

# Guide to completing the Pharmacy Assessment System



## Introduction

The Pharmaceutical Society of Ireland (PSI) has designed and developed a Pharmacy Assessment System for use in pharmacies. The Assessment System is intended to be a practical tool to facilitate the supervising pharmacist, superintendent pharmacist and the pharmacy owner, in conjunction with the pharmacy team, to critically review and reflect on their pharmacy's practice and identify areas where improvements are required. The PSI and the public expect that pharmacies can be relied upon to provide safe and effective services every day, and completing the Assessment System is one way to provide evidence of your commitment to this primary objective.

The Pharmacy Assessment System was developed based on legislation, PSI guidance and the principles of good pharmacy practice. It has been developed as part of the Inspection Policy Project, in 2015 and 2016, in collaboration with the pharmacy profession and other stakeholders, through focus group meetings, other consultations and it was also piloted in over 250 pharmacies in 2016.

After three cycles of its use in pharmacies, a review of the operation of the Pharmacy Assessment System was completed in 2018. Following this review, from January 2019 the completion of the Assessment System will be reduced to once annually. Any further changes will occur on a phased basis and will be communicated to the profession as these are progressed.

This guide offers practical advice to help you complete each stage of the Assessment for your pharmacy.

## What are the benefits of the Pharmacy Assessment System?

The supervising pharmacist, and all pharmacists on duty, have an obligation to ensure that, at all times, the pharmacy is operating in accordance with the requirements of relevant legislation, PSI guidance and the principles of good pharmacy practice.

Along with the pharmacy's documented policies and procedures, the Assessment System will form part of the pharmacy's quality management system. More information on quality management systems is available in the Question and Answers (Q&A) section at the back of this guide.

The Pharmacy Assessment System will help the supervising pharmacist, superintendent pharmacist and pharmacy owner(s) to:

- Evaluate the pharmacy's practice
- Identify areas where improvements are required within the pharmacy's practice
- Identify and carry out improvements to facilitate ongoing compliance and to ensure patient safety
- Demonstrate control over the management and administration of the pharmacy
- Help prepare for a PSI inspection

## How is the Pharmacy Assessment System structured?

The Assessment System is divided into the following six sections, each relating to a particular aspect of pharmacy practice:

1. Management and Supervision
2. Sale and Supply of Non-Prescription Medicines
3. Sale and Supply of Prescription Medicines
4. Documentation and Record Keeping
5. Premises, Equipment and Storage
6. Supply of Medicines to Patients in Residential Care Settings

For each section, you will be required to complete a **Review**, a **Compliance Assessment** and an **Action Plan**. This will form part of a continuous cycle of assessment, review and improvement for your pharmacy's practice.

## Review

The **Review** part of each section contains a series of practical audit activities and questions which are based on relevant legislation, PSI Guidance and principles of good pharmacy practice.

The Review will assist you to identify what you are doing well and will also highlight any areas of non-compliance or areas where improvements are required.

Take time to answer each question or activity and reflect on how your pharmacy operates. Be as specific and as detailed as possible in your descriptions, as this will assist you in developing your action plan.

