CHECK UP ON "CHECKING"

GATHERING MORE INFORMATION AND ASSESSING TO DETECT AND RESOLVE MORE PATIENT PROBLEMS

One in nine emergency room visits are due to medication adverse events and two thirds are preventable.[1] The cost of misuse, underuse, and overuse of medications ranges from $2 billion to $9 billion per year.[2] Pharmacists can help reduce this by checking prescriptions for appropriateness.

In the CCC model, **"checking" is a systematic thought process** used to ensure the medication is appropriate for the patient. **"Checking" differentiates a pharmacist's clinical role from a regulated technician's role.** Pharmacists check for the appropriateness of therapy while regulated technicians ensure the accuracy of the prescription dispensed. Once you start assessing appropriateness, you will be able to enhance the care you provide.

Pharmacists are traditionally very good at ensuring a dose is **safe** and that there are no interactions or contraindications with a prescription. With "chat and check," pharmacists are gathering additional information and expanding their assessments by also questioning **indication, effectiveness, and usage/adherence. Pharmacists who routinely gather more information and assess accordingly may detect and potentially resolve more patient problems.**

The *Standards of Practice for Pharmacists and Pharmacy Technicians* require pharmacists to assess each prescription for appropriateness and determine whether there is a drug therapy problem. The "check" tool consists of four questions used to evaluate therapy (4QETs).[3]

The answers to these four questions will help you determine whether or not therapy is appropriate.

I IS THE MEDICATION INDICATED?

☐ New and ongoing therapy: Is there a clinical indication for this medication?

☐ Ongoing therapy: Has the indication been previously documented?

E IS THE MEDICATION EFFECTIVE?

☐ New and ongoing therapy: Is the medication prescribed in accordance with current clinical guidelines?

☐ New and ongoing therapy: Is the dosage of this medication sufficient to achieve the goals of therapy?

S IS THE MEDICATION SAFE?

☐ New and ongoing therapy: Are there contraindications or potential interactions (i.e., drug/food/disease)?

☐ New and ongoing therapy: Is the dose safe and appropriate according to weight and organ function?

☐ Ongoing therapy: Are there signs of toxicity, adverse reactions, or abnormal lab values?

U IS THE PATIENT WILLING TO USE/ADHERE TO MEDICATION THERAPY?

☐ New and ongoing therapy: Is the patient willing and able to use this medication (consider cost of medication, potential side effects, complexity of the treatment regimen)?

☐ Ongoing therapy: Is the patient taking the medication as prescribed?

Adapted from *Chat, Check, and Chart*, Lisa Guirguis, PhD; Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta.

1 Zed, Peter J. et al. "Incidence, Severity and Preventability of Medication-related Visits to the Emergency Department: A Prospective Study." CMAJ 178.12 (2008): 1563-9.

2 Romanow R.J. Building on Values: The Future of Health Care in Canada. Saskatoon: Commission on the Future of Health Care in Canada, 2002. Print.

3 Cipolle, Robert J., Linda M. Strand, and Peter C. Morley. Pharmaceutical Care Practice: The Clinician's Guide. McGraw-Hill, Medical Pub. Division, 2004. Print.

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