

FHT NetWorking Meeting – Clinical Documentation
June 23rd, 2008

SAMPLE 1

Clinical Pharmacist Consult

Patient: xx

Referring Provider: xx

Date: February xx

Reason for Referral: I was consulted by xx to assess potential medication causes for cough. I met with the patient to conduct a current medication history.

DATA:

Mrs. xx has a history of dry cough for the last few years. She reports that pulmonary testing revealed COPD and she was started on Atrovent (2 puffs BID) and Advair 100 (1 puff BID). This regimen controlled her coughing symptoms until about 6 months ago. She reports having a cold and coughing symptoms worsening at that time. She was started on Spiriva (Atrovent was stopped) for 4 weeks and feels that this did improve her symptoms. In December her Advair dose was increased to 250, 1 inh BID and she was started on salbutamol (VENTOLIN DISKUS) 1 puff QID. She felt that her cough returned 30 minutes after salbutamol (this was stopped). At the same time she was experiencing a gas sensation in her throat and omeprazole (LOSEC) was changed to NEXIUM 40 mg OD-BID. She reports her cough was still bothersome or worse after these changes. At this time she noticed that she cough was worse when lying down and was sometimes associated with a runny nose and itchy eyes. Recently on Feb 13th she was switched to rabeprazole 20 mg OD and she reported that her throat symptoms and possibly cough has improved.

Current Medication Regimen:

APO-OXAZEPAM 15 MG TABS (OXAZEPAM) 1 qhs prn

ADVAIR 250 DISKUS MISC (SALMETEROL-FLUTICASONE) One inhalation twice daily

AVAPRO 300 MG TABS (IRBESARTAN) take 1/day

PRAVACHOL 40 MG TABS (PRAVASTATIN SODIUM) 1/day

PARIET 20 MG TBEC (RABEPRAZOLE SODIUM) Take 1/day

EC ASA daily

ASSESSMENT:

Based on the patient's report, her cough could have a variety of etiologies that may be related to drug therapy management. Possible post infectious cough/COPD may be improving at this time with the increase in Advair dose in December (lagtime in effect of 4 to 6 weeks seen). A change in her PPI regimen may have also improved her symptoms if related to GERD. It would also be beneficial to rule in/out allergic rhinitis or post nasal drip based on her symptom presentation of runny nose and periodic itchy eyes associated with coughing. Possible association of her worsening cough with Spiriva or Nexium is difficult to determine definitely; both have been reported to cause cough and rechallenge would be necessary.

At this point the following could be considered:

- Continue on rabeprazole 20 mg daily - this seems to have improved her symptoms
- Restart ATROVENT, 2 puffs BID or QID in the hopes to achieve better control of her cough (patient prefers over Spiriva)
- Continue ADVAIR 250 and consider reducing dose to 100 when coughing stabilizes
- Rule in/out allergic rhinitis or post nasal drip - more amendable to nasal corticosteroids

PLAN:

- Will discuss the above recommendations with Dr. xx.
- Patient asked to monitor her symptoms over the next week; will call to follow up.

SAMPLE 2

Pharmacist note - 1st meeting

Med List Updated. Pt brought list of meds to appt

RFR: meds assessment

-----**SUMMARY**-----

- Decrease DILTIAZEM to 120mg qd x 1-2 weeks, then D/C and F/U HR & BP (increase METOPROLOL prn for rate control)
- Add RAMIPRIL 2.5mg for CHF after DILTIAZEM has been D/C'd to avoid hypotension and F/U SCr, K+
- Increase LIPITOR to 40mg qd and F/U Lipids in 3 months.

HR: 57 bpm irregular

BP: 100/70

AFib:

S/O) On METOPROLOL 25mg BID; DILTIAZEM 180mg QD; DIGOXIN 0.0625mg qd + WARFARIN

- Pt doesn't check BP or HR at home; No sx's of Afib.
- AMIODARONE D/C'd > 6 months ago by cardio
- HR ~ normal.

A/P) Rate control on 3 meds at low doses for rate control. No Hx of ADRs with meds. Could easily attain control on 2 meds.

- Lower DILTIAZEM to 120mg qd x 1-2 weeks, then D/C; F/U HR & BP. If > target, increase METOPROLOL to 50mg BID. Will discuss with MD.

CHF:

S/O) LIPITOR 20mg; METOPROLOL 25mg BID; DIGOXIN 0.0625mg; WARFARIN;

- No ACEinh; No hx of contraindication to ACEinh or ARB. eGFR = 58 mL/min; K+ - normal.
- LDL = 2.6; TC/HDL < 4; AST/ALT/CK - normal
- no edema, SOB noted.

A/P) CHF, no ACEinh, LDL above target.

- After DILTIAZEM is D/C'd, add RAMIPRIL 2.5mg qd and F/U SCr, K+.
- Increase LIPITOR to 40mg qd and F/U lipids in 3 months

WARFARIN:

- INR target 2-3 - pt well maintained. Pt understands need to avoid ASA, herbals, NSAIDs etc.
- discussed Vit K foods and consistency of intake.
- pt wants to eat more green leafy vegetables. Pt to increase intake gently 1 week before next INR (early July). Will adjust WARFARIN accordingly.

SAMPLE 3

Pharmacist Initial Assessment

S/O:

- pt is not happy, does not check blood sugars
- swollen left ankles > right ankle (ulcer)
- pt states mild heart attack age 32
- smokes 15cig/d

BP: 163/79, HR: 67, Wt: 221lbs

CrCl: 1.16 ml/sec, or 69.4 ml/min (based on creatinine 138 and weight 100 Kg)

HbA1C = 0.098, RBS = 12.1, 11.1, K+ = 3.8 (April 23, 2008)

- no recent cholesterol results (not on cholesterol lowering agent)
- no recent albumin:creatinine ratio

Relevant Meds:

- Avapro 150mg od, Metoprolol 100mg od, Furosemide 40mg qam
- Metformin 1g bid & glyburide 10mg bid

A:

BP & swollen ankles

- BP not at target
- metoprolol is normally taken twice daily because half-life = 4-6 hours
- optimizing ARB and BB may be beneficial
- HCTZ may be beneficial for BP and swollen ankle

DM

- HbA1C and BS is elevated
- insulin may be beneficial

Cholesterol - pt may benefit from atorvastatin 10mg (CARDS study, NNT = 32 in 4 years)

P:

As d/w Dr. XX

- d/c metoprolol 100mg od, d/c avapro 150mg od
- add bisoprolol 5mg od and add Avalide 300/25mg od
- add EC ASA 81mg od
- Humulin N - 10 units qhs and increase by 2 units every 2nd night until morning blood sugars ~ 7mmol/L - to review technique next week
- suggest monitor Cr, BUN, K+ within 1-2 weeks
- suggest monitor cholesterol, albumin:creatinine ratio with next blood work
- r/a furosemide 40mg qam next week
- pt to check BS at least bid
- smoking cessation d/w pt - not willing to quit yet
- f/u next week