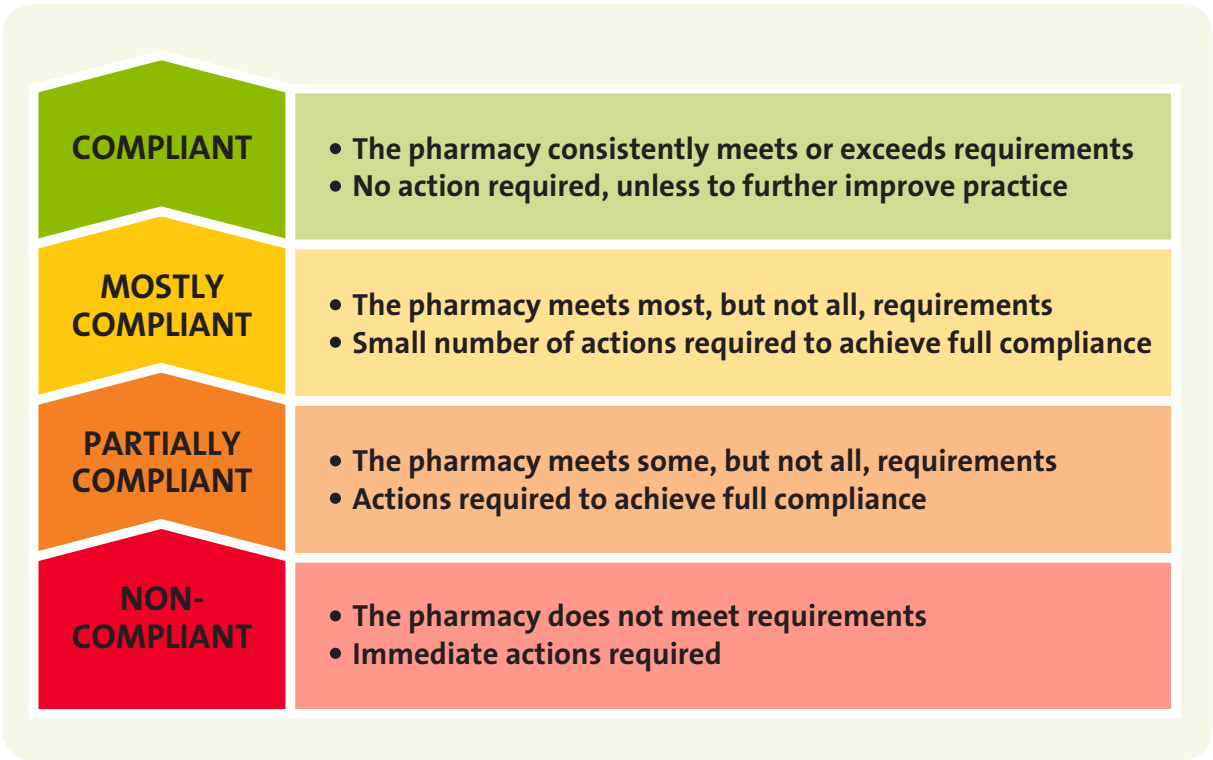
When you have completed the Review, move on to the Compliance Assessment.



# Compliance Assessment

The **Compliance Assessment** outlines four levels of compliance.

Each level of compliance includes a number of statements which are specific to each section. The statements provided are not exhaustive. Please consider the statements and select the level of compliance that you think best represents your pharmacy’s practice or the closest level if none fits exactly.



When you have completed the Compliance Assessment, move on to the Action Plan booklet.

## Action Plan

Having completed the **Review** and **Compliance Assessment** for each section, you may have identified areas of non-compliance or areas where improvement is required. The next step is to start developing your action plan, which sets out the action(s) that you will undertake to correct the areas for improvement identified, the person responsible for each action(s) and the target date for completing the action(s). A separate action plan booklet is available in your folder. The booklet contains action plan templates for each of the six sections.



Your Actions should be:

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**imely

This will help ensure that the actions you take will lead to sustained improvements.

All members of the pharmacy team should participate in the completion of the Assessment, and responsibility for particular actions can be delegated to a particular member of the team, where appropriate to their role. There is also space to record additional comments provided by the pharmacy team within the action plan templates. It is important to monitor the progress of the action plan to ensure all actions have been fully implemented prior to commencing the next Assessment cycle. Completed examples of an action plan are included in **Appendix 1**.

## Approval of Action Plans

There is space in the action plan booklet for the supervising pharmacist to approve the action plans for each of the six sections once the action plans have been developed. If the superintendent pharmacist and or the pharmacy owner(s) are different from the supervising pharmacist, they should review the completed Assessment and approve the action plans. A separate section is available at the end of the action plan booklet for this purpose.

# Advice on the Pharmacy Assessment System

## Section 1: Management and Supervision

### Purpose

The purpose of this section is to help you to review the staffing, management and supervision arrangements in place at your pharmacy.

### Tips for completion

Think about the **Roles, Responsibilities, and Training** of all team members in the pharmacy. Does everyone have defined roles and responsibilities, and work within the scope of their training and competence?

Think about your **Staffing Levels** and the services you provide at your pharmacy. It is also helpful to think about the workload in the pharmacy over the course of the day, week or month and the possibility that certain days, weeks or months may require more staff members or a different mix of staff skills.

