Goel institute of pharmacy and sciences

2022-23

An assignment on Patient medication history interview

SUB-Pharmacy practice

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Date-

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Submitted to-

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Patient Medication History Interview

- A patient Medication history Interview is a detailed accurate and complete account of all prescribed and Non prescribed medications that a patient had taken or is currently taking prior to a initially institutionalized or ambulatory care.

- It provides valuable insights in to patient's allergic tendencies adherence to pharmacological and non-pharmacological treatments and self medication with complementary and alternative medicines

- Interviewing a patient in collecting the data medical history is called Medication history Interview

Importance of Accurate Drug history -

- Preventing prescription errors and consequent risk to patients

- Useful in detecting drug-related pathology or changes in clinical signs that may be the result of drug therapy.

- It should encompass all currently and recently

prescribed drugs, previous adverse drug reaction including herbal or alternative medicines and adherence to therapy for better care plan

Goals

- The goals of patient Medication history Interview is to obtain information on aspects of drug use that may assist in over all care of patient
- The information collected can be utilized to:

Compare Medication profile with the Medication administration record and investigate the discrepan -cy

- Verify Medication history taken by other staffs and provide additional information where appropriate

The following information is commonly Recorded:-

1. Currently or recently prescribed Medicines
2. OTC Medication
3. Vaccination
4. Alternative or traditional remedies
5. Description of reactions and allergies to Medicine
6. Medicine found to be ineffective
7. Adherence to past treatment and the use of adherence aids

Information Sources -

- Patient
- Family or caregiver
- Medication vials / bubble packs
- Medication list
- Community pharmacy
- DPIN (Drug programs information network)

Common Question to Ask -

- Which community pharmacy do you use?
- Any Allergies to Medications and what was the Reaction
- Which Medication are you currently taking
- The Name of Medication
- The dosage form
- The Amount
- How are the taking it (by which route)
- How many times a day
- For what Reason
- Have you Recently started New Medicines
- What vitamins or other supplement are you taking
- Have you recently started any New Medicines
- Which herbal or Natural Medicines are you taking

Steps Involved in Medication History Interview

- Patient Selection
- Self preparation
- Privacy and Confidentiality
- Purpose of Interview
- Conduct Interview
- Conclusion
- Document and follow-up

Patient Selection-

- Ideally all patient
- If Not possible priority should be given to those who are more likely to get benefit
- Ex- Patient with polypharmacy, Multiple and chronic disease
- Consider family members or relative

Self Preparation-

- Collect all the Relevant data including co-morbid conditions
- Make use of various sources of data
- Provisional list of Medications can be Made through Medical Notes
- Preparation of list of Questions can be helpful

