

**ALTINBAŞ UNIVERSITY**

**FACULTY of PHARMACY**

**APPRENTICESHIP NOTEBOOK**

**PHAR 593- ADVANCED CLINICAL PHARMACY APPRENTICESHIP**

ISTANBUL-2018

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| **Photo** |

**ALTINBAŞUNIVERSITY**

**SCHOOL of PHARMACY**

**APPRENTICESHIP NOTEBOOK**

**Student's;**

**Name and Surname:** **.............................................................**

**No:** **.............................................................**

**Type of Apprenticeship: ..............................................................**

**Signature: .............................................................**

**APPRENTICESHIP INFORMATION**

|  |  |
| --- | --- |
| **Hospital** | |
| **Name** |  |
| **Telephone Number** |  |
| **Address** |  |
| **Name and Surname of the Responsible supervisor** |  |
| **Apprenticeship Start Date** |  |
| **Apprenticeship End Date** |  |
| **Apprenticeship Period (Total Business Days)** |  |
| **Apprenticeship Attendance Status** | **Regularly attended to the apprenticeship ( )** |
| **Signature of the Responsible supervisor ; Stamp and Date** |  |

|  |  |
| --- | --- |
| **Course Coordinator:** | Asst. Prof. Nibal Abunahlah |
| **Instructors :** | Asst. Prof. Nibal Abunahlah  Asst. Prof. Gaye Hafez |
| **Assistants :** | Spec. Pharm. Tayf Alqozbakr  Spec. Pharm. Meltem Breen |
| **Goals :** | This is an advanced clinical apprenticeship that aims to provide |
| opportunities for students to build on knowledge, skills acquired through didactic education experiences and introductory apprenticeship and apply them in direct patient care activities in a hospital setting. The students will participate in clinical services including medication use evaluation, therapeutic drug monitoring, adverse drug reaction reporting, pain management, pharmaceutical care, nutritional support, chemotherapeutic drug monitoring, anticoagulation service etc. | |
| **Content :** | Ten weeks, full-time (40 hours per week) community pharmacy practice; total of 400 (10 x 40) hours. |

**Learning Objectives**

|  |
| --- |
| In clinical pharmacy apprenticeship, the student will be able to: |
| 1. Evaluate the patient medication profile |
| 1. Construct medical, medication, social and family history |
| 1. Identify drug related problems and formulate a care plan to solve the existing problems |
| 1. Make use of the care plan by informing or consulting the medical team |
| 1. Evaluate and monitor the care plan |
| 1. Modify the care plan if necessary |

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**Introduction**

The clinical pharmacy apprenticeship is designed and carried out by Altınbaş University clinical pharmacy department academic staff. The clinical pharmacist is educated and trained in direct patient care environments, including medical centers, clinics, and a variety of other health care settings. Clinical pharmacists are frequently granted patient care privileges by collaborating physicians and/or health systems that allow them to perform a full range of medication decision-making functions as part of the patient’s health care team. These privileges are granted on the basis of the clinical pharmacist’s demonstrated knowledge of medication therapy and record of clinical experience. This specialized knowledge and clinical experience is usually gained through training. Activities that can be done by clinical pharmacist include but not limited to;

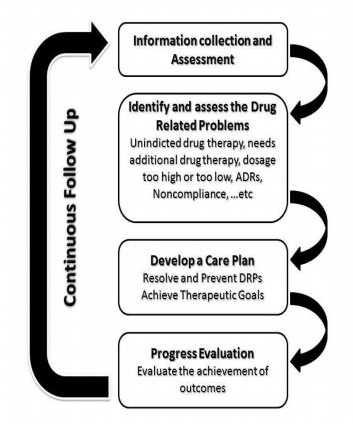
* Assess the status of the patient’s health problems and determine whether the prescribed medications are optimally meeting the patient’s needs and goals of care.
* Evaluate the appropriateness and effectiveness of the patient’s medications.
* Recognize untreated health problems that could be improved or resolved with appropriate medication therapy.
* Follow the patient’s progress to determine the effects of the patient’s medications on his or her health.
* Consult with the patient’s physicians and other health care providers in selecting the medication therapy that best meets the patient’s needs and contributes effectively to the overall therapy goals.
* Advise the patient on how to best take his or her medications.
* Support the health care team’s efforts to educate the patient on other important steps to improve or maintain health, such as exercise, diet, and preventive steps like immunization.