Think about **Communication** in the pharmacy, and how important messages are communicated between team members. For example, you may use methods such as daily notes in the dispensary diary, or more structured methods such as team meetings, newsletters, staff emails etc.

Think about how you **Review** procedures at the pharmacy. Take time to look at your pharmacy's Standard Operating Procedures (SOPs) and consider whether these are specific to your pharmacy and if they reflect how things are carried out by the pharmacy team.

## Section 2: Sale and Supply of Non-Prescription Medicines

### Purpose

The purpose of this section is to help you review how non-prescription medicines are supplied to patients from your pharmacy.

### Tips for completion

Please observe and record details of a minimum of five sales / supplies of non-prescription medicines under the appropriate headings in the template provided. When selecting the supplies, consider selecting:

- Sales made by different members of staff
- Sales over a period of time (i.e. not all on one day if possible)
- Sales for a range of products, for example products containing domperidone, codeine, pseudoephedrine etc.

Two completed examples are included in **Appendix 2**.

## Section 3: Sale and Supply of Prescription Medicines

### Purpose

The purpose of this section is to help you review how prescription medicines are supplied to patients from your pharmacy.

### Tips for completion

Please select and record details of five sales or supplies of prescription medicines in the template provided. When selecting the supplies, consider selecting:

- A supply that you, or another pharmacist, have recently made to a patient
- A supply that you have picked from the pharmacy records (e.g. Controlled Drug Register, Prescription Register (Daily Audit Report) or bundle of recently dispensed prescriptions)

Consider selecting supplies of different medicines, for example:

- A High Tech Medicine
- A schedule, 2, 3 or 4 (part 1) controlled drug
- A supply to a patient on long term medication

A completed example is included in **Appendix 3**.

## Section 4: Documentation and Record Keeping

### Purpose

The purpose of this section is to help you to review the record keeping and documentation systems in your pharmacy.

### Tips for completion

Think about **Medication Error Management** in your pharmacy. Discuss errors, and the recording of errors, with your staff and remind them that the purpose is not only to document what went wrong and how, but also to demonstrate the steps you took to rectify the situation and to avoid it happening again.

Similarly think about **Near Miss** recording and discuss this with your staff to reassure them that the purpose is to minimise risk and to proactively try to prevent errors from reoccurring. Encourage staff members to help in the review of near misses as they may be best placed to suggest preventative actions.

When completing the **Delivery** part of this section it might be worthwhile looking at the particulars of a recent delivery which took place and ask yourself if you are satisfied that it was carried out in accordance with PSI Guidance on the Delivery of Medicines Dispensed on Foot of a Prescription from a Retail Pharmacy Business and your pharmacy's Delivery Service SOP.

## Section 5: Premises, Equipment and Storage

### Purpose

The purpose of this section is to help you review your premises and equipment, and how medicines are stored in your pharmacy.

### Tips for completion

Prior to completing this, you should walk around the premises and look at your pharmacy from the perspective of a patient.

Consider if your premises facilitates a safe and effective working environment and reflects the professional nature of a healthcare facility?

Review your premises and storage areas to make sure that medicines are stored safely and appropriately.

## Section 6: Supply of Medicines to Patients in Residential Care Settings

### Purpose

The purpose of this section is to help you review how medicines are supplied to patients in residential care settings (including nursing homes and other care homes) from your pharmacy.

### Tips for completion

You only need to complete this section if your pharmacy currently supplies medicines to patients in residential care settings.

Think about how your pharmacy ensures that patients in residential care settings are provided with the same level of professional care and attention as patients who come to the pharmacy in person.

Please select and record details of three supplies of prescription medicines made to patients in the residential care setting(s) using the template provided. When selecting the supplies, consider selecting:

- A supply of a patient's regular monthly medicines
- A supply of an acute or non-routine medicine
- A Schedule 2, 3 or 4 (part 1) controlled drug



## Questions and Answers (Q&A)

### **Q. Do I have to submit my Pharmacy Assessment System to the PSI upon completion?**

**A.** No. The completed Assessment is for your use and information and does not need be sent to the PSI upon completion. It should form part of your pharmacy's overall quality management system.

