PHARMACIST INTERVENTION FORM

DATE: / / INTERVENTION N°: CENTER N°:

PATIENT:
Last name:
First name:
Age: years / Weight: Kg
Sex: ☐ M ☐ F

1- DRUG RELATED PROBLEM (1 choice):
1 ☐ Non conformity to guidelines or contra-indication
2 ☐ Untreated indication
3 ☐ Subtherapeutic dosage
4 ☐ Overdosage
5 ☐ Drug without indication
6 ☐ Drug interaction
   ☐ To be taken into account
   ☐ Use with caution
   ☐ Association to be avoided
   ☐ Association contra-indicated
   ☐ Published but not in VIDAL®
7 ☐ Adverse drug reaction
8 ☐ Improper administration
9 ☐ Failure to receive drug
10 ☐ Drug monitoring

2- INTERVENTION (1 choice):
1 ☐ Addition of a new drug
2 ☐ Drug discontinuation
3 ☐ Drug switch
4 ☐ Change of administration route
5 ☐ Drug monitoring
6 ☐ Administration modalities optimisation
7 ☐ Dose adjustment

4- INTERVENTION FOLLOW-UP:
☐ Accepted
☐ Non accepted
☐ Non assessable

DETAILS ⇒ If necessary, give details on any aspects of the DRP detected and describe precisely the intervention.

Context

Problem

Intervention

Hospital ward:
☐ Psychiatry
☐ Acute care
☐ Long term care
☐ Rehabilitation ward

3- DRUG CLASSIFICATION (ATC):
A ☐ Alimentary tract & metabolism
B ☐ Blood & blood forming organs
C ☐ Cardiovascular system
D ☐ Dermatologicals
G ☐ Genito urinary system & sex hormones
H ☐ Systemic hormonal preparations
J ☐ Antiinfectives for systemic use
L ☐ Antineoplastic & immunomodulating agents
M ☐ Musculo-skeletal system
N ☐ Nervous system
P ☐ Antiparasitic products
R ☐ Respiratory system
S ☐ Sensory organs
V ☐ Various

Developed by the working group “Standardisation and demonstrating the value of clinical pharmacy activities” of the French Society for Clinical Pharmacy.
June 2004 and Copyright 2004. Version 1