**Pharmaceutical Care Process**

To accomplish our learning objectives our students must be involved in the pharmaceutical care practice. Pharmaceutical Care is a patient-centered, outcomes oriented pharmacy practice that requires the pharmacist to work in concert with the patient and the patient's other healthcare providers to promote health, to prevent disease, and to assess, monitor, initiate, and modify medication use to assure that drug therapy regimens are safe and effective. The goal of Pharmaceutical Care is to optimize the patient's health-related quality of life, and achieve positive clinical outcomes, within realistic economic expenditures. According to American Pharmacist Association; To achieve this goal, the following must be accomplished:

* A professional relationship must be established and maintained.
* Patient-specific medical information must be collected, organized, recorded, and maintained.
* Patient-specific medical information must be evaluated and a drug therapy plan developed mutually with the patient.
* The pharmacist assures that the patient has all supplies, information and knowledge necessary to carry out the drug therapy plan.
* The pharmacist reviews, monitors, and modifies the therapeutic plan as necessary and appropriate, in concert with the patient and healthcare team.

During this apprenticeship; students will learn all the steps of previoussteps and will gain skills and knowledge required to develop , implement and evaluate the pharmaceutical care plan.



**Pharmaceutical Care Plan Processing**

**Preceptors and Supervisors Responsibilities**

1. Define the aim and the learning outcomes for each rotation.
2. Introduce the students to the medical staff.
3. Explain briefly the apprenticeship rules and requirments.
4. Suggest some case studies to be picked and analyse by the students.
5. Evaluate students’ level and efficiency after each rotation.
6. Improve the communication between the students and other medical team member to enhance the education process.
7. Respect of the students’ dignity Respect the dignity of each student individually and all students collectively in all academic contexts.
8. Find out the student’s capabilities and interests especially ones related to the pharmaceutical care and clinical pharmacy.
9. Evaluate the students presentations and SOAP analysis

**Students Daily Activities**

1. Each student must fulfill the daily attendance form.
2. Join the medical morning meeting and round.
3. Attend the sessions in out-patient clinic.
4. Follow up a specific case/s in each department.
5. Attend the daily meeting with the preceptors and discuss their daily activities
6. Communicate with patients, maintain medication, medical and family history
7. Follow up previous cases, monitor patients and detect drug related problems.
8. Inform the medical team about the drug related problems that have been detected; drug –drug interaction, drug-disease, drug-food interactions.
9. Take apart in patient education process.
10. Attendance to any scheduled meeting given by preceptor or supervisor.
11. Attendance to any activity that is organized by hospital, preceptors or supervisor.

**Course Description**

This is an advanced apprenticeship that aims to provide opportunities for students to build on knowledge, skills acquired through didactic education experiences and introductory apprenticeship and apply them in direct patient care activities in a hospital setting. The students will participate in clinical services including medication use evaluation, therapeutic drug monitoring, adverse drug reaction reporting, pain management, pharmaceutical care, nutritional support, chemotherapeutic drug monitoring, anticoagulation service etc.

Students’ thinking and attitude should be similar to clinical pharmacist. They must use all the knowledge gained through their didactic education of ;

1. Pharmaceutics
2. Clinical pharmacology and toxicology
3. Pharmacy practice
4. Clinical biochemistry
5. Pharmaceutical calculation
6. Pharmacogenomics
7. Epidemiology
8. Pharmaceutical care
9. Pharmacy management
10. Pharmacoeconomy
11. Evidence base pharmacy
12. pharmacotherapy

The students are required to collect and integrate all of the subjects above and use them to enhance rational use of drug.

**Apprenticeship Duration**

10 weeks, full time (40 hours/week), clinical pharmacy apprenticeship, total 400 (10x 40) hours.