### **Q. Is the Pharmacy Assessment System applicable to Hospital Pharmacies?**

**A.** Yes. If your hospital pharmacy is registered with the PSI, the Assessment should be completed for the part of your pharmacy that constitutes your retail pharmacy business. However, if there are certain services that you don't provide, for example the sale and supply of non-prescription medicines, you should indicate this on your Assessment.

### **Q. Will the Pharmacy Assessment System be reviewed by the PSI inspector during the course of an inspection?**

**A.** During an inspection, PSI inspectors will verify if you have completed the Pharmacy Assessment System, but inspectors will only review the completed Action Plan Booklet. Therefore, it is important to ensure that the Pharmacy Assessment System folder is retained at the pharmacy and available for review.

### **Q. Who can complete the Pharmacy Assessment System?**

**A.** The Assessment is to be completed by the pharmacy's supervising pharmacist, as this is the pharmacist who is responsible for the day-to-day operation of the pharmacy.

While it is the overall responsibility of the supervising pharmacist to complete the Assessment, other members of the pharmacy team should be encouraged to input or undertake certain sections which are relevant to their roles and responsibilities.

### **Q. What are the roles of the Superintendent Pharmacist and the Pharmacy Owner in the Pharmacy Assessment System?**

**A.** The superintendent pharmacist and pharmacy owner, if different from the supervising pharmacist, should support the supervising pharmacist, in completing the Assessment. The superintendent pharmacist and pharmacy owner should review the completed assessment and approve the action plans. A template for this is included in the Action Plan Booklet.

### **Q. How often does the Pharmacy Assessment System have to be completed?**

**A.** You are required to complete one cycle of the Pharmacy Assessment System each year. Following a review of the operation of the PAS in 2018. The frequency of completion of the pharmacy assessment system has been reduced from biannual completion (every six months) to once annually.

The pharmacy assessment system should, however, be recompleted in circumstances where there has been a significant change to the operation of the pharmacy. For example, where a pharmacy has been renovated or re-fitted, where there has been a change in the pharmacy's activity, such as the introduction of a new service, or where there has been a change in the key governance positions in the pharmacy, i.e. the superintendent or supervising pharmacist.

### **Q. Do I have to complete all sections of the Pharmacy Assessment System together?**

**A.** No. It is recommended that you focus on completing one section at a time, in a way that works best for you.

**Q. How long should it take to complete the six sections of Pharmacy Assessment System?**

**A.** The majority of pilot participants indicated that it took them between 30 minutes and three hours to complete each section. This did not include the time to implement all actions set out in the action plans.

Many pharmacists who participated in the pilot also indicated they felt that it would take them less time to complete future cycles, as the process will become more familiar and the level of compliance and/or areas where improvements are needed should have improved.

**Q. Do I have to complete Section 6: Supply of Medicines to Patients in Residential Care Settings?**

**A.** You should only complete this section if you provide services to patients in residential care settings or nursing homes.

**Q. Will additional sections of the Pharmacy Assessment System be developed?**

**A.** Yes, it is intended that additional sections, on additional services provided by pharmacies, will be developed. A pharmacy will only have to complete the sections that are relevant to their pharmacy.

**Q. Where can I get more advice on how to complete my pharmacy's Pharmacy Assessment System?**

**A.** If you have any additional questions on the Pharmacy Assessment System, that are not addressed by this guide, please email your query to [inspectionproject@psi.ie](mailto:inspectionproject@psi.ie)

**Q. Where can I find reference materials which are relevant to the Pharmacy Assessment System?**

**A.** You can access pharmacy and medicines legislation on [www.irishstatutebook.ie](http://www.irishstatutebook.ie) and the PSI website [www.PSI.ie](http://www.PSI.ie). PSI guidance is available on the PSI website and in your Pharmacy Practice Guidance folder.

**Q. Do I have to use the hardcopy, paper version of the Pharmacy Assessment System?**

**A.** No. There are two options available – a hardcopy, paper version that was sent to the pharmacy and an electronic (editable PDF) version. Both documents are identical. You can use whichever version you prefer. If you decide to use the electronic (editable PDF) version, the individual action plans and sign off sheets should be printed and signed by the relevant individuals.

