

College of Pharmacists of British Columbia



Counselling
(Hospital)

Counselling

Health Professions Act (HPA) bylaws require a pharmacist to provide drug information to patients and health care personnel.

In providing quality care, your responsibility extends beyond simply providing the right patient with the right drug. Pharmacists play a key role in collecting patient histories, providing drug information to patients and health care personnel, and counselling inpatient and outpatient medications.

If pharmacists in the hospital request a history from patients or patient representatives, the following key pieces of information must be gathered:

- Medical conditions and physical limitations;
- Allergies, adverse drug reactions, and idiosyncratic responses;
- Past and current prescribed drug therapy including the drug name, strength, dosage, frequency and duration and effectiveness of therapy;
- Compliance with the prescribed drug regimen;
- Schedule II and III and unscheduled drug use.

Obtaining this information during history gathering is critical to ensure a complete picture of the patient's medication use is established.

Unlike community pharmacy practice where pharmacists are required to counsel on every new and refill medication dispensed, hospital pharmacists are required to provide counselling on all outpatient prescriptions but only inpatient medications upon request.

Remember, the *right patient* taking the *right drug* at the *right dose* at the *right time*, BUT in the *wrong way* can still compromise drug effectiveness and patient safety.

Patient counselling should include information on the who, what, where, when and how:

- | | |
|-------------|---|
| • Patient | Who is the patient? |
| • Drug | What is the name of the medication?
What is the strength and dosage form?
What is the purpose of the medication? |
| • Direction | How should the medication be taken (including duration, frequency and route of administration)?
What to do in the event of missed doses?
Where to store the medication? |



- Precautions
 - What are potential adverse drug effects?
 - What are potential food/drug interactions and contraindications?
- Monitoring
 - What are the expected outcomes?
 - How to monitor if treatment is effective?
 - What to do if there are unwanted outcomes?
 - When to seek medical attention?
 - Whether there are refills?

Be sure to include any additional information specific to the patient or medication.

Patient			
Confirm identity			
Drug	Directions	Precautions	Monitoring
<ul style="list-style-type: none"> • Name • Strength • Indication 	<ul style="list-style-type: none"> • Route • Frequency • Duration • Missed doses • Storage 	<ul style="list-style-type: none"> • Adverse effects • Food & drug interactions • Contraindications • Steps to take if any of the above are encountered 	<ul style="list-style-type: none"> • How to monitor response to therapy • Expected therapeutic outcomes • When to seek medical attention • Refill information • Any other information specific to drug/patient

A complete consult with all the above points can be completed within a few minutes.

Hello, Jenny, I'm going to take a few minutes to go over the medication you're taking home today. The physician has prescribed MacroBID 100mg capsules. It is used to treat your urinary tract infection. Take one capsule by mouth twice daily, about every 12 hours, for 7 days total, with no refills. It may cause some nausea or upset the stomach, so it's best taken with food so that it will be better tolerated. There is also a chance that it may turn the colour of your urine to a darker yellow. If you miss a dose, take it as soon as you remember; but if it's almost time for your next dose, just skip it. Store this at room temperature away from direct heat and light. You should notice an improvement in the urinary symptoms in the next 2-3 days, and the infection should clear up over the 7 days. If it hasn't, please contact your family physician for further evaluation.

Best practice tip:

Now, while this above example does fulfill the legal requirements for counselling, it is not the only way, nor necessarily the best way since it does not engage the patient. Try a more interactive way of communicating by taking a “patient-centred” approach to counselling. You can do this by incorporating prime questions.

Hi Jenny, I have here your prescription for 14 capsules of MacroBID 100mg. **What did the physician tell you this was for?**

She told me it's to treat my urinary tract infection.

Yes, it's an antibiotic to treat these types of infections. **How did she tell you to take it?**

She mentioned I should be taking it twice daily for 7 days.

Right, take one capsule about every 12 hours. It may cause some nausea or upset the stomach, so it's best taken with food so it will be better tolerated. There is also a chance it may turn the colour of your urine to a darker yellow. If you miss a dose, take it as soon as you remember, but if it's almost time for your next dose, just skip it. **What else did she tell you to expect from it?**

She said my symptoms should improve over the next few days, and to follow up with my family doctor if they aren't cleared by 7 days.

