

DOMICILIARY MEDICATION MANAGEMENT - HOME MEDICINES REVIEW

<p>COMMUNITY PHARMACY DETAILS: (nominated by the patient) Name: Amanda Nematalla</p> <p>PATIENT DETAILS: Name: Mr Testy Test Address: 123 Fake Street, Southport 4215 Phone: 0412 123 123 D.O.B: 04/09/1940 Medicare No: 4111 111 111 2 DVA No: Patient/Carer contact:</p>	<p>GENERAL PRACTITIONER DETAILS: Name: Dr Makeyou Well Address: 321 Better Street, Southport 4215 Provider No: 12345MW Prescriber No: 1234567 Phone: 0755123321 Fax: 0755123322 Email:</p> <p>PREFERRED MEANS OF RECEIVING REPORT: E-mail or word document on a floppy disc.</p>
<p>ISSUES THAT MAY INFLUENCE MEDICATION USE EFFECTIVENESS:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Vision</div> <div style="width: 50%;"><input type="checkbox"/> Hearing</div> <div style="width: 50%;"><input type="checkbox"/> Language and/or literacy problems</div> <div style="width: 50%;"><input type="checkbox"/> Swallowing</div> <div style="width: 50%;"><input type="checkbox"/> Cognition (memory and comprehension)</div> <div style="width: 50%;"><input type="checkbox"/> Dexterity (eg manual coordination)</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div>	<p>Does patient drink alcohol?</p> <hr/> <p>MEDICATION DOSE ADMINISTRATION</p> <p>Self : Yes Partner/Carer:</p>
<p>OTHER PATIENT INFORMATION:</p> <p>Height: 163cm</p> <p>Weight: 80kg</p> <p>Blood Pressure: 125/85 90</p> <p>VACCINATION STATUS (TICK IF UP-TO-DATE)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Tetanus</div> <div style="width: 50%;"><input type="checkbox"/> Rubella</div> <div style="width: 50%;"><input type="checkbox"/> Hepatitis A</div> <div style="width: 50%;"><input type="checkbox"/> Hepatitis B</div> <div style="width: 50%;"><input type="checkbox"/> Influenza</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> <div style="width: 50%;"><input type="checkbox"/> Pneumovax</div> </div>	<p>AIDS OR OTHER EQUIPMENT USED:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Peakflow meter</div> <div style="width: 50%;"><input type="checkbox"/> Spacer</div> <div style="width: 50%;"><input type="checkbox"/> Nebuliser</div> <div style="width: 50%;"><input type="checkbox"/> Blood Glucose Meter</div> <div style="width: 50%;"><input type="checkbox"/> Multi/unit dose DAA eg Dosette</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div> <hr/> <p>INDICATION FOR DMMR (Delete inappropriate reasons)</p> <ul style="list-style-type: none"> currently taking 5 or more regular medications; taking more than 12 doses of medication per day; significant changes made to medication treatment regimen in the last 3 months; medication with a narrow therapeutic index or medications requiring therapeutic monitoring; symptoms suggestive of an adverse drug reaction; sub-optimal response to treatment with medicines; suspected non-compliance or inability to manage medication related therapeutic devices; patients having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, confusion/dementia or other cognitive difficulties; patients attending a number of different doctors, both general practitioners and specialists; and recent discharge from a facility / hospital (in the last 4 weeks).

ALLERGIES OR ADVERSE REACTIONS TO MEDICATION

CURRENT MEDICATION:

Aspirin 100mg Tablet, enteric coated
Clotrimazole 1% Cream
Epipen 0.3mg/0.3mL Pen device
Melatonin 2mg Tablet, modified release
Mobic 7.5mg Tablet
Nasonex 50mcg/dose Nasal Spray
Nexium 40mg Tablet
Osteomol 665 Paracetamol 665mg Tablet
Paxlovid 150mg; 100mg Tablets composite pack

Prolia 60mg/mL Injection
Simvastatin 10mg Tablet

1 Tablet Daily.
apply to affected areas.
1 Injection for anaphylaxis.
1 Tablet Before bed.
1-2 Daily with meals.
2 spray 2 sprays both nostrils for 4 weeks then review with Doctor.
1 Tablet Daily.
2 Tablets Three times a day.
300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) taken together orally every 12 hours for 5 days.
TEMPORARY STOP SIMVASTATIN TILL 5 DAYS AFTER TREATMENT.
1stat.
1 Tablet Daily.

CURRENT CONDITIONS:

2012 TIA
13/12/2022 COVID-19 infection

RELEVANT LABORATORY RESULTS AND BLOOD DRUG LEVELS (eg serum electrolytes, liver function test etc. as relevant)

I HAVE EXPLAINED TO THE PATIENT:

- the process involved in having a DMMR; and

THE PATIENT UNDERSTANDS THAT:

- the location of the DMMR is at their choice, but preferably in their own home; and
- the pharmacist who will conduct the DMMR will communicate with me, information arising from the DMMR; and

THE PATIENT HAS CONSENTED:

- to me releasing to the pharmacist information about their medical history and medications; and

THE PATIENT HAS CONSENTED:

- to me releasing their Medicare No. or DVA No. to the pharmacist for the pharmacist's payment purposes.*

Date: 26/06/2023

General practitioner's Signature:

* If the patient does not agree to releasing their Medicare No., the DMMR service can still be provided.

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ACKNOWLEDGEMENT OF RECEIPT OF REFERRAL

From (community pharmacy)

I have arranged to conduct a DMMR for Mr **Testy Test** on

Pharmacist conducting interview

Signed