Privacy and Confidentiality~

Consider privacy and Confidentiality of the patient

Hospital setting - difficult to maintain because interviews are taken at bedside

Patient unable to communicate - family Members can be involved

Purpose of Interview~

Introduce him/herself and explain the purpose of Interview

Possible benefits should also be explained

Respect patient right to decline the Interview

Conduct Interview

Use proper communication skills during interview

Where possible ask open ended questions

Close ended questions may be useful to confirm details

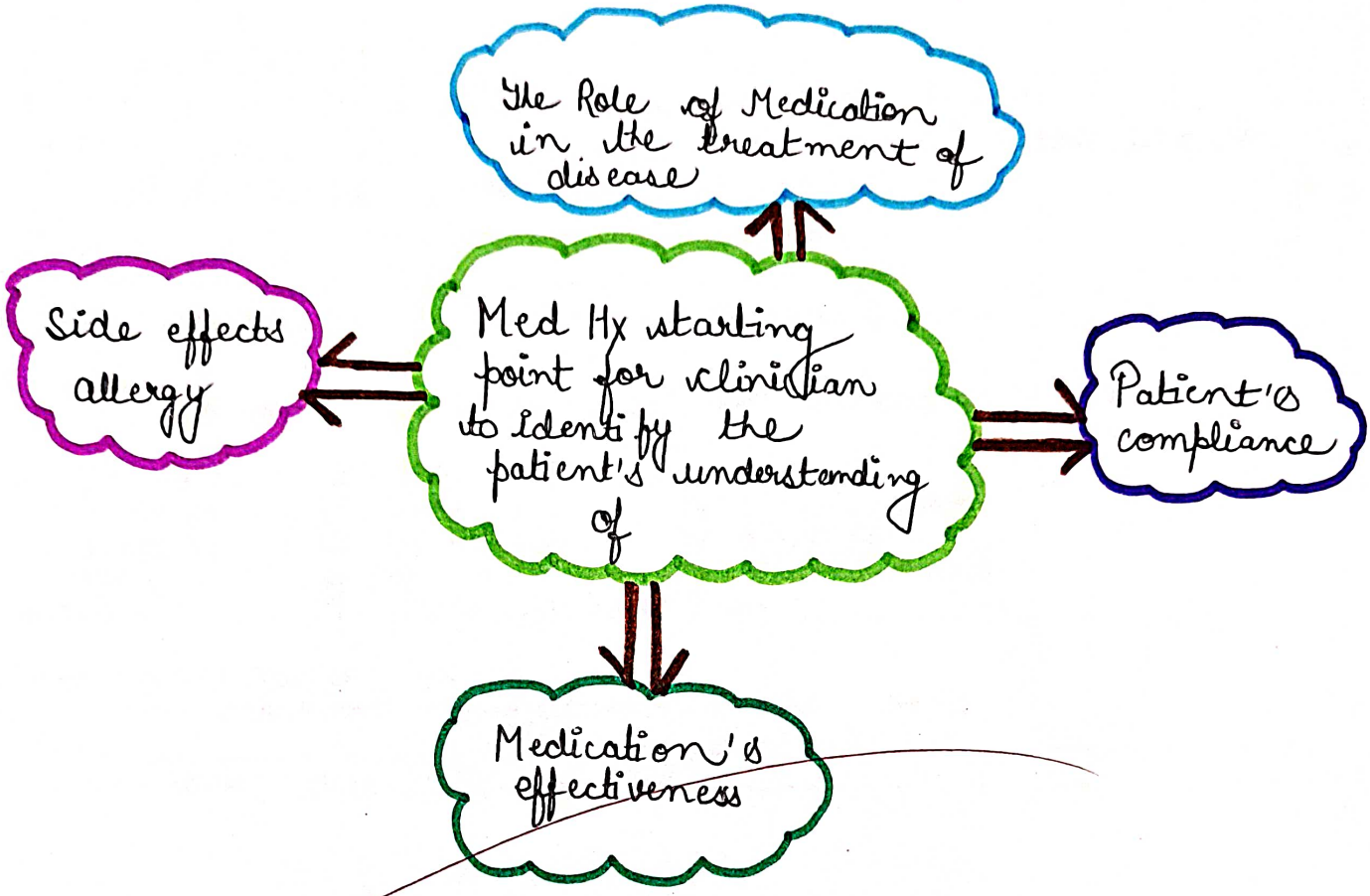
All the questions asked appropriately

Conclusion~

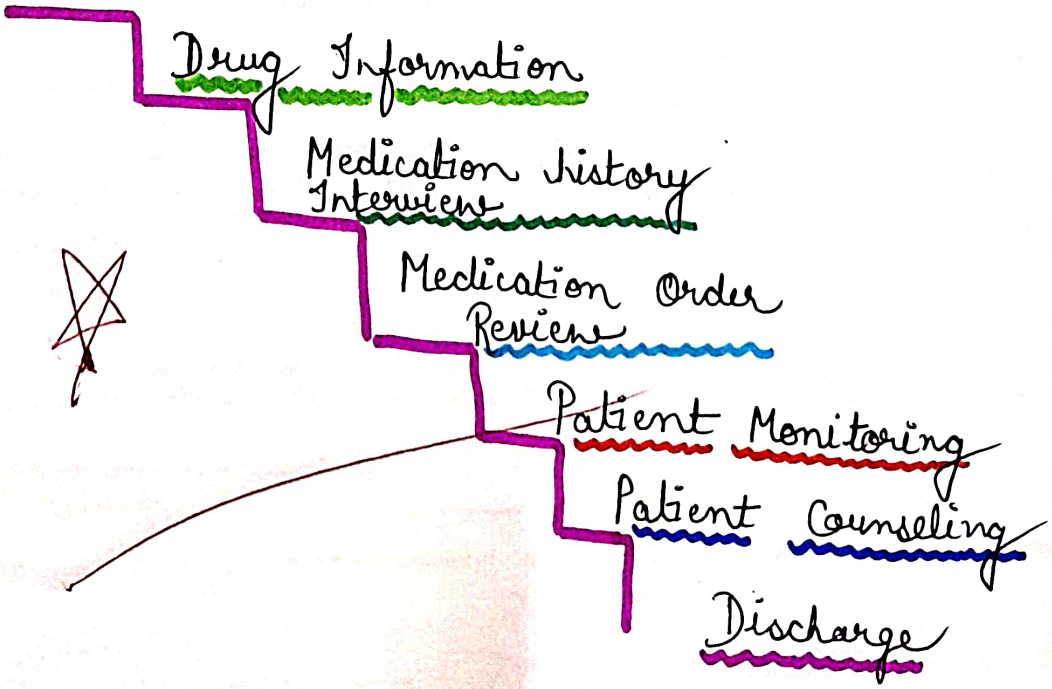
Check whether all important and Relevant details obtained

Ask patient if he/she has any questions relating to the Medication

Medication history Importance



The patient and the Pharmacist~



Medical History Record

For faster service, please complete the following form prior to arriving at our office.

Appointment Date 2-10-22

Patient's Name (please print) Tripti Mishra Birth Date 12-04-1996 M or F F

Street Address Govind Vihar City Lucknow State U.P Zip Code 226028

Home Phone 9848657201 Work Phone 6387852687

Employer _____ Occupation Housewife

Emergency Contact 9848657201 Phone Number _____

Date of Last Eye Exam 30-09-22 Name of Previous Eye Doctor Dr. Namita

Personal Medical Information: Do you have problems with any of these systems? If Yes, please check box.