. The rotation program shown in the table below.

|  |  |
| --- | --- |
| **Mandatory Rotations** | **Duration** |
| Cardiology | 1 week |
| İnternal medicine | 1 week |
| Pediatrics | 1 week |
| Oncology | 1 week |
| Gynecology | 1 week |
| Emergency | 2 weeks |
| Dermatology | 1 week |
| Endocrinology | 1 week |
| General surgery | 1 week |
| Ear, Nose, Throat | 1 week |
| Hematology | 1 week |
| Nephrology | 1 week |
| Urology | 1week |
| Neurology | 1 week |

**Note: the duration and the place can be change according to the hospital situation.**

**Evaluation Protocols**

1. activities and behavior ;Students will be evaluated according to activity, knowledge, and communications with seniors, medical team members, colleagues, and patients.
2. Homework
3. Group Presentation
4. SOAP Analysis
5. Apprenticeship exam ; written and oral exams

**Group Presentation:**

* The students (4 students each group)are required to present one selected case orally to the college at the end of each rotation. The date of the presentation shall be arrange and amended by the coordinator for the best feasible timing. The topic of the presentation has to be discussed and agreed upon with preceptor.Students are encouraged to select a case based on its relevance to the rotation. The final decision shall refer to the preceptor. Discussion should include the most recent information on its therapeutic management. The case presentation should be submitted to the preceptor as well as the internship’s coordinator at least 3 days before the due date in a shape of Microsoft PowerPoint presentation in \*ppt format, otherwise the intern shouldn't be allowed to present the case and fail in the pertained apprenticeship.

**SOAP Analysis**

Students further must to submit 2 cases (SOAP Analysis) written in full for each rotation. The intern must follow the format in Appendix 1, II . All the written cases must be submitted altogether at once on the day of the oral presentation.

**Final Evaluation**

To pass-in the apprenticeship, the student should pass each step of the evaluation separately, including: daily activities, presentation and reports. If the student fails in any step of the evaluation, he/she will fail in the apprenticeship and should repeat the apprenticeship in full.

**The student have to collect ≥ 50% from the final exam marks and the total marks to be sucessfuly passed this apprenticeship**

|  |  |  |
| --- | --- | --- |
| **ASSESSMENT** | | |
| **IN-TERM STUDIES** | **QUANTITY** | **PERCENTAGE** |
| Assignment (group presentation, SOAP Analysis,Homework, activities and behaviour | 10 | 60 |
| **Total** | 10 | 60 |
| **CONTRIBUTION OF IN-TERM STUDIES TO OVERALL GRADE** | 0 | 0 |
| **CONTRIBUTION OF FINAL EXAMINATION TO OVERALL GRADE** | 1 | 40 |
| **Total** | 1 | **100** |

# Site Scheduling /Time &Duration of Pharmacy Training Rotation

* In order to schedule a site students must submit the training form which will be available in the secretary office, this form is distributed at the end of the second semester. The secretary office will announce the date for distributing the forms and the deadline for submitting a form.
* After submitting the forms no changes are acceptable unless the students submits a written formal request explaining the reasons for this change.
* The training site will be medical services and clinics
* These services will be arranged according to the hospital conditions and the training requirments.
* List of training sites and students names will be announced via the secretary office.

**Rules AND Regulations**

## **Attendance/Leave Or Absence**

* Students are required to inform their preceptor of any absence due to illness or other unforeseen circumstances. Absences should be communicated to the preceptor as early as possible, and prior to any scheduled start/ on site time. Students who are absent from the site for more than two days due to illness must obtain a written physician’s documentation of illness.

