

# NHS New Medicine Service Intervention Worksheet



|             |  |         |  |  |
|-------------|--|---------|--|--|
| Patient:    |  | DOB:    |  | Consultation:<br><input type="checkbox"/> in pharmacy<br><input type="checkbox"/> by telephone |
| Pharmacist: |  | Date:   |  |  |
| Medicine:   |  | Dosage: |  |  |

| Intervention questions   | Consultation notes |
|--|--------------------|
| 1. Have you had the chance to start taking your new medicine yet?  |                    |
| 2. How are you getting on with it?   |                    |
| 3. Are you having any problems with your new medicine, or concerns about taking it?  |                    |
| 4. Do you think it is working? (Prompt: is this different from what you were expecting?)   |                    |
| 5. Do you think you are getting any side effects or unexpected effects?  |                    |
| 6. People often miss taking doses of their medicines, for a wide range of reasons. Have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?) |                    |
| 7. Do you have anything else you would like to know about your new medicine or is there anything you would like me to go over again?   |                    |

After the consultation use the following sections to code your discussion with the patient and then record on PharmaBase



## Matters identified with patient

### Patient reports:

- |   |   |
|---|---|
| <input type="checkbox"/> Using the medicine as prescribed                                     | <input type="checkbox"/> Not using the medicine as prescribed                                     |
| <input type="checkbox"/> Not having started using the medicine                                | <input type="checkbox"/> Prescriber has stopped the new medicine                                  |
| <input type="checkbox"/> Not using the medicine in line with the directions of the prescriber | <input type="checkbox"/> Missing a dose in the past 7 days  |
| <input type="checkbox"/> Need for more information about the medicine                         | <input type="checkbox"/> Side effects   |
| <input type="checkbox"/> Negative feelings about the medicine                                 | <input type="checkbox"/> Uncertainty on whether the medicine is working                           |
| <input type="checkbox"/> Concern about remembering to take the medicine                       | <input type="checkbox"/> Difficulty using the medicine due to its pharmaceutical form/formulation |
| <input type="checkbox"/> Other (record detail in 'Other notes' overleaf)                      |   |



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## Outcomes of the discussion with the patient

### Advice provided:

- Reminder strategies to support use of medicine     Change to timing of doses to support adherence  
 How to manage or minimise side effects

### Information provided:

- Interactions with other medicines     Why am I using the medicine / what is it for     How to use the medicine  
 Correct dose of the medicine     Effects of the medicine on the body / how it works     Why should I take the medicine  
 Timing of the dose     Interpretation of side effect information

### Agreed patient actions:

- Carry on using medicine as prescribed     Use medicine as agreed during the intervention  
 Submit Yellow Card report to MHRA     Other (record detail in 'Other notes')

### Actions taken by pharmacist:

- Referral (record details below)     Yellow card report submitted to MHRA  
 Reminder chart / MAR chart provided     Other (record detail in 'Other notes')

## Referral reasons

- Drug interaction(s)     Potential side effect(s) / ADR preventing use of medicine

### Patient reports:

- Not using medicine any more     Never having started using medicine  
 Difficulty using the medicine - issue with device     Difficulty using the medicine - issue with formulation  
 Lack of efficacy     Problem with dosage regimen  
 Unresolved concern about the use of the medicine     Other issue (detail below)

### Further information / comments / possible action regarding referral:

## Other notes

## Healthy living advice

- Diet & nutrition     Smoking     Physical activity  
 Alcohol     Sexual health     Weight management

Data entered onto PharmaBase

Date:

Initials: