



LJMU HOSPITAL PHARMACY PLACEMENTS

Patient booklet

Instructions

This booklet should be used in conjunction with the LJMU Hospital Pharmacy Placement Guidance Document to record your findings from each of the tasks outlined in the Guidance Document. You should NOT attempt to complete ANY section of this booklet without first reviewing and following the instructions in the corresponding section of the Guidance Document. Additional copies of appendices C and D can be downloaded from Canvas. Each patient you review will require a separate copy of this booklet.

You must NOT include any patient identifiable information at any point in any of your work. Patient identifiable information is ANY information that could be used to identify a patient either directly or indirectly such as name, date of birth, address or hospital/NHS number.

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Table of Contents

Section 1: Consent	2
Section 2: Data collection.....	2
Task 2.1 – Gathering Admission Information	2
Task 2.2 - Performing a Medication History (Peer Assessed Activity)	3
Task 2.3 – Patient Observations/ National Early Warning Score (NEWS)	4
Task 2.4 – Reviewing Patients Weight and Height Using the Malnutrition Universal Screening Tool (MUST)...	4
Task 2.5 – Reviewing the Patient’s Laboratory Results	5
Section 3: Analysis.....	6
Task 3.1 – Calculating Renal Function	6
Task 3.2 – Patients with Acute Kidney Injury (AKI)	6
Task 3.3 – Reviewing a Venous Thromboembolism (VTE) Risk Assessment.....	7
Task 3.4 – Medicines Reconciliation (Reviewing Prescribed Medication Against Medication History)	8
Task 3.5 – Reviewing Treatments for Current Admission	9
Section 4: Recommendations	10
Task 4.1 – Summarising your Contribution to Care and Recommendations for the patient	10
Appendix A: Medication History Peer Assessment Form.....	11
Appendix B: Reflection.....	12
Appendix C: CPD - New Conditions/Diseases	13
Appendix D: CPD – New Medication	14

Section 1: Consent

Patient consent obtained	Signed _____ (LJMU student)	Date _____
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Section 2: Data collection

Task 2.1 – Gathering Admission Information

Patient demographics	Initials _____ Sex _____ Age _____
Presenting complaint (PC)	
History of presenting complain (HPC)	
Past medical history (PMHx)	
Relevant social history (SHx)	
Relevant family history (FHx)	
Impression / diagnosis	
Medical /surgical plan	

Task 2.2 - Performing a Medication History (Peer Assessed Activity)

Document the drug history in the table below and ask your partner to complete the peer assessment form in Appendix A as you undertake the drug history

<p>Allergies and adverse reactions (include non-drug allergies such as nuts, soya, etc. and details of the reaction)</p>	
<p>Compliance aids from community pharmacy? If so, confirm pharmacy name and telephone number, the quantity of compliance aids received at a time, and quantity left at home. Dosette boxes made up at home treat are not blister packs</p>	
<p>Repeat medication Include name, brand where appropriate. Ensure you include details of:</p> <ul style="list-style-type: none">• Formulation• Device if appropriate, Strength of preparation• Dose• Route• Frequency of administration	
<p>Recent short courses of medication (acute medicines)</p>	

Recently discontinued medicines	
OTC/herbal/supplementary medicines	

Task 2.3 – Patient Observations/ National Early Warning Score (NEWS)

Observations and National Early Warning Score (NEWS)		On admission	Latest/current
	Respiratory rate		
	SpO2 (oxygen saturation)		
	Temperature		
	Blood pressure		
	Pulse (heart rate)		
	Capillary blood glucose		
	NEWS (total score)		

Task 2.4 – Reviewing Patients Weight and Height Using the Malnutrition Universal Screening Tool (MUST)

Malnutrition Universal Screening Tool (MUST) parameters		Latest/current
	Height	
	Total body weight (TBW)	
	Ideal body weight (IBW)	
	Adjusted body weight (AdjBW) if applicable	
	Body mass index	

Task 2.5 – Reviewing the Patient’s Laboratory Results

Laboratory results		On admission	Latest/current
	Ful blood count (FBC)		
Haemoglobin			
Platelets			
White cell count			
Neutrophils			
Clotting screen			
INR (if applicable)			
Urea and electrolytes (U&Es) / renal profile			
Sodium			
Potassium			
Urea			
Serum creatinine (SrCr)			
Bone profile			
Adjusted calcium			
Phosphate			
Liver function tests (LFTs)			
Albumin			
Bilirubin			
Alkaline phosphatase (ALP)			
Alanine transaminase (ALT)			
Asparate transaminase (AST)			
Gama glutamyl transferase (GGT)			
Inflammatory / infection markers			
C-reactive protein (CRP)			
Microbiology			
Details of any relevant microbiology results			

