

Case Review Template

Pharmacist's Name

Date

Demographics

Age: Gender: Race: Ht: Wt: BMI

Insurance coverage?: Family:

Occupation:

Special Needs:

Allergies/ADRs:

Patient's Medication experience/goals:

What concerns does the patient have regarding his/her medications?

What are the goals (both patient and clinical goals) of treatment for this patient?

Goals of Treatment:

HPI/Chief complaint for current visit

Current Problem List

Relevant Past Medical/Surgical History

Relevant Family History

Social History:

- Tobacco Use:
- ETOH use:
- Caffeine
- Marijuana/Illicit substances:
- Exercise:
- Adherence:
- Immunizations

Current Medications:

Indication	Medication	Dose	Goal of Treatment

ROS:

Vital Signs/Relevant Labs:

Vitals:

CBC:

Fluid/Electrolytes:

Renal: Scr= Calculate CrCl= mL/min

Liver enzymes:

Lipids (calculate goal LDL based on risk factors):

TSH:

Drug Therapy Problems to be Resolved or Prevented:

Assessment	Drug Therapy Problem (examples)	Plan
1. Appropriate indication	Unclear indication for med	
2. Effectiveness	LDL not at goal on initial dose of statin	
3. Safety	Patient taking levothyroxine with calcium supplement	
4. Appropriate adherence	Discontinued med on own due to side effects	

1. Is every indication treated appropriately and does every medication have an indication?
Is non-pharmacologic treatment preferred?
2. Is the medication or dose adequate for meeting goals of treatment?
3. Are there drug interactions, adverse effects, or excessive doses?
4. Is the patient taking the medication appropriately?

Table of Common Drug Therapy Problems

Drug Therapy Problem Type Selection Form

1. Indication -----> 2. Effectiveness -----> 3. Safety -----> 4. Compliance ----- |

Unnecessary Drug Therapy <input type="checkbox"/> No medical indication <input type="checkbox"/> Addiction/recreational drug use <input type="checkbox"/> Non-drug therapy more appropriate <input type="checkbox"/> Duplicate therapy <input type="checkbox"/> Treating avoidable adverse reaction	Different Drug Needed <input type="checkbox"/> Dosage form inappropriate <input type="checkbox"/> Contraindication present <input type="checkbox"/> Condition refractory to drug <input type="checkbox"/> Drug not indicated for condition <input type="checkbox"/> More effective drug available	Adverse Drug Reaction <input type="checkbox"/> Unsafe drug for patient <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Incorrect administration <input type="checkbox"/> Drug interaction <input type="checkbox"/> Dosage increase/decrease too fast <input type="checkbox"/> Undesirable effect	Compliance <input type="checkbox"/> Drug product not available <input type="checkbox"/> Cannot afford drug product <input type="checkbox"/> Cannot swallow/administer drug <input type="checkbox"/> Does not understand instructions <input type="checkbox"/> Patient prefers not to take <input type="checkbox"/> Patient forgets to take
Needs Additional Therapy <input type="checkbox"/> Untreated condition <input type="checkbox"/> Synergistic therapy <input type="checkbox"/> Preventive therapy	Dosage Too Low <input type="checkbox"/> Ineffective dose <input type="checkbox"/> Frequency inappropriate <input type="checkbox"/> Duration inappropriate <input type="checkbox"/> Incorrect storage <input type="checkbox"/> Incorrect administration <input type="checkbox"/> Drug interaction <input type="checkbox"/> Needs additional monitoring	Dosage Too High <input type="checkbox"/> Dose too high <input type="checkbox"/> Frequency too short <input type="checkbox"/> Duration too long <input type="checkbox"/> Drug interaction <input type="checkbox"/> Needs additional monitoring	

OK Cancel Help

Care Plan (to solve medication-related problems):

Condition	Drug therapy Problem	Goals of Therapy	Patient Input	Intervention	Follow-up Schedule
(Example) Hyperlipidemia	Dose too low	LDL < 100	Increasing walking to 3 times/week	Increase simvastatin to 40 mg daily	Recheck lipids in 1 month

Summary of Recommendations:

(Numbered list of suggested changes)

For example:

1. Increase simvastatin to 40 mg daily at bedtime
2. Discontinue Tylenol PM.
3. Take levothyroxine on an empty stomach with a full glass of water at least 30-60 minutes before breakfast. Do not take at the same time as calcium.
4. Encourage patient to continue to exercise and quit smoking.