

### Pharmacist Clinical Medication Review Checklist

- Patient identifier- NHS number
- Nursing home/residential home/domiciliary care
- Consent- (if patient declines, document why and do not proceed)
- Check capacity of patient- document in additional info if lacks capacity
- Allergies
- Age/ BP/ Weight
- Pathology
  - Renal function and U&Es
  - FBC
  - LFTs
  - TFTs
  - Other
- Current medical problems
- Past medical history
- Any recent hospital admissions/clinic letters
- Current drugs (complete list including OTC/herbal/hospital medicines/homely remedies)
- 7 steps
  - Therapeutic objectives (existing problems/prevention)
  - Essential drugs
  - (Continued) need for drugs
    - Duration (temporary/short-term/long-term)
    - Limited benefit in general
    - Limited benefit for patient
    - Changes to evidence/guidance
  - Therapeutic objectives achieved?
  - Safety (interactions/ADRs/monitoring/timings)
  - Cost-effectiveness
  - Risks to adherence
    - Compliance issues- check MAR (and reconcile drug list from GP with MAR)
      - Appropriateness of formulation/swallowing difficulties
      - Prompts/aids required (if potentially useful, explore with relevant parties)
      - Simplification of regime if appropriate
- Any issues/factors to address
  - Frailty
  - Falls
  - ACB score ( Anticholinergic score)
  - AKI risk (Acute Kidney Injury)
  - If discontinuation or dose reduction- how (step down slowly/stop immediately)
- Discussion with patient/carer about medication (not taking/aims/side effects/preferred options/patients expectations and main priorities)

- Care plan agreed recommendations
- Suggestions/plan/interventions
- Agree actions with GP including who to action
- Follow up/future plan (i.e. check in one month with patient/doctor/monitoring)
- Letter to patient/care home regarding changes
- Upload review to patient record and read code entry
- Admin- activity logs/RIOs/care home spreadsheet