Section 3: Analysis

Task 3.1 – Calculating Renal Function

Renal function		Baseline	Latest/current
	Estimated creatinine clearance (eCrCl)		
	Estimate glomerular filtration rate (eGFR)		

Task 3.2 – Patients with Acute Kidney Injury (AKI)

Only complete this task if the patient has an AKI

Acute kidney injury	AKI stage	
	Likely cause of AKI	
	Potentially nephrotoxic drugs	
	Medicines that may accumulate in AKI	

Task 3.3 – Reviewing a Venous Thromboembolism (VTE) Risk Assessment

Is the patient at risk of a VTE and does this risk outweigh the risk of bleeding?	
Any contraindications to pharmacological thromboprophylaxis based on information from patient's admission? Or is the patient already on anticoagulation (e.g. warfarin, DOACs...)	
Will the dose need to be changed based on weight (Trust guidelines)?	
Does the patient's current renal function mean that amendments to treatment will be required?	
Are there any discrepancies between your VTE assessment and the one documented?	
What recommendations do you have for this patient's VTE prophylaxis and does this differ from the assessment?	

Task 3.4 – Medicines Reconciliation (Reviewing Prescribed Medication Against Medication History)

Discrepancies between drug history and current prescription	Medication	Discrepancy
Necessary changes to pre-admission medicines because of current circumstances	Medication	Reason for change
Remaining unexplained discrepancies between the medication history and inpatient medication chart (i.e., those discrepancies that cannot be explained by a need to change therapy)		
Suggestions for rectifying the issues identified		

Task 3.5 – Reviewing Treatments for Current Admission

List of any new treatments prescribed	Medication	Indication
Issues identified (e.g., allergies, interactions, inappropriate therapy etc.)	Medication	Issue
Any monitoring or follow up required	Medication	Monitoring
Suggested amendments	Medication	Suggestions

Section 4: Recommendations

Task 4.1 – Summarising your Contribution to Care and Recommendations for the patient

Draft your case note entry here:

Appendix A: Medication History Peer Assessment Form

Observer to Consider the Following Questions When Observing Student and Tick Once Actioned.	
Did the student determine where the patient was admitted from?	
Did the student introduce themselves by name and role, confirm that they had the correct patient, and ask the patient what they like to be referred as?	
Was the reason for the consultation explained to the patient with limited use of jargon?	
Did the student obtain informed consent from the patient to undertake the medication history? Did the patient know that the consultation was to be undertaken by a student?	
Did the student enquire about how the patient manages their medicines whilst at home?	
Did the student enquire about any potential allergies?	
Did the student ask about their current repeat medication and confirm names, doses, frequencies of these – do they have a list, or have they brought in their medicines?	
Did the student ask the patient if they would be happy for them to access their GP records after the consultation to confirm the medication history?	
Did the student ask the patient about their repeat medications?	
Did the student confirm with the patient if they took their medications as prescribed? This is important as just because someone is prescribed a medicine, it doesn't mean they take it as prescribed which might affect the management of the patient.	
Did the student specifically ask about medicines that are easily forgotten by patients?	
Did the student enquire about acute courses or recently discontinued medicines?	
Did the student enquire about any OTC, herbal, or supplementary medicines they take?	
Did the student ask about whether the patient attended any clinics or received any medicines from someone other than their GP and community pharmacy?	
Did the student ask any other specific follow up questions – (e.g., did the patient use illicit substances/ performance enhancing drugs or buy medications from the internet?)	
Did the student seek any further clarification as needed (e.g., summarise the list to the patient?)	
Did the student thank the patient and close the encounter properly?	
Did the student utilise any other sources of information to confirm the patients medicine history?	

Appendix B: Reflection

State briefly what went well in regards to the task you have completed

State briefly what did not go well and areas in which you could improve

From the above, state what actions you would take to ensure that your practice has improved in line with what the task entails

How will you showcase the new skills learnt from undertaking this training?

State in your opinion how this this training will benefit the people using the NHS?

Appendix C: CPD - New Conditions/Diseases

Additional copies of this paperwork can be downloaded from Canvas.

Condition/ disease	
Pathophysiology	
Diagnosis	
Management	
Other considerations	

Appendix D: CPD – New Medication

Additional copies of this paperwork can be downloaded from Canvas.

Medication	
Indications and licensing	
Dosing in: Adults Children Renal impairment Hepatic impairment	
Contra-indications	
Main side effects	
Pregnancy/breast feeding considerations	
Counselling points	