

Participants tasks:

Prior to attending / viewing the webinar titled *Documenting Patient Care Recommendations*, read the following patient case and the partially completed care plan (from the last webinars) and complete the following tasks:

1. Write a documentation note that you would fax to the family physician to communicate the recommendations in the care plan

Patient Case

SB is a 70-year-old Caucasian man who presented to your community pharmacy for a medication assessment (SMAP). You just interviewed him to collect a medication history. This is a real patient case from the Medication Assessment Centre, but the initials have been changed.

Current Medications

Amlodipine 10mg once daily for hypertension
Atenolol 50mg once daily for hypertension
Hydralazine 50mg BID for hypertension
Valsartan 320mg once daily for hypertension
Ezetimibe 10mg once daily for dyslipidemia
Atorvastatin 10mg once daily for dyslipidemia
Canagliflozin 300mg once daily for type II diabetes
Glyburide 5mg BID for type II diabetes
Metformin 1000mg BID for type II diabetes
Insulin glargine 27 units at HS for type II diabetes
Insulin lispro PRN (dose varies) before meals “uses only when sugars are high”
ASA 81mg BID for cardiovascular protection
Vitamin C 1000mg BID for general health
Vitamin D 1000 IU once daily for general health
Multivitamin once daily for general health

He has no known drug allergies and he reports that his medication adherence is excellent.

Pertinent information from the interview:

DIABETES: He has had diabetes for a couple decades and current medications have been pretty stable. Canagliflozin was most recently added about one year ago (which is not covered and he pays \$120/month for it). He does not check his home sugars very often, but did so for 2 weeks prior to your appointment and his pre-meal/fasting sugars have ranged from 4.7 – 8.2 mmol/L. When you checked the e-Health viewer you found that his most recent A1c value was 8.1% (which is similar to the previous 3 readings in the last year). He reports symptomatic hypoglycemia in the middle of the night about 2-3 times per month (wakes up sweaty and shaky, sugars are 2.5 – 3.0mmol/l, has some juice and feels better). No diabetes complications.

DYSLIPIDEMIA: He has never had a heart attack or a stroke, but has had dyslipidemia for a couple decades. He thinks his cholesterol medications have been the same for the last 10 years. He reports no muscle pain/weakness or any other side effects. Annual lipids values have been consistent for last 4 years: LDL 1.1mmol/L, HDL 1.0mmol/L, TG 1.3mmol/L, TC 3.0mmol/L.

HYPERTENSION: He reports that he has had hypertension for a couple decades and has been on the same medications for several years. The only other blood pressure medication that he has ever tried is an ACE-inhibitor, which caused a bad cough and was switched to valsartan over 5 years ago. The most recent addition was hydralazine about 3 years ago. He reports no side effects and has no complaints. He checks his BP at home about twice per week and the average over the last 2 weeks is 138/77mmHg. You checked it yourself and it was 135/80mmHg in the pharmacy.

While performing your review of systems at the end of the interview you found that SB has not been able to achieve an erection for about 3 years. His family doctor assessed the problem a few years back and told him that it was probably due to his longstanding diabetes. The doctor prescribed both Viagra 50mg and 100mg with little response, but SB has not tried it in the last 2 years.

Family History

Father—died in car accident at age 51

Mother—died of lung cancer at age 77

Social History

Retired teacher, married, with several adult children

Non-smoker, Drinks alcohol sporadically and in moderation; drinks ~2 cups of coffee per day

He has Rx insurance through the Sask Senior’s Plan and teacher retirement plan

Height 5’10”; weight 100kg

Other relevant laboratory tests accessed from e-Health viewer: (normal values in brackets)

- | | | | |
|--------------------|-------------------|-------|--------------|
| • Na ⁺ | 140 (135-146) | • WBC | |
| • K ⁺ | 4.0 (3.5-5.1) | | 6.45 |
| • Urea | 6.0 (3.7-7.0) | | (4.00-11.00) |
| • Serum creatinine | 78umol/L (45-110) | • RBC | |
| • Est. CrCl | 70ml/min | | 3.99 |
| • Fasting glucose | 8.7 (3.6-6.0) | | |
| • TSH | 1.10 (0.5-9.0) | | |



SMAP CARE PLAN FORM

The following **must** be completed:

PIP profile reviewed: Yes (attach PIP profile to form)

Time spent on assessment: _____

eHR Viewer (or equivalent) reviewed: Yes

Patient requires compliance packaging: Yes No Reason for Compliance Packaging: _____

Document ALL Drug Related Problems (DRP) – Actual and Potential

Medical Condition and Medications (if applicable)	Goals of Therapy	Drug Therapy Problem (DTP) Actual and Potential	Recommendation(s) and Monitoring Plan	Practitioner Accepted Recommendation (Yes/No)	Follow-up and Dates	DTP Resolved (Yes/No)
Diabetes	Reduce A1c < 7% in 6 months Fasting BG 4-7mmol/L in 3 mo. Post prandial BG 5-10mmol/L in 3 mo. No hypoglycemia in 1 mo. Prevent diabetes complications	SB is not on best drugs for his diabetes	Stop glyburide today and start taking insulin lispro at every meal today. MD to check A1c in 3 months; pharm to review home BG readings in 2 weeks.		Pharmacists to see patient for follow up in 2 weeks.	
Hypertension	Reduce BP less than 130/80mmHg within 3 months Prevent hypertension complications	SB is not on best drugs for his hypertension	Stop hydralazine today and start chlorthalidone 12.5mg once daily in AM. Pt to check home BP BID and pharm to review in 2 weeks; pharm to ask pt about chlorthalidone side effects in 2 weeks; MD to order electrolytes and serum creatinine in 2 weeks.		Pharmacists to see patient for follow up in 2 weeks.	
Dyslipidemia	Maintain LDL chol. Less than 2.0 Prevent dyslipidemia complications	SB is taking ezetimibe, which is not indicated	Stop ezetimibe today. Pharm to ensure pt actually stopped it when following up about other issues in 2 weeks; MD to check lipids in 3 months.		Pharmacists to see patient for follow up in 2 weeks.	

SMAP CARE PLAN FORM

Medical Condition and Medications (if applicable)	Goals of Therapy	Drug Therapy Problem (DTP) Actual and Potential	Recommendation(s) and Monitoring Plan	Practitioner Accepted Recommendation (Yes/No)	Follow-up and Dates	DTP Resolved (Yes/No)
Overall health and wellness	n/a	SB is taking Vitamin C, which has no clear indication	Stop vitamin C today. Pharm to ensure pt actually stopped Vit C when following up about other issues in 2 weeks.		Pharmacists to see patient for follow up in 2 weeks.	
Vascular risk reduction	Prevent a first MI or stroke	SB is taking an excessive dose of ASA	Reduce ASA to once daily. Pharm to ensure pt actually lowered ASA dose when following up about other issues in 2 weeks		Pharmacists to see patient for follow up in 2 weeks.	
Erectile dysfunction	Achieve and maintain an erection to the extent that SB is satisfied within 6 months	SB is experiencing erectile dysfunction that is not being treated and which may be worsened by his antihypertensives	Start tadalafil 5mg PRN today, stop hydralazine today. Pharm to ask pt about efficacy in 1 month and ask about side effects to tadalafil.		Pharmacists to see patient for follow up in 2 weeks.	