College of Pharmacists of British Columbia

PRACTICE REVIEW PROGRAM

Documentation

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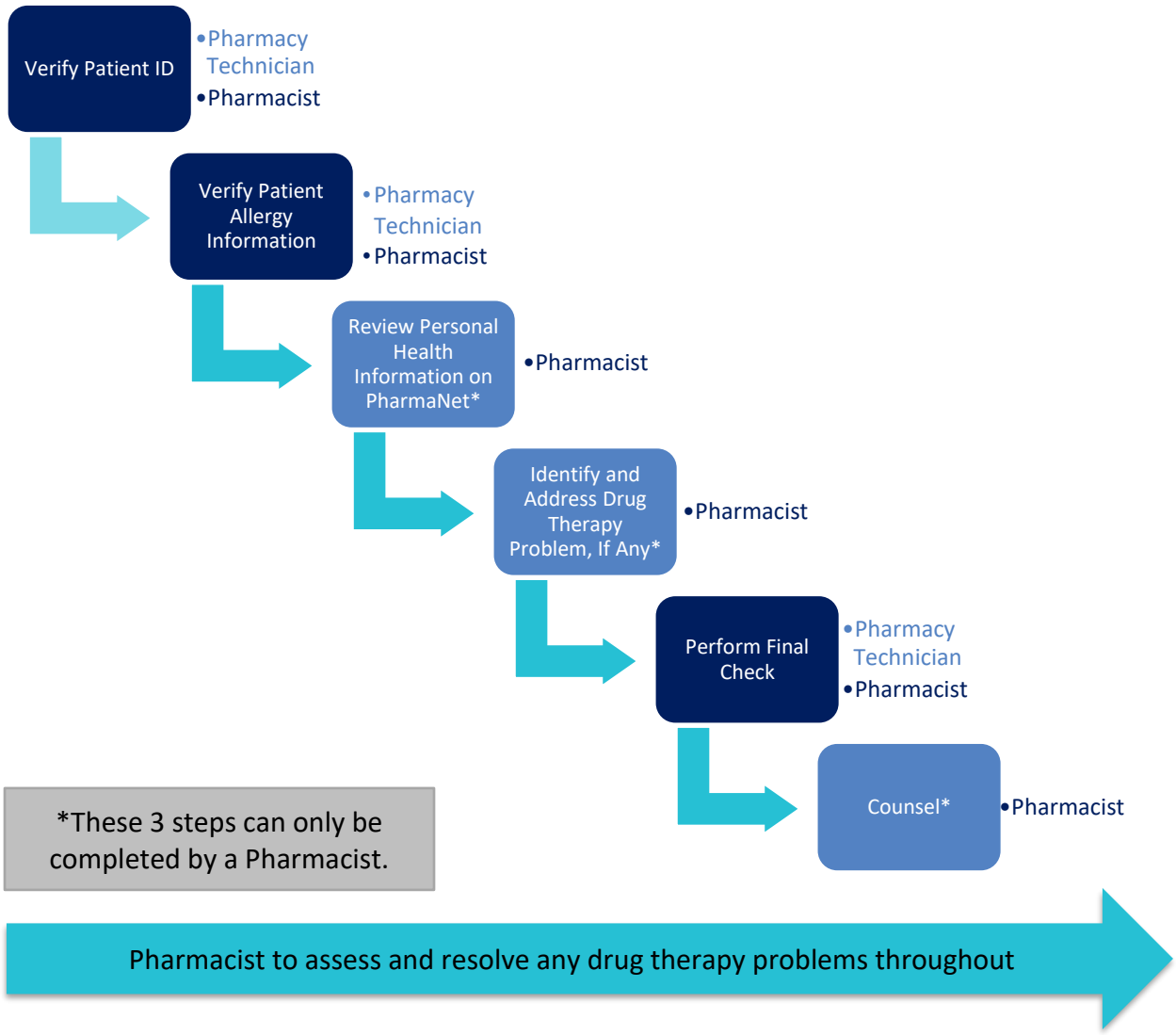
Document to describe what has been done and by whom.

> *Health Professions Act* (HPA) Bylaws require that a patient's record be kept current with every prescription.

