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?**

	DRP	DESCRIPTION
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 …)