- ☐ Gastrointestinal
- ☐ Ear/Nose/Throat
- ☐ Cardiovascular
- ☐ Respiratory
- ☑ Headaches
- ☐ Nervous System
- ☐ Genitourinary
- ☐ Musculoskeletal
- ☐ Skin
- ☐ Surgeries (what type & when) _____
- ☐ Mental
- ☑ Endocrine (Glands)
- ☐ Blood/Lymph
- ☐ Allergic/Immunologic

Are you in good health? Yes ☑ No ☐

Any allergic reactions to medications or other substances? Yes ☐ No ☑

If yes, please list — No allergic RXN

Name of general physician Dr. Shivam Singh

Please check Yes or No

Do you smoke? Yes ☐ No ☑ How much? _____

Do you drink alcohol? Yes ☐ No ☑ How much? _____

Do you take medications? Yes ☑ No ☐ Please list names & how often Metolazone, Betaxolol, fosinopril

Do you use other substances? Yes ☐ No ☑

Do you have family history of any of the following? If Yes, please check box.

- ☑ Diabetes
- ☐ Macular Degen.
- ☐ Glaucoma
- ☐ Retinal Detachment
- ☐ High blood pressure
- ☐ Cataracts

Please explain any boxes you have checked Yes My grandfather was a patient of Diabetes

Do you have any of the following? If Yes, please check box.

- ☐ Dry Eyes
- ☑ Blurred Vision
- ☐ Eye Surgeries
- ☐ Eye Injuries
- ☐ Wear Glasses
- ☐ Wear Contacts

Any eye problems at this time? Please explain Blurred Vision

Are you interested in laser vision correction? Yes ☐ No ☑

No Not Intrested

Please sign below that you have reviewed all information above and it is correct to the best of your knowledge.

Signature Tripti Mishra Date 5-10-2022