Alberta College of Pharmacy

Prescribing, Deprescribing, and Adapting using Chat, Check, Chart

Behaviours that **matter**

Chat

Talk to the person, not the patient
Look beyond the prescription

Gather appropriate information to support a person-centred care approach

In the **Chat** stage, pharmacists engage in clear, respectful, and person-centred communication, incorporating active listening to understand the patient's reason for care, health needs, goals, and concerns. This discussion informs whether prescribing is appropriate.

Use the **Three Prime Questions**, tailored to the encounter, to support effective, meaningful dialogue:

1. Chat about **purpose**
2. Chat about **direction**
3. Chat about **monitoring**

Check

Make it make sense
Follow through, follow up

Explore what matters most to the patient to guide collaborative decision making

In the **Check** stage, pharmacists evaluate collected information to assess medication therapy using the IESU framework.

- **I** — **Indication:** Is the medication appropriate for the patient's symptoms, condition, or health goals?
- **E** — **Effectiveness:** Will the medication achieve the intended outcome?
- **S** — **Safety:** Is the medication safe for the patient?
- **U** — **Use or adherence:** Is the patient able and willing to take the medication as prescribed?

Prescribing medication therapy should be evidence-informed, integrating professional judgement, clinical guidelines, and the patient's values and circumstances. Ongoing monitoring and follow up are essential to ensure that medication therapy remains safe, effective, and aligned with the patient's goals.

Pharmacists practise within their authorized scope, competence, and confidence, referring patients as needed to support person-centred care.

Chart

Share the story

Document the care provided, including decisions, resources consulted, rationale, and results

In the **Chart** stage, pharmacists document prescribing decisions and care provided to support accountability, collaboration, and continuity of care. Documentation captures relevant information, clinical rationale, decisions, and planned or actual outcomes.

D **Data:** What information was collected?

- Subjective and objective data
- Medical and social history

A **Assessment:** What did the pharmacist assess?

- IESU
- Application of an evidence-informed process

P **Plan:** What is the established plan?

- Medication therapy prescribed, non-drug recommendations
- Monitoring and follow up, patient instructions

Lisa Guirguis and Shao Lee. "Patient assessment and documentation integrated in community practice: chat, check, and chart." *Journal of the American Pharmacists Association* Volume 52, Issue 6 (2012): 241-251.

Lisa Guirguis, Shao Lee, and Ravina Sanghera. "Impact of an interactive workshop on community pharmacists' beliefs toward patient care." *International Journal of Clinical Pharmacy* Volume 34, Issue 3 (2012): 460-467.

University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences. Patient Care Process. June 2025 – Version 3.0.

NOTE: Evidence-based resources used in Scenarios #1 and #2 accessed March 1, 2026.

Examples of different documentation styles

Scenario #1 – Adaptation

03/08/2026 RPh: MN

D: KT and mother (LT) present with a prescription for amoxicillin 150 mg TID for 5 days for Acute Otitis Media (AOM), diagnosed by Dr. ES. KT has left ear pain, low-grade fever (38°C), irritability, and difficulty sleeping for last 3 days. No history of AOM, recent antibiotics, or daycare attendance. Acetaminophen used PRN with minimal improvement. No allergies or medical conditions. KT weighs 15 kg and is 3 years old.

Goal: Resolve symptoms so KT can resume normal activities.

A: KT's symptoms are consistent with AOM, with symptoms failing to respond to acetaminophen treatment. Antibiotic therapy is indicated. The prescribed dose is too low based on KT's weight (standard: 40 mg/kg/day divided TID per Bugs and Drugs, 2025).

P: MN adapted prescription to Amoxicillin 250 mg/5 mL, 4 mL (200 mg) TID for 5 days. Informed LT to continue acetaminophen PRN for pain or fever. MN to contact LT in 3 days to assess KT's symptoms. Dr. ES was notified of adaptation by fax.

Scenario #2 – Managing ongoing therapy

03/12/2026 RPh: HT

AR presents to the pharmacy for follow-up after picking up a refill of levothyroxine 88 mcg daily for hypothyroidism last week. Over the past 3 months, AR has experienced lethargy, cold intolerance, weight gain, and constipation, limiting participation in curling. AR reports taking levothyroxine each morning on an empty stomach, with no recent medication changes. TSH 16 months ago was 3.3 mU/L. Last week it was 7.8 mU/L. AR's goal is to return to curling.

Symptoms and elevated TSH indicate hypothyroidism is not adequately controlled. Per CPS, therapeutic TSH should be 0.3–4.0 mU/L, supporting an increase in levothyroxine

HT increased levothyroxine to 100 mcg daily for 60 days and provided a lab requisition for repeat TSH in 6-8 weeks. HT will reassess symptoms, confirm TSH, and evaluate progress toward curling in 2 months. Dr. LC notified via fax.