**Patient Assessment and Plan of Care**

**Section:** Pharmacy Operations

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM Core 4, 16, 36, PHARM-OP 2, PM 3, 6, 10, SDrM 1, 2

**Policy ID:** 7.15

**Approved by:**

**POLICY**

An initial assessment will occur to ensure the medications provided to the patients are appropriate to their specific needs. The pharmacist shall have responsibility for optimizing patient care through medication management. All patients will be enrolled in the Patient Management Program.

The pharmacist’s review includes but is not limited to a review of drug appropriateness based upon diagnosis, age, clinical history, drug allergies and potential drug-drug interactions.

**PROCEDURE**

1. **Receipt of prescription order**
2. Upon receipt of referred patient order by electronic, fax telephone or in person, the appropriate pharmacy personnel begins benefits investigation, prior authorization assistance and pursuit of secondary sources of financial assistance, as appropriate. **[PHARM-OP 2 (a)]**
3. <insert practice name> does not use a traditional order form. Patient and requested medication information for this process is obtained through existing information in the medical office practice computer system. Prescriptions are sent from physician team to pharmacy electronically. Patient demographic and insurance information are obtained directly from the <insert practice name> electronic medical record. If needed information is not present pharmacy personnel may communicate with referring clinicians and/or patients to obtain other information. This process will be guided with a respect for HIPAA and other regulations that govern privacy practices. **[PHARM Core 16 (e)]**
4. **Initial assessment**

Upon receipt of a prescription order and obtaining pertinent patient information, the pharmacist will review all medication orders for appropriateness, clarity, and accuracy. Pharmacist will also verify the prescriber, patient and/or caregiver, if necessary in accordance with state laws. **[PHARM-OP 2 (b)] [PHARM Core 4] [PM 6]**

* Pediatric clients
* Geriatric clients
* Patients with impaired renal function
* Patients with impaired hepatic function
* Name and strength of the medication
* Indication and expected action
* Instructions for use
* Promote safety related to patient’s use of a specialty drug
* Precautions to be observed while taking the medication
* Common side effects, including avoidance and response should one occur
* Potential drug-drug and drug-food interaction
* Action required in the event of a missed dose
* Techniques for self-monitoring of a drug therapy
* Proper storage of medication
* Additional information, if required
1. **Additional elements included in the initial assessment will be obtained and maintained:**
* Patient’s health history. <insert practice name> has access to <insert computer system> which gives the pharmacy employees access to all patient health history information. <insert computer system> is the program used by the Oncology Physicians. <insert EMR> and <insert pharmacy system> are not integrated so information is transferred from <EMR> to <pharmacy system> manually. **[PHARM-OP 2 (d-i)]**
* Patient’s medication history **[PHARM-OP 2 (d-i)]**
* Allergies and past sensitivities **[PHARM-OP 2 (d-i)]**
* Any other pertinent information necessary to consult with prescriber and counsel the patient **[PHARM-OP 2 (d-i)]**
* Identification of high risk groups such as patients on high risk medications for oncologic or hematologic problems. <insert practice name> is not defining individual patients as high risk, but treatments that may cause adverse events if inappropriately dosed as high risk. All high- risk treatments will have a care plan entered in electronic medical record. Since almost all patients fall in to this category a system of double checks is in place for treatment medications. For oral chemotherapy agents a pharmacist will review the prescription with the treatment tab in the electronic medical record. This review ensures that the medication prescribed matches the physicians intended treatment. This group of medications is segregated from the main pharmacy inventory and stored <insert method of storage for oral oncolytics>. **[PHARM-OP 2 (d-ii)]**
* Verification of patient’s eligibility **[PHARM-OP 2 (d-iii)]**
* Compliance with state and federal laws and regulations **[PHARM-OP 2 (e)]**
1. **Nursing Injection teaching:**

After initial assessment is completed and dependent on the type of medication being prescribed and physician referral request, the patient will be evaluated for nursing to perform Injection Training. **[PHARM Core 36] [PM 3 (j)] [PM 10 (d-ii)]**

Upon completion of the injection training, <insert practice name> nursing staff will document in <insert practice EMR> patient’s understanding of injection training.

* Should any issues be identified, the nurse will contact the pharmacy.
1. **Plan of Care**

The development on an individualized plan of care (if necessary) will be based on the information gathered during the assessment process. The written plan of care shall specify: **[PM 10 (d-i, d-ii, d-iii)]**

* Any issues or problems identified
* Interventions needed
* Monitoring guidelines
* Expected patient outcomes
* Any resolutions if necessary

The development of the plan of care and any revisions to the plan will involve the patient, family and/or the caregiver. <insert practice name> promotes empowerment of patient or caregiver to self-treat and self-management of their condition or disease; this is accomplished by educating the patient/caregiver and prescriber with clinical information to help manage the patient’s condition. Documentation of this plan of care (will be made in <insert practice name> records (written or electronic) using pharmacy and/or medical operating system**. [SDrM 1 (b, f)] [SDrM 2 (b)]**

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