## **Email policy**

* You can contact your school teachers via their school emails :
* [nibal.abunuhlah@altinbas.edu.tr](mailto:nibal.abunuhlah@altinbas.edu.tr)
* [gaye.hafez@altinbas.edu.tr](mailto:gaye.hafez@altinbas.edu.tr)
* [tayf.alqozbakr@altinbas.edu.tr](mailto:tayf.alqozbakr@altinbas.edu.tr)

**Learining Objectives**

In clinical pharmacy apprenticeship, the student will be able to:

1. Provide opportunities for students to build on knowledge, skills acquired through didactic education experiences and introductory apprenticeship and apply them in direct patient care activities in a hospital setting.
2. Training the students to make decisions independently.
3. Observe and apply all hospital pharmacy and clinical pharmacy regulations and laws.
4. Improve team working skills..
5. Make the students aware of their future capabilities and limitations.
6. Evaluate the patient medication profile
7. Construct medical, medication, social and family history
8. Identify drug related problems and formulate a care plan to solve the existing problems
9. Make use of the care plan by informing or consulting the medical team
10. Evaluate and monitor the care plan
11. Modify the care plan if necessary
12. To develop thestudents communication skills with his/her colleagues, the pharmacy and medical team, the patients and their relatives.

**CARDIOLOGY ROTATION**

The aim of the apprenticeship is to provide students with the skills and knowledge needed to provide pharmaceutical care plan for common cardiovascular problems.

**Learning Objectives**

1. Be familiar of all pharmacotherapeutic principles in cardiovascular system, anatomy, histology, physiology, pathology and pharmacology**.**
2. Share his knowledge of pharmaceutical, pharmacokinetics, pharmacology, pharmacogenetics with health care team to evaluate different therapeutic regimens.
3. Participate in decision making process after consultation with the other health care providers and patients.
4. Design pharmaceutical care plan for patients with chronic cardiovascular diseases, like hypertension, coronary heart diseases, Dyslipidemia, Heart failure.
5. Evaluate Drug-Drug interaction ; drugs used for managment of cardiovascular and/or other drugs that are used for another indications.
6. Define low therapeutic index drugs and be familiar with their toxicity management.
7. Identify the local administration of drugs to cardiovascular system.
8. Participate in Coagulation clinic, monitoring INR, modification of the dose according to INR results.
9. Monitor disease progression and disease response to the prescribed drugs.
10. Develop SOAP analysis and treatment plan based on evidence based medicine for the following diseases; not limited to:
11. Hypertension
12. Hyperlipedimia
13. Angina
14. Myocardial Infarction
15. Heart failure
16. Arrythmia
17. Digoxin Toxicity

**INTERNAL MEDICINE ROTATION**

The aim of the apprenticeship is to provide students with the skills and knowledge needed to provide pharmaceutical care plan for common endocrinology, rheumatology, gastroentology, nephrology, pulmonary, neurology problems.

**Learning Objectives:**

1. Be familiar with all pharmacotherapeutic principles in internal diseases. “Anatomy, histology, physiology, pathology and pharmacology”**.**
2. Share knowledge of pharmaceutical, pharmacokinetics, pharmacology, pharmacogenetics with health care team to evaluate different therapeutic regimens.
3. Participate in decision making process after consultation with the other health care providers and patients.
4. Design pharmaceutical care plan for patients with chronic Diseases, like diabetes, rheumatoid arthritis, Gastroesophageal reflux, asthma , COPD etc.
5. Evaluate Drug-Drug interaction between drugs used for managment of internal diseases or other drugs that used for another indications.
6. Define low therapeutic index drugs and be familiar of their toxicity management.
7. Participate in diabetic clinic, monitoring glucose level, modification of insulin or oral hypoglyecemic drugs
8. Monitor disease progression and disease response to the prescribed drugs.
9. Develop SOAP analysis and treatment plan based on evidence based medicine for the following diseases but not limited to:
10. Gastrointestinal tract bleeding
11. Hepatitis A, B, C
12. Acute kidney failure
13. Chronic kidney failure
14. Cirrhosis and osephageal varices.
15. Glomerulonephritis
16. Asthma
17. COPD
18. Pulmonary Fibrosis
19. Diabetes or Diabetic ketoacidosis
20. Hyper or Hypothyrodism
21. Pitutary disorder.
22. Rheumatoid Arthritis
23. Epilepsy
24. Deep venous thrombosis and Pulmonary embolism.