Yes, since there are no refills, if you aren't better after taking this for 7 days, please contact your family doctor. **Where do you usually keep your medications?**

In the medicine cabinet in the bathroom.

That's actually not the best place since it can get quite humid there. It's best to keep this in a hallway or bedroom cabinet instead. That way, it's in a cool dry place away from direct heat and light. Do you have any questions at this time?

No, everything seems clear to me. Thank you.

Asking prime questions allows you to tailor the counselling to make it patient-specific. It gives you insight into what the patient knows or doesn't know, and allows you to build on their current knowledge base by filling in the gaps of information. It also gives you the opportunity to clear up any misconceptions the patient may have about the medication therapy.

Every refill prescription also needs to be counselled by the pharmacist on the following points.

Patient		
Confirm identity		
Drug	Directions	Monitoring
<ul style="list-style-type: none"> Name Strength Indication 	<ul style="list-style-type: none"> Frequency Duration 	<ul style="list-style-type: none"> Whether the patient has experienced a drug therapy problem

This can be done in a way that isn't redundant, especially for patients who have been on the same medication and regimen for a number of years.

Hi Joe, you're being discharged with a 1-month continuation supply of your Glyburide 5mg tablets. How is the diabetes medication working to control your sugars?

The hospital physician was quite happy with the latest blood lab test that I had last week. He mentioned my blood sugars were within target.

That's great! That's why he's keeping your dose at 1 tablet twice daily as before with no refills. You'll want to make sure to follow up with your family physician before you run out. Have you had any issues with low blood sugar on this medication?

Very seldom, I try to eat my meals at regular times. And I carry sugar tablets with me wherever I go, just in case.

Good. The weather is getting quite hot now, so just a reminder that Glyburide can cause sun sensitivity—make sure you cover up or use sunscreen outdoors. Other than that, have you had any problems or concerns with your Glyburide?

Well in the past there's been the occasional time I forget to take my pills when I stay out late, but I just take it later when I get home.

That's fine as long as you don't double-dose—we don't want your blood sugars to drop too low. Maybe you can consider taking some tablets out with you if you are planning on staying out late.

Best practice tips:

Every outpatient prescription, both new and refill, requires counselling by the pharmacist on their respective requirements. Inpatient prescriptions must also be counselled upon request. When the pharmacist provides counselling, simply asking the patient if they have any questions without counselling on all the requirements is not enough. Remember, **patients do not know what they do not know**. They do not necessarily know what questions to ask in order to use a medication appropriately.

If a patient does indeed refuse to be counselled on a medication, this refusal must be documented by the pharmacist.

Any counselling provided should be done in a manner which respects the patient's privacy and maintains confidentiality. Depending on where the patient is located, you may need to move to a more private area first. If there are other people in the vicinity, be conscious about voice volume.

In situations where it's not possible to provide counselling in person, you may provide counselling over the phone. All the required counselling points must still be covered. If the patient has difficulties with language or communication, you must still use reasonable means to provide counselling.

Remember, in order to completely assess appropriateness of the medication therapy, providing counselling is a critical step. There are times when potential drug-related problems are only discovered through counselling. For instance:

- New prescription for Naproxen, but patient had a gastric ulcer several years ago.
- New prescription for Acetaminophen/Codeine 300/30mg--1-2 tablets every 6 hours as needed for post-surgical pain, but patient is currently also taking Acetaminophen 500mg—2 tablets 3 times daily regularly for osteoarthritis.
- Refill prescription for Ramipril, but the patient has been experiencing a dry hacking cough for the past few weeks.
- Refill prescription for Amlodipine, but patient was not expecting a dose increase from the hospital physician.

If any drug-related problems are encountered during counselling, they need to be resolved in collaboration with the patient and may require contacting the practitioner.

Do not assume that patients do not need to be counselled on refill prescriptions since they have been taking the medication for a period of time. Consider the following:

- The patient may not have been appropriately counselled previously.

- The patient may not have completely understood all the points when they had previously been counselled.
- The patient may not remember all the points from previous counselling.
- The patient's health may have significantly changed during their hospital stay.

