

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

Hospital ward :

- ☐ Psychiatry
- ☐ Acute care
- ☐ Long term care
- ☐ Rehabilitation ward

DRUG NAME (INN) :

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

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