The electronic (editable PDF) version of the Assessment can be completed and saved on your computer or tablet. This can be downloaded from the PSI website [www.PSI.ie](http://www.PSI.ie).

**Q. What if I don't have enough space to record my observations?**

**A.** This will depend on the version you decide to use. All required information can be entered in the electronic (editable PDF) version, and saved. If you decide to use the hardcopy, you can attach additional pages to the end of the document if you need more space to fully record your observations and actions.

**Q. What is a Quality Management System?**

**A.** A pharmacy's Quality Management System is a structure of working within a pharmacy which ensures the consistent, safe delivery of a pharmacy service to the public, and which is supported by documented procedures, on-going monitoring and evaluation, and continuous improvement.

A pharmacy's Quality Management System includes the pharmacy's standard operating procedures (SOPs), the monitoring and review of the use of the SOPs, on-going staff training, the identification and management of risks, and the management of medication errors, near misses and complaints in order to ensure continuous improvement of services.

A robust Quality Management System will help you to ensure that patients are consistently provided with a high quality service, which meets patients' needs and expectations.

**Q. Why do I need Standard Operating Procedures (SOPs)?**

**A.** SOPs play a fundamental role in quality assurance and help to ensure consistency in practices at your pharmacy. SOPs are written instructions describing how a routine task is to be carried out, when, where and by whom. No single SOP template can be applied to all pharmacies, as individual pharmacies operate differently, and therefore they must be tailored to your pharmacy.

**Q. When should SOPs be reviewed?**

**A.** SOPs should be updated and reviewed regularly, in line with changes in the pharmacy. They will sometimes need to be updated or revised, for example, if legislation or guidance has been updated, as a result of a medication error or incident and if your process has changed.

Old versions of SOPs should be archived, and kept separately from newer versions. All SOPs should have version control, e.g. version 1.0, version 2.0 etc., to ensure that it is clear to staff members that the SOP has been changed or updated, and that they are using the most up-to-date version of the SOP.

**Q. Why do I need to record medication errors and near misses?**

**A.** As medication error management is a key part of the pharmacy's quality management system all members of the pharmacy team should accept that errors may occur, but the correct management of these is important to ensure patient safety. It is important that there is open communication about errors.

## Appendix 1: Sample Action Plans

<b>Action Plan</b> <b>Section 2: Sale and Supply of Non-Prescription Medicines</b>				
Have you identified area(s) for improvement in this Section?  If No, you can proceed to the Approval of Action Plan for this section. If Yes, record these below:				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Area(s) for improvement	Action(s) to be taken to address the issues identified	Person responsible for ensuring each action is completed	Target date for completion	Action Completed
Ensure all patients are asked relevant questions before being sold a medicine	Staff will be re-trained on the WWHAM question technique.  A reminder poster for staff will be placed next to the till.  Spot checks will be carried out on staff members in one week and again in a fortnight.  Staff members will support each other to make sure they are all using WWHAM questions.	Support pharmacist with help from dispensary technician	03/11/2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Date Completed: <u>02/11/2016</u>
All OTC customers must be given advice/counselled on their medicines	All staff will re-read the SOP.  A quiz on the main OTC medicines will be given to staff.	Supervising pharmacist with help from pharmacy team	03/11/2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Date Completed: <u>03/11/2016</u>
All OTC customers must be asked if they understand the medicine they are purchasing.	The SOP will be updated to emphasise this step. Staff will be re-trained on the SOP.  Staff will remind each other to always ask this question.	Supervising Pharmacist and all staff	30/9/2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Date Completed: <u>30/09/2016</u>

**Approval of Action Plan by Supervising Pharmacist****Note:** This can be signed when the action plan has been developedSignature: *Supervising pharmacist*

Date:

19/08/2016

**Additional Comments by Supervising Pharmacist**

Consider having a customer feedback box in the pharmacy to get suggestions on how to improve customer satisfaction with the non-prescription medicine information provided- will discuss with superintendent pharmacist at next meeting.

