

Date: \_\_\_\_\_ Medical record/file no: \_\_\_\_\_

Patient name: \_\_\_\_\_

# Medication Review Form

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Medication History				Medication Problems	Plan of Action
Medication (generic/brand name and strength)	Prescribed dose/ frequency	Actual dose/ frequency/ method of use	Treatment goal (reason for medication)	Tick those that apply	Actions/instructions to patient eg: dose change, cease, new medication, medication counselling, compliance aids
				<input type="checkbox"/> none <input type="checkbox"/> not aware of medication <input type="checkbox"/> continuing need <input type="checkbox"/> dose/frequency/ formulation <input type="checkbox"/> duplication <input type="checkbox"/> other _____  <input type="checkbox"/> contraindications <input type="checkbox"/> adverse effects <input type="checkbox"/> drug interaction <input type="checkbox"/> serum levels/ biochemistry required <input type="checkbox"/> compliance	<input type="checkbox"/> no change <input type="checkbox"/> action
				<input type="checkbox"/> none <input type="checkbox"/> not aware of medication <input type="checkbox"/> continuing need <input type="checkbox"/> dose/frequency/ formulation <input type="checkbox"/> duplication <input type="checkbox"/> other _____  <input type="checkbox"/> contraindications <input type="checkbox"/> adverse effects <input type="checkbox"/> drug interaction <input type="checkbox"/> serum levels/ biochemistry required <input type="checkbox"/> compliance	<input type="checkbox"/> no change <input type="checkbox"/> action
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## Instructions for using this form

This form (consisting of two pages, this page and overleaf) is to assist with the process of a medication review. The form is made up of 5 rows, one row for each medication. **Photocopy this form as many times as is needed for each patient.**

### ▲ Complete Patient Details

Fill in the date of review, patient name and medical history in the space provided in the box opposite and at the top of the form overleaf.

### ▲ Medication History

Take a medication history with the patient, then complete the four sections on the form, as outlined below.

1. 'Medication': list all medications currently used regularly or intermittently. Include all prescription drugs prescribed by you and other doctors, over-the-counter medicines and complementary medicines (herbal, alternative and vitamin preparations) as well as medications not previously recorded on your medical records.
2. 'Prescribed': record dose and frequency of medication as prescribed (if applicable) e.g. 10mg at night.
3. 'Actual': record dose and frequency of medication taken by patient eg: 10 mg at night prn when symptoms occur.
4. 'Therapeutic goal': record the desired clinical outcome e.g. target blood pressure level, pain control.

### ▲ Medication Problems

Tick any which apply, for 'other', specify problems.

### ▲ Plan of Action

Record action plan e.g. reduce dose, order biochemistry.

For further assistance or information please contact the National Prescribing Service on (02) 9699 4499 or refer to the *Prescribing Practice Review No. 7, on Medication Review*.

## Patient Details

Date of review: \_\_\_\_\_

Patient name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

History of adverse drug reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alcohol and tobacco use: \_\_\_\_\_

Renal function:

Serum creatinine: \_\_\_\_\_ Estimated  $Cl_{cr}$ \*: \_\_\_\_\_

Liver function: \_\_\_\_\_

### \*Calculating an Estimate of Renal Function <sup>5</sup>

Renal function declines with age. The estimated creatinine clearance rather than the serum creatinine indicates renal function. Use a formula such as *Cockcroft - Gault* to estimate renal clearance, especially in the elderly who may have a normal serum creatinine

$$\text{Creatinine clearance } Cl_{cr} \text{ (mL/min) (males)} = \frac{(140 - \text{age}) \times (\text{body weight (kg)})}{815 \times \text{serum creatinine (mmol/L)}}$$

(females) = 85% of above

- Creatinine clearance <10 mL/min - renally excreted drugs may be contraindicated
- Creatinine clearance 10-25 mL/min - significant dosage adjustment will be necessary for renally excreted drugs
- Creatinine clearance 25-50 mL/min - most renally excreted drugs will need dosage adjustment

Note this formula is invalid in severe renal insufficiency or with rapidly changing renal function.

**Drug Interactions:** See [www.nps.org.au](http://www.nps.org.au) for information on interactions with the top 10 drugs used on PBS.

**Other resources:** Australian Medicines Handbook; Therapeutic Guideline series