Everyone EXCEPT people who say ‘yes’ to either, ”Do you have difficulty reading worn prescription labels?” |
|  |  |
| **When reading medication labels…** |  |
| Do you wear glasses, bifocals, reading glasses or contacts | If answer ‘yes’ then POP-UP 1 |
| POP-UP 1: Are you wearing them now? | If answer if ‘no’ then POP-UP 2 says, “This app is checking how you read medication labels. Please repeat the test when you have your glasses or contacts with you.” |
| Do you use a magnifier? | If answer ‘yes’ then POP-UP 3 |
| POP-UP 3: Are you using a magnifier now? | If answer if ‘no’ then POP-UP 4 says “This app is checking how you read medication labels. Please ask the pharmacist for a magnifier to complete the test if needed.” |
| Do you use large print reading material? | 13 -> if answer is ‘yes’ AND the task is completed with 9-12 pt font |
| Does anyone help you? | If the answer if “yes” then POP-UP 5 |
| POP-UP 5: Are they here with you now? | If answer ‘no’ then POP-UP 6 says: “This app is checking how you read medication labels. Please repeat the test when your support person is with you.” |
| **Do you have difficulty reading…** |  |
| Prescription labels? | 14,22 -> If answer is ‘yes’ AND the task is completed with 9-12 pt font |
| Non-prescription labels? | 15, 21 -> If answer is ‘yes’ |
| Worn prescription labels? | 16 -> if answer is ‘yes’  18 -> if answer is ‘yes’ AND answer is also ‘yes’ to question about glossy papers |
| Glossy papers (magazines)? | 17 -> if answer ‘yes’ |
| **Screening Results** |  |
| Able to complete task using 9-12 pt (standard) font | 6 |
| Requires 15 or 18 pt font to complete the task | 7,9,10, 11 |
| Cannot complete the task | 8, 12, 11 |
| Medication Questions |  |
| Corticosteroids, anticholinergics | 20 -> if answer is ‘yes’ |
| Hypertension, diabetes | 11 -> if answer is ‘yes’ |
| Glaucoma, cataracts, macular degeneration | 11 -> if answer ‘yes’ |
|  |  |
|  |  |