Documentation provides a picture of all the steps taken along the way in filling a prescription—from start to finish. A record can only be established when documentation actually takes place; simply, when there is no documentation, there is no record. This is why it's important to be vigilant in documenting the steps completed along the way.

Let's look at the steps involved in filling a prescription, and who is able to perform these activities for each step:



Depending on how the pharmacy is set up, it is possible for only one pharmacist or a number of different registrants to be involved in the dispensing process.

- Each registrant must clearly document in order to identify the step(s) for which they are responsible. For instance, it's possible for one pharmacist to review the patient personal health information on PharmaNet and assess for appropriateness, a second pharmacist or a pharmacy technician to perform the final check on the product, and a third pharmacist to counsel the patient. Each registrant needs to clearly understand for which step(s) they are responsible and to document accordingly.

Written confirmation and identification of each pharmacist or pharmacy technician involved in each step of the dispensing process is required for every prescription.

Who can complete these activities?

	Pharmacist	Pharmacy Technician
Verify Patient Identification	√	√
Verify Patient Allergy Information	√	√
Review Personal Health Information on PharmaNet	√	
Identify & Resolve Drug Therapy Problems, If Any	√	
Perform Final Check (including balance owing)	√	√
Counsel & Consult	√	

For more information, please refer to: HPA Bylaws Schedule F Part 1, section 6.

Why is this a fundamental standard?

Case in point:

An elderly patient was prescribed Methotrexate 15mg once weekly. This should have been dispensed as Methotrexate 2.5mg tablets, take 6 tablets once WEEKLY. However, the patient was instructed by the pharmacist to take 6 tablets once DAILY, which resulted in severe harm to the patient. The prescription may have been processed, assessed and packaged correctly, but an error still occurred when it was counselled incorrectly. The pharmacist who provided the counselling is responsible for the error. Documentation identifies the registrant(s) who were involved in the dispensing process and the step(s) for which they were responsible should a dispensing error occur.

http://www.bcpharmacists.org/readlinks/pharmacy-matters-severe-harm-and-deaths-associated-incidents-involving-low-dose

Documentation provides a record of what is being done and who is responsible at each step of filling a prescription. It's important to regularly document what you have done, so if anyone looks at the prescription at a future time, it's clear what steps you completed and are responsible for.

You can use a standard documentation format such as DAP to record any ***additional relevant*** information:

D	Data	Information obtained from patient, practitioner, PharmaNet, local profile, lab records, diagnostic tests, vital signs
A	Assessment	Clinical reasoning or rationale, including NESA assessment for drug therapy problems
P	Plan	Any action taken including contacting physician, adapting, recommendations to patient, monitoring, referrals

In deciding what to document, ask yourself: if an issue arises in the future and the prescription is retrieved, can you or another person clearly identify the steps you took, including the information you collected, the clinical assessment you completed, and any additional interventions you provided?

Remember, the more information that is documented, the more complete the record.

Keeping PharmaNet Up-to-date

When filling prescriptions for patients, it is your responsibility to make sure the patient record is current. This applies to both the local profile and PharmaNet. Update any:

- Address and phone number changes
- Clinical conditions
- Allergies, and adverse drug events and intolerances including date and source collected
- Schedule II and III drugs if applicable

Commonly, the local profile is updated without updating PharmaNet. You need to make sure you are just as vigilant in updating PharmaNet.

PharmaNet can be updated without filling a prescription. For example, updating allergy information in the absence of a prescription. As per regulations, always verify patient ID when necessary before updating any information on PharmaNet.

If a patient is unaware of any drug allergies, you should document "No known drug allergies" on your local profile. Do not simply leave the allergy information field blank. By documenting "no known drug allergies," there is a record that medication allergy information has been addressed.

Be precise in documenting a drug allergy or intolerance. Include the symptoms of the reaction (eg. rash or shortness of breath), and any other pertinent details reported by the patient.

For more information, please refer to: HPA Bylaws Schedule F Part 1, section 11.

Reporting Adverse Drug Reaction

If a patient reports an adverse drug reaction as defined by Health Canada, you are required to complete the following 3 steps:

1. Notify the patient's practitioner
2. Make an appropriate entry on the PharmaNet record
3. Report the reaction to the appropriate department of Health Canada

For more information, please refer to: HPA Bylaws Schedule F Part 1, section 12(7).

