**NHS Discharge Medicines Service worksheet**

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| Patient: |  | | | | Date of birth: | | | | | | | / / | | | | | NHS number: | | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| Referring NHS Trust (incl. ODS code): | |  | | | Date referral received: | | | | | | | / / | | | | | Did the referral meet the minimum essential dataset requirements? | | | | | | | | | | | | | | | | | | | |
| **Stage 1 – following receipt of referral** | | | | | | | | | | | | | | | | | Yes  No, because the following data was missing:  Patient’s demographic details (including their hospital medical record number)  The meds being used by patient at discharge (including prescribed, OTC & specialist)  Any changes to meds (incl. med started or stopped, or dosage changes) and documented reason for the change;  Contact details for the referring clinician or hospital department  Hospital’s Organisation Data Service (ODS) code | | | | | | | | | | | | | | | | | | | |
| **Undertaken** | | | | | **Not undertaken**  Patient referral changed to a different pharmacy  Another reason: | | | | | | | | | | | |
| Pharmacist clinical check undertaken and comparison of discharge regimen with pre-admission regimen completed: | | | | | | | | | |  | | Pharmacist name: | | | |  | | | | | | | | | Date: | | | | / / | | | | | | | |
| Issues or clinical actions identified: | | | | No | Yes: | | | | Discrepancy with medication identified  Specific request included in the referral | | | | | | | | | | | | Other: | | | | | | | | | | | | | | | |
| Notes: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where issues were identified, they were discussed with (multiple options possible): | | | | | GP  Hospital  PCN clinical pharmacist/practice pharmacist  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check of any previously ordered prescriptions not yet supplied to the patient completed: | | | | |  | | | Prescriptions in supply system intercepted to prevent patient receiving inappropriate supply? | | | | | | | | | | | | | | | Yes  No such prescriptions | | | | | | | | | | | | | |
| Follow up note added to patient’s PMR to alert staff to provide subsequent parts of the service: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Stage 2 – following receipt of first prescription post-discharge** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Undertaken** | | | | | | **Not undertaken**  Patient deceased  Patient withdrew consent to participate in the service  Patient readmitted to hospital  Provided by another community pharmacy  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date first prescription received: | | | / / | | Check of first prescription undertaken: | | | | | | | | |  | Undertaken by: | | | |  | | | | | | | | | | Pharmacist  Pharmacy Technician | | | | | | | |
| Issues identified on first prescription: | | | | | | | Notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None – medicines reconciliation completed by the pharmacy  or (multiple options possible):  Medicine stopped in hospital still on first prescription  Wrong medicine issued on first prescription  Wrong strength of medicine prescribed  Wrong dose of medicine prescribed  Wrong formulation of medicine prescribed  Medicine included on discharge list inappropriately missed from first prescription  New medicine initiated in primary care since discharge  Other (include detail in notes) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where issues were identified, they were discussed with (multiple options possible): | | | | | | |
| GP  PCN clinical pharmacist/practice pharmacist  Hospital  Other (include detail in notes) | | | | | | |
| **Stage 3 – Patient consultation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Undertaken** | | | | | | | | | | | **Not undertaken**  Patient deceased  Patient withdrew consent to participate in the service  Patient readmitted to hospital  Patient has chosen to use another pharmacy  Patient or carer not contactable despite reasonable attempts  Other: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of consultation: | | / / | | | | Undertaken by: | | | | | | |  | | | | | | | | | | | | | | Pharmacist  Pharmacy Technician | | | | | | | | | |
| Method of consultation: | | | | | | Telephone consultation  In pharmacy consultation  Video consultation  Home visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consultation outcomes: | | | | | | Consultation notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All important changes understood by patient and/or carer  Advice provided on medicines regimen and questions answered    Referral to:  GP  PCN clinical pharmacist/practice pharmacist  Hospital  Other (include detail in notes)    Other CPCF service provided (select all that apply):  Disposal of unwanted medicines  New Medicine Service  Healthy lifestyle advice  Other (include detail in notes) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |