

Patient Assessment For Medicines Compliance Support

This assessment tool should be used on each occasion that a request is made for a patient or service user to have the presentation of their medication adjusted. The most common example of this would be where a pharmacist receives a request (from GP, patient, carer, other healthcare professional) to fill a monitored dosage system (MDS) or other similar compliance box for a person although there are other examples of adjustments to a person's medication (e.g. supply of medicines in non child resistant closures).

People must be assessed to determine the support required to aid medication compliance. This form sets out the person's actual needs, risks and whether compliance support is required. This form can also be used to determine if a reasonable adjustment is required from the pharmacist and/or the prescriber under the Disability Discrimination Act (1995)(DDA).

| Patient / Service User Details | |
|--------------------------------|-----------|
| Name | |
| Address | |
| | Post Code |
| GP & GP Practice | |
| Pharmacy | |

| Assessor Details | |
|---|--|
| Name | |
| Name of organisation (on whose authority you are completing form) | For example: North Bristol NHS Trust, Community Care Department, PCT |
| Telephone Number | Occupation/Profession |

| | | | | | |
|--------|---|------|-------|------|-------|
| Step 1 | Total number of medicines taken Number of doses taken during the day | a.m. | lunch | p.m. | night |
| | | | | | |

| | |
|--------|---|
| Step 2 | Does the person have problems / difficulties when taking their medicines? |
|--------|---|

| | | Risk Level | | | |
|----------------------------|--|--|-----|------|--|
| | | Low | Med | High | |
| Physical | Eyesight | Unable to read labels? | | | |
| | | Unable to distinguish between medicines by sight? | | | |
| | Manual dexterity and co-ordination | Cannot manage blister packs? | | | |
| | | Cannot open or close child resistant packaging? | | | |
| | | Has difficulty with a prescribed liquid medication? | | | |
| | Dosage form (e.g. tablet) is difficult to take? | | | | |
| Mental | Understanding | Does not understand each medicine instruction? | | | |
| | | Does not know which medicines are regular or PRN? | | | |
| | | Does not know the reason for taking each medicine? | | | |
| | Complexity | On medication with variable doses (e.g. warfarin)? | | | |
| | | Taking many medicines with multiple doses in the day? | | | |
| | | On medication with complex dose directions (e.g. biphosphonate)? | | | |
| | Remembering to order | Is continuity of supply a problem? | | | |
| | | Does this person forget to order? | | | |
| Remembering to take | Does this person forget to take medication frequently? | | | | |

If all boxes are ticked 'Low' it is unlikely the patient requires additional compliance support.

Step 3

Which adjustment might be appropriate?

This is a list of suggested adjustments to aid compliance problems. This list is not exhaustive.

| Problem | Solution | Action Plan |
|--|--|--------------------|
| Eyesight | Enhance labeled instructions <ul style="list-style-type: none"> • Increase font size • Provide symbol-based label • Braille labels • Other (describe) | |
| Manual dexterity and co-ordination | Assist with dexterity issues <ul style="list-style-type: none"> • Provide screw caps • Provide wing lids • Dispense blister packed tablets into bottles • Provide larger bottles and lids • Provide halved or quartered tablets • Provide oral syringe or measure • Alternative formulation of same medicine • Haleraid (for inhalers) or eye dropper clamp • Other (describe) | |
| Understanding | Enhance understanding <ul style="list-style-type: none"> • Medicines Use Review • Provide written information • Rationalise medicines regime | |
| Complexity | Simplify medicines regime <ul style="list-style-type: none"> • Medication review • MAR chart | |
| Remembering to order | Assist with ordering medicines <ul style="list-style-type: none"> • Prescription collection service • Repeat dispensing • Reminder on calendar | |
| Remembering to take | Assist with taking medicines <ul style="list-style-type: none"> • Rationalise medicines regime • Reminder charts • MAR chart | |
| Monitored Dosage System (MDS) / Nomad – Please state reason for this supply | | |

Step 4

Summary of assessment

| Summary | |
|--|------------------------|
| It is my opinion that this person has/does not have (<i>delete one</i>) problems with taking their medicines | |
| It is my opinion that this person would/would not (<i>delete one</i>) benefit from an adjustment to the presentation of their medication | |
| The recommended reasonable adjustment(s) for this person is: | <i>Provide details</i> |
| Patient / Service User Signature (if applicable) | |
| Assessor Signature | |
| Date of Assessment | |