**ONCOLOGY AND HEMATOLOGY ROTATION**

The aim of the apprenticeship is to provide students with the skills and knowledge needed to provide pharmaceutical care plan for oncology and hematology patients as well as supportive care.

**Learning Objectives:**

1. Identify different pharmacotherapeutic modalities in Oncology, Hematology & immune system.
2. Share knowledge of pharmaceutical, pharmacokinetics, pharmacology, pharmacogenetics with health care team to evaluate different therapeutic regimens.
3. Participate in the drug decision-making process with health care professionals, and patients.
4. Participate in chemotherapy preparation process.
5. Determine any special procedures and precautions needed for the agents used. This may include precautions for work with volatile chemotherapy drugs.
6. Learn, observe and monitor treatment protocols, signs and symptoms, clinical manifestations of Anemia, bleeding and inherited bleeding disorders, Sepsis, Leukemia, Lymphomas and Solid Tumors of mainly Ovarian, Testicular, Breast, Prostate, Liver, Lung and Intestine.
7. Be familiar with various cancer chemotherapy protocols
8. use the pharmacokinetics and pharmacodynamics properties of the drug for individualization of drug therapy process..
9. Explain the mechanism of action, pharmacological effects, indications, side effects and contraindications of chemotheraputic drugs
10. Design and apply pharmaceutical care plan to deal with chemotherapy related problems
11. Evaluate the supportive therapy given and take apart in therapy managment.
12. Utilize the evidence- based pharmacy & literature evaluation and use critical thinking and decision making in designing and management of solid tumors, blood disorders and immunological malignancies.

**PEDIATRIC ROTATION**

The aim of the apprenticeship is to provide students with the skills and knowledge that is required to provide pharmaceutical care plan for common Pediatric problems.

**Learning Objectives**

1. Be familiar with all pharmacotherapeutic principles in pediatric diseases, anatomy, histology, physiology, pathology and pharmacology**.**
2. Share knowledge of pharmaceutical, pharmacokinetics, pharmacology, pharmacogenetics with health care team to evaluate different therapeutic regimens.
3. interact with the pediatric care system as a participant.
4. Participate in decision making process after consultation with the other health care providers and patients.
5. Design pharmaceutical care plan for patients with chronic pediatric diseases .
6. Evaluate Drug-Drug interaction
7. Define low therapeutic index drugs and be familiar of their toxicity management.
8. Use basic pharmacokinetic principles and drug levels in the recommendation of initial therapy and subsequent dosage adjustments.
9. Select and interpret parameters used to monitor therapeutic response for pediatric patients.
10. evaluate the appropriateness of drug therapy in pediatric illnesses.
11. Understand the drug dosage and formulation problems unique to pediatric drug therapy.
12. Develop SOAP analysis and treatment plan based on evidence based medicine for the following diseases but not limited to:
13. Pediatric infectious diseases; Streptococcal infection,staphylococcal infection, H influnza, viral infection etc.
14. Allergic diseases, allergic rhinitis, a topic dermititis, food allergy.
15. Metabolic diseases,
16. Cardiovascular diseases.
17. Urinary and gyncological system diseases.
18. Neoplastic diseases.

**EAR NOSE AND THROAT (ENT) ROTATION**

The aim of the apprenticeship is to provide students with the skills and knowledge needed to provide pharmaceutical care plan for the management of ENT diseases with proper pharmaceutical care.

**Learning objectives:**

1. The purpose of this apprenticeship is to integrate the pathophysiologic abnormalities of

different diseases associated with concepts of drug action and therapy.

2. Review the state of the art pharmacotherapy with pertinent pathophysiology, pharmacology, pharmaceutics, medicinal chemistry, drug –drug interaction, alternative

medicine and clinical pharmacy skills.

3. concentration will be placed on drug selection, dosing regimen design, and therapeutic

drug monitoring (TDM) to assess the therapeutic efficacy and avoidance of adverse reactions, in the context of drugs related problems (DRPs)

4. understanding the mechanism of action, pharmacological effects, indications, doses and

dosage requirements, side effects, cautions