Table 1 : description of Drug Related Problems

- **Identification** of DRP is based on the analysis of a drug prescription and according to available clinical and paraclinical data on the patient.
- **Only one choice**: If the patient’s drug regimen reveals several problems, fill up as many intervention form as of problems.
- **The question**: does this patient develop or is he susceptible to develop a clinical symptom linked to a specific drug or is there a drug problem requiring an intervention to avoid unnecessary mobilization of resources?

<table>
<thead>
<tr>
<th>DRP</th>
<th>DESCRIPTION</th>
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| 1.1 | Non conformity to guidelines or contra-indication  
- Non conformity of the drug choice compared to the Formulary: An equivalent is available on the formulary.  
- Non conformity of the drug choice compared to guidelines: An other drug has a better benefit / risk ratio or a better cost / efficacy ratio according to current guidelines.  
- There is a physio-pathologic contra-indication for the present drug: ie, the patient is asthmatic and is being prescribed beta-blockers. |
| 1.2 | Untreated indication  
- Valid indication without a drug.  
- A new symptom is not being treated.  
- A drug is missing after transfer.  
- The patient is missing a pre-medication or a prophylactic treatment.  
- A synergic or corrective drug should be associated. |
| 1.3 | Subtherapeutic dosage  
- Dose too low for this specific patient (daily dose).  
- Length of the treatment too short (ie, antibiotic prescription of 5 days instead of 10 days) |
| 1.4 | Overdosage  
- Supra-therapeutic posology: dose too high for this specific patient.  
- there is a risk for accumulation of the drug  
- Duplicate prescription: a same active substance is being prescribed several times (ie, oral acetaminophen and oral association of dextropropoxyphen/acetaminophen) |
| 1.5 | Drug without indication  
- No justified indication for the drug.  
- The drug is being prescribed for a too long period without any risks (ie, antibiotic prescribed for 15 days)  
- Therapeutic redundancy: prescription of two different molecules from the same therapeutic class |
| 1.6 | Drug interaction  
A drug interferes with another drug and can lead to a non adapted pharmacological impact (over or under expressed)  
- Level according to the French Red Book Vidal©  
- Interaction published but not integrated into Vidal© (specify the bibliographic references) |
| 1.7 | Adverse drug reaction  
The patient presents an adverse drug reaction while on the right posology. It can be a clinical, biological, or kinetic effect. |
| 1.8 | Improper administration  
The chosen drug is correct but the mode of administration is not adapted:  
- Other route more effective or less costly for the same efficacy  
- the method for administration is not adequate (reconstitution, dilution, manipulation, length of administration)  
- Inappropriate drug form  
- Incomplete formulation (dosage missing …)  
- Inappropriate timing of administration and/or repartition of doses |
| 1.9 | Failure to receive drug  
- Physico-chemical incompatibility between several injectable drugs : there is a risk for precipitation between drugs during perfusion.  
- Compliance problem. |
| 1.10 | Drug monitoring  
The patient doesn’t benefit from a suitable or sufficient follow-up: lab tests, kinetics, symptoms (glycemia, EKG, blood pressure, blood concentration of specific drugs …) |

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