

UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
ADVANCED PHARMACY PRACTICE EXPERIENCES

Student: _____ Date: ___/___/___ Rotation Type: **COMMUNITY** Rotation #

Preceptor: _____ Preceptor Signature: _____

APPE Community PRCT 553 Non Rx Consult

Activity: Obtain and document a nonprescription medication consult.

You will be exposed to counseling opportunities with patients who are desiring to self-treat or seek treatment for a certain condition or problem. Field a patient's question and perform a nonprescription medication consult.

Decide with your preceptor whether the patient should self-treat or be referred to a provider.

If the patient can be self-treated, make a recommendation for the nonprescription product that is most appropriate for the patient. Counsel the patient on the medication - include indication, appropriate use, how to take the medication, when to expect symptom relief, possible side effects, any drug interactions, how long to self-treat and when to go to his/her primary care provider.

Decide when you need to followup with the patient and notify the patient of the follow up.

Obtain a thorough patient history including demographic information, brief PMH, current medications, chief complaint, duration of complaint(s) and previous treatment strategies. Answer the questions below to document your encounter.

Patient's Gender (Question 1 of 15 - Mandatory)

Male Female

Patient's Age (Question 2 of 15 - Mandatory)

N/A <1 1-10 11-18 19-65 66-79 >79

Patient's Ethnicity (Question 3 of 15 - Mandatory)

N/A
Caucasian
Hispanic
African American
American Indian or Alaska Native
Asian
Mixed Race
Other

Does the patient have any allergies or reactions? List any below. (Question 4 of 15 - Mandatory)

PMH - Does the patient have any of the following conditions? (Question 5 of 15 - Mandatory)

Selection Option
 Arthritis
 Asthma

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For Internal Use Only

NON RX CONSULT

Cancer
Depression
Diabetes
Heart Disease
High Blood Pressure
High Cholesterol
Kidney Disease
Lung Disease
Mental Illness
Stroke
Substance abuse
Other

List any current medications that the patient is taking. Be sure to include the medication name, strength, instructions for use, indication and duration of therapy. (Question 6 of 15 - Mandatory)

What is the patient's chief complaint? (Question 7 of 15 - Mandatory)

Is this a: (Question 8 of 15 - Mandatory)

New Problem Recurrence Worsening of Problem

Did the patient have any previous self-treatment strategies? (Question 9 of 15 - Mandatory)

Should this patient: (Question 10 of 15 - Mandatory)

Self-treat Obtain a referral

If self-treatment is indicated, what product(s) did you recommend and why? (Question 11 of 15 - Mandatory)

Patient Counseling (include instructions for use and product information for the patient. (Question 12 of 15 - Mandatory)

Follow up with patient: (Question 13 of 15 - Mandatory)

Outcome: (Question 14 of 15 - Mandatory)

List the references used to formulate your recommendation. (Question 15 of 15 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.