



College of Pharmacists
of British Columbia

**PRACTICE
REVIEW
PROGRAM** 

Profile Check
(Hospital)

Profile Check

Health Professions Act (HPA) bylaws require a pharmacist to complete this step for every drug order.

Pharmacists are the medication experts of the healthcare team. An integral part of that role is to review drug orders and patient profiles to assess medication for appropriateness of therapy. This should be supplemented by any additional information collected from the patient or patient's representative.

Upon receiving a drug order, a pharmacist must ensure the order is complete and contains the following information:

- The patient's name, hospital number and location,
- The signature of the practitioner,
- The name of the drug,
- The dosage form and strength,
- The route and frequency of administration,
- The duration of treatment if limited,
- Directions for use,
- The date and time the order was written, and,
- In the case of verbal and/or telephone orders, the name and signature of the person who received the order.

Along with making sure drug orders received are complete, a pharmacist must also use their knowledge and expertise to review a patient's profile and assess the following:

- Appropriateness of therapy,
- Drug interactions,
- Allergies, adverse drug reactions and intolerances,
- Therapeutic duplication,
- Correct dosage, route, frequency and duration of administration and dosage form,
- Contraindicated drugs,
- Intravenous administration problems including potential incompatibilities, drug stability, dilution volume and rate of administration, and
- Any other drug related problems.

Consider the following questions when reviewing patient profiles and medication histories to **assess** the appropriateness of drug therapy:

N Is the therapy **NECESSARY**?

E Is the therapy **EFFECTIVE**?

S Is the therapy **SAFE**?

A Is the patient willing /able to **ADHERE** to therapy?

- Is there a clinical indication for drug therapy?
- Is the drug therapy optimal for that clinical condition?
- Is there any therapeutic duplication?
- Is the drug one of the most effective options?
- Assess if the dose, dosage form, route, frequency & duration of administration are appropriate?
- For ongoing therapy, are the monitoring targets being achieved? (Consider signs & lab test results, self-monitoring)
- Is the dosage safe?
- Any contraindications or allergies?
- Are there any potential drug interactions?
- Is the monitoring plan appropriate?
- For ongoing, therapy, any signs of adverse reactions, intolerances or toxicities?
- Is the patient willing & able to adhere to therapy as prescribed? (Consider culture, health literacy/education)

Cipolle R, Strand,L, Morley, P.
 Pharmaceutical Care Practice: The Clinician's Guide,
 2nd ed. New York: McGraw-Hill, 2004

In many cases, performing a complete assessment may involve gathering information from multiple sources about a patient's clinical condition, diagnoses, and lab values. For outpatient prescriptions, an additional source of information that must be reviewed is a patient's PharmaNet profile. This allows the pharmacist to assess a patient's drug therapy considering medications they may be using outside of the controlled environment of a hospital.

While a patient is in hospital and receiving drug therapy, pharmacists also play a key role in monitoring ongoing treatment to keep patients safe. Monitoring by a pharmacist to identify drug-related problems is required at a frequency appropriate for the medical condition that is being treated.

If any drug-related problems are identified during the initial assessment or ongoing monitoring, the pharmacist should **take appropriate action** to resolve the issue.

- This should be done in collaboration with the prescriber.
- It may also be necessary to consult with nursing staff to resolve the drug therapy problem.

Who can complete these activities?

	Pharmacist	Pharmacy Technician
Review information on Patient Profile	✓	
Assess & Resolve Drug Therapy Problems	✓	
Ongoing Monitoring of Drug Therapy	✓	

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

Why is this a fundamental standard?

Case in point:

An elderly patient with rheumatoid arthritis was admitted to hospital for treatment of a fracture caused by a fall. While in hospital, the patient's weekly dose of methotrexate 20mg was continued and diclofenac was started. The patient developed renal failure (possibly precipitated by diclofenac use) and pancytopenia and subsequently died. It was later determined that the known severe interaction between methotrexate and diclofenac was not addressed when the second drug was initiated, possibly because of the lack of interaction specificity (i.e., presence of numerous alerts including non-critical interactions) when the order was initially entered and there was an incorrect assumption that the patient had been taking diclofenac in the community. The patient died as a result of methotrexate toxicity.

https://www.ismp-canada.org/download/safetyBulletins/2015/ISMPCSB2015-09_Methotrexate.pdf

Being vigilant by reviewing patient profiles and assessing the appropriateness of drug therapy for every drug order is a fundamental principle to ensure that the **right patient** is getting the **right dose** of the **right drug** at the **right time**.