Providing counselling with refills helps to reinforce key points to remind patients about what they need to know to take their medications appropriately.

When counselling on refill medications, simply asking the patient if they have had any side effects may not be sufficient. Patients may not necessarily know what side effects they should be monitoring for. As mentioned, patients do not know what they do not know. You can start off with open-ended questions, then narrow in on the specifics. For example:

- ACE-inhibitors—monitor for dry cough
- Statins—monitor for muscle pain or weakness
- Insulin and insulin secretagogues—monitor for symptoms of hypoglycemia.

Any changes in medication therapy needs to be mentioned during counselling. This includes changes in medication, dose, directions, and frequency. This is especially important when a patient's medications upon entering the hospital are different from the medications they are leaving the hospital with.

Counselling is also the last chance to catch and resolve any potential dispensing errors. "Close calls" or "near misses" are often caught when pharmacists counsel appropriately on the medication. These dispensing errors may sometimes be due to misreading or misinterpreting practitioners' handwriting, and often involve look-alike or sound-alike medications. Sometimes, potential errors may also occur from patient misunderstandings. Some examples:

- Prescription filled for Paxil 20mg—1 tablet daily. During counselling, the pharmacist finds out the patient was expecting a medication for heartburn. Prescription was written for Pariet 20mg—1 tablet daily, but was misread as Paxil 20mg.
- Prescription filled for Lantus insulin—inject 5 units daily. During counselling, the pharmacist finds that the patient has been using Lantus insulin for a few years, but at a dose of 50 units daily. Prescription was written for Lantus—inject 50 units daily, but was misread as Lantus—inject 5 units daily. The injection dose of 50 was misinterpreted as 5U.
- Prescription filled for Warfarin 2mg—take as directed according to INR. During counselling, the pharmacist finds out the patient was told by the physician to take 4mg daily, but had incorrectly assumed he should be taking 4 tablets daily. The pharmacist is able to clear up the misunderstanding by clarifying that the correct directions are to take only 2 tablets daily to attain the 4mg dose.

With the above examples, the potential errors would likely not have been caught if the pharmacist did not provide counselling.

Counselling is usually the last step of dispensing to an outpatient and provides the opportunity for contact between the pharmacist, patient and their medication before they go home. In addition to providing full counselling, take the opportunity to open vials to show the medication to the patient.

- With new prescriptions, patients will get to see the medication they will be taking/using for the first time. This gives them the chance to express any concerns or questions they may have about the medication (eg. they may find the tablets too large to swallow whole).
- With refill prescriptions, patients can verify that the medication is the same as what they have been taking. Conversely, they can inquire right away if the tablets look different from what they were expecting.

A pharmacist must also monitor drug therapy to detect, resolve and prevent drug-related problems. This will often include consulting practitioners with regards to a patient's drug therapy. This task cannot be delegated to a pharmacy assistant or pharmacy technician.

Who can complete these activities?

	Pharmacist	Pharmacy Technician
Monitor, Assess & Resolve Drug Therapy Problems	✓	
Counsel & Consult	✓	

For more information, please refer to: HPA Bylaws Schedule F Part 2, section 12 & section 13.

Why is this a fundamental standard?

Case in point:

A patient recently discharged from hospital was given a computer-generated discharge prescription that read "warfarin 4mg WRF". The community pharmacist interpreted "WRF" as "Wed, Thurs, Fri". However, the pharmacist discovered that "WRF" was a short form for "WaRFarin" used by that hospital to indicate its usual warfarin daily dose administration time.

<https://www.ismp-canada.org/download/safetyBulletins/2017/ISMPCSB2017-01-HospitalDischargePrescriptions.pdf>

This example highlights the importance of counselling as an informed patient could have helped prevent this confusion and near-miss. In this case, the alert pharmacist was able to detect a potential issue, but others may have followed their initial interpretation of "Wed, Thurs, Fri" and dispensed the prescription with those instructions.



Pharmacists must be vigilant about counselling to ensure that the patient knows and understands how to take the medication appropriately, including any special instructions. This ensures the *right person* is taking the *right dose* of the *right drug* at the *right time* in the *right way*.

This task *cannot* be delegated to a pharmacy assistant or pharmacy technician.