**Additional Comments provided by Members of the Pharmacy Team**

- Meeting held in the dispensary after work regarding action plan for sales of non-prescription medicines. The meeting was attended by all staff members except X and Y. The support pharmacist took notes and agreed to update X and Y on the meeting.
  - Discussed review of sale of non-prescription medicines carried out and agreed action plan to improve service to customers
  - Actions and timelines agreed by pharmacy team
- Counter assistant suggested having refresher training on a seasonal basis to cover, for example, Hay fever, Cold & Flu, Sunburn etc.

**Action Plan****Section 6: Supply of Medicines to Patients in Residential Care Settings**

Have you identified area(s) for improvement in this Section?

Yes ☒ No ☐

If No, you can proceed to the Approval of Action Plan for this section. If Yes, record these below:

Area(s) for Improvement	Action(s) to be taken to address the issues identified	Person responsible for ensuring each action is completed	Target date for completion	Action Completed
1. Records of patient counselling including offers and attendance were not kept at the pharmacy	A diary has been put in place to record patient counselling and other visits to the nursing home.	Supervising pharmacist with help from support pharmacist	15/11/2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date Completed: <u>15/11/2016</u>
2. In one case, an antibiotic was issued as an emergency supply for a nursing home patient. The prescription was received a week later, not within 72hrs as promised by the doctor.	Remind doctors and nursing home staff about emergency supply requirements.  Keep a log of emergency supply requests for nursing home patients. Report findings at next 3-monthly meeting with doctor at nursing home.  Remind doctors requesting emergency supplies that they must send the prescription within 72 hours.  Technician to check emergency supply log daily. If the prescription hasn't been received, phone surgery as reminder 2 days after request.	Supervising pharmacist with help from pharmacy technician/ support pharmacist	7/11/2016  29/01/2017  On-going	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date Completed: <u>07/11/2016</u> <u>29/01/2017</u>

**Approval of Action Plan by Supervising Pharmacist****Note:** This can be signed when the action plan has been developedSignature: *Supervising pharmacist*

Date:

29/10/2016

**Additional Comments by Supervising Pharmacist**

Invite the superintendent pharmacist/pharmacy owner to the next 3-monthly meeting at the nursing home.

**Additional Comments provided by Members of the Pharmacy Team**

Implement a communication diary to record any issues/concerns raised between the pharmacy and the nursing home, these can be discussed during review meetings going forward.

## Appendix 2: Sample Review of the Sale and Supply of Non-Prescription Medicines

SUPPLY 1		
Date Supplied: 13/01/2016		
Medicine(s) Requested: The patient didn't request a medicine but presented with symptoms.	Patient Symptom(s): Nausea	
Medicine(s) Supplied: Domperidone 10mg Tablet		
Interaction with Patient	Referral to Pharmacist	
What question(s) were asked? The counter assistant used the WWHAM questioning technique and made sure the patient had no cardiac problems or was not on any heart medication. This information was passed onto the pharmacist.	Was the patient referred to the pharmacist?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
	If yes, record reason or referral symptom(s): The patient was referred to the pharmacist as all domperidone containing products are carried out by the pharmacist to determine if it is safe and appropriate to make the supply.	
Patient Counselling		
Was the patient provided with sufficient information to allow them to use their medicine safely and effectively? <b>Note:</b> Patients should be informed of their entitlement to a private consultation and to direct them to the consultation area if requested.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Did the staff member check that the patient understood the information provided?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<p>Record details:</p> <p>The pharmacist told the patient to take the medication as per the directions and not to exceed one tablet three times daily. The patient was reminded that it should only be used by the patient and if anyone else at home wishes to use it they must consult their doctor or pharmacist first.</p> <p>The patient was told to see their doctor if symptoms persist.</p> <p>The patient repeated the directions which demonstrated a clear understanding of the information provided.</p>		
Improvements		
Could any aspect of this interaction have been improved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<p>If yes, record details:</p> <p>The patient had a young child and should have been reminded to store the medicine out of reach of children.</p>		