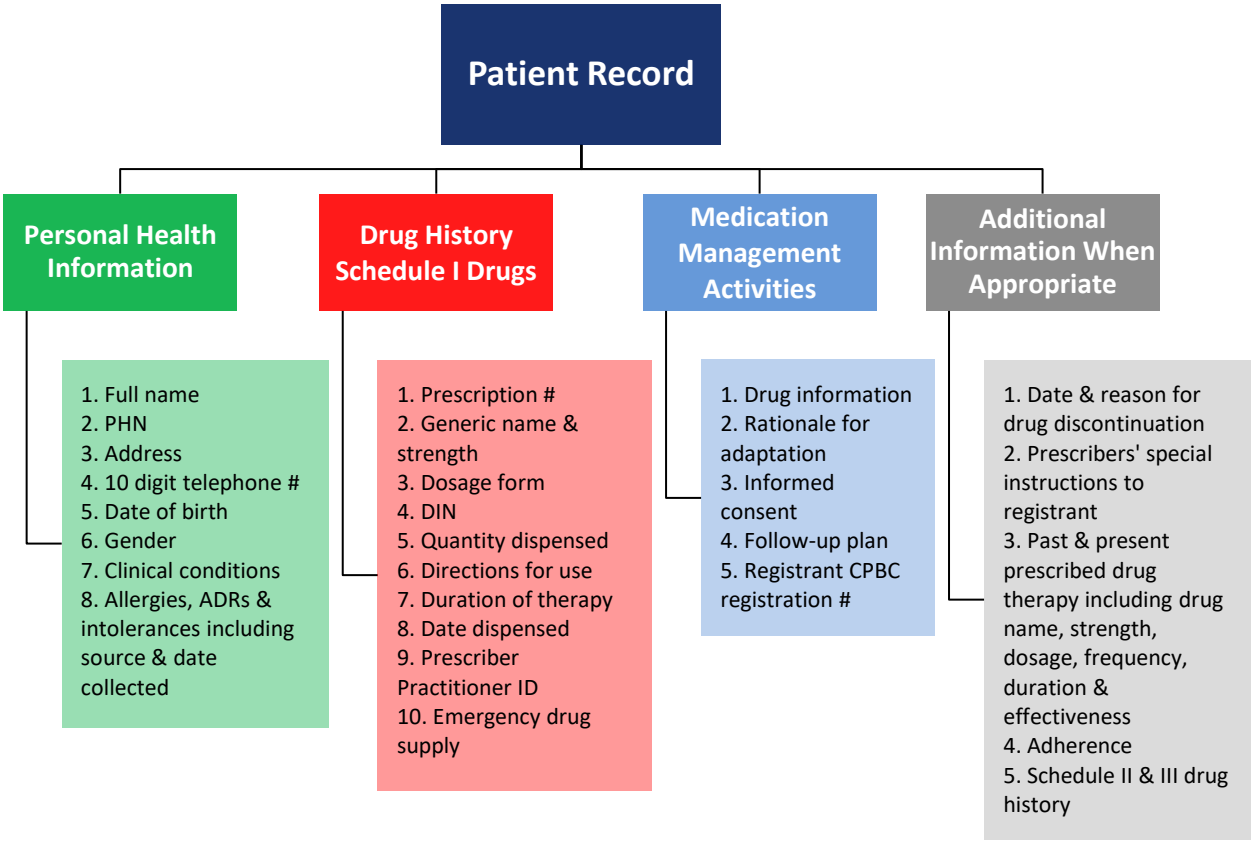
Filling Emergency Refill

Exercise professional judgement in providing emergency refills:

- First, obtain informed consent from the patient.
- Document the emergency refill including the rationale for the decision and any follow-up plan. The rationale should be specific so that it's clear why the emergency fill was provided. For example, "Patient has run out of blood pressure medication, but has an appointment to see the physician for follow-up in one week's time. Provide emergency supply of 7 days for continuity of care."
- Note that simply writing "For continuity of care" is not considered sufficient as a specific rationale.
- Process the emergency refill on PharmaNet using the pharmacist's name and CPBC registration number in the practitioner field to identify the responsible decision-maker.

For more information, please refer to: Professional Practice Policy-31.

Legislative Requirements



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