SUPPLY 2		
Date Supplied: 23/05/2016		
Medicine(s) Requested: A mother requested a bottle of Nurofen®	Patient Symptom(s): A mother presents seeking advice about her 10 year old son, who is complaining of earache.	
Medicine(s) Supplied: Ibuprofen 100mg/5ml Suspension (Generic brand)		
Interaction with Patient	Referral to Pharmacist	
What question(s) were asked? The counter assistant used the WWHAM questioning technique and made sure there was no sign of discharge or redness. The counter assistant established that the child had been suffering from cold symptoms over the previous week. In addition, also established that the child was not asthmatic.  The counter assistant recommended ibuprofen 100mg/5ml suspension (generic brands), 15ml dose three times daily after meals. The counter assistant informed the mother that the generic Ibuprofen contained the same active ingredient as Nurofen.  The counter assistant also told the mother the she should make an appointment with the GP if the child's symptoms got worse and did not improve within 3 days.	Was the patient referred to the pharmacist?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a <input type="checkbox"/>
	If yes, record reason or referral symptom(s):	
Patient Counselling		
Was the patient provided with sufficient information to allow them to use their medicine safely and effectively?  <b>Note:</b> Patients should be informed of their entitlement to a private consultation and to direct them to the consultation area if requested.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Did the staff member check that the patient understood the information provided?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Record details:  The mother understood the information but also questioned if she could continue to give the child Zirtek® Solution for his allergies. The counter assistant told the mother that this was safe.		
Improvements		
Could any aspect of this interaction have been improved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, record details:  The mother should have been reminded to store the medicine out of reach of children and told that there was a spoon available inside the box to accurately measure the doses.		

## Appendix 3: Sample Review of the Sale and Supply of Prescription Medicines

SUPPLY 1			
Medicine(s) supplied: As prescribed		Medicine(s) Prescribed: Oxynorm® 5mg Capsules Oxycontin® 10mg Tablets	
Date supplied: 14/01/2016		Date specified on the prescription: 14/01/2016	
Prescription Details			
Was the <b>Prescription</b> :			
Available prior to supply?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Correctly written?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Retained in the pharmacy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Endorsed for the supply made?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Returned to the patient? <b>Note:</b> Remember to keep a copy with endorsements for Schedule 4 Part 1 CDs.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Accurately recorded in the Prescription Register (date specified on prescription and prescriber)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In date?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If the prescription was not available prior to supply, was the supply an <b>Emergency Supply</b> ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was there an immediate need for the medicine?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Had the patient been prescribed the medicine before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
At the request of:	Prescriber <input type="checkbox"/> Patient/carer <input type="checkbox"/>	What quantity was supplied?	
Did it contain a controlled drug (Schedule 1-4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the supply recorded as an emergency, when at the request of the patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Clinical Review by Pharmacist			
Were any potential therapy problems identified?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>If yes, record details:</p> <p>No antiemetic and/or laxative prescribed. The patient indicated that they had not experienced any nausea in hospital.</p>			

If yes, were these communicated to the prescriber / patient?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, record details: Patient advised to contact the pharmacy if they experience nausea or constipation.			
<b>Patient Counselling</b>			
Following the clinical review, was counselling offered to the patient?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Note:</b> Patients should be informed of their entitlement to a private consultation and to direct them to the consultation area if requested.			
If no, record reason:			
Did the patient/carer receive sufficient information and advice on the following, as deemed appropriate by the pharmacist? Please tick all that apply:			
The identity of the medicinal product, including information on any changes or substitutions made	<input checked="" type="checkbox"/>	Directions for use, including the dosage, method of administration, duration of therapy and storage	<input checked="" type="checkbox"/>
Any special directions and precautions for the administration and use of the medicinal product	<input checked="" type="checkbox"/>	Common severe side effects, adverse reactions or interactions and the action to be taken if they occur	<input checked="" type="checkbox"/>
Therapeutic benefit of the medicinal product	<input checked="" type="checkbox"/>	Importance of the need for compliance	<input checked="" type="checkbox"/>
Action to be taken in the event of a missed dose	<input checked="" type="checkbox"/>	Methods for the safe disposal in the event of the course of treatment not being completed	<input checked="" type="checkbox"/>
Did a member of the pharmacy team check that the patient understood the information provided?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

The Pharmaceutical Society of Ireland  
The Pharmacy Regulator

E: [info@psi.ie](mailto:info@psi.ie)  
W: [www.PSI.ie](http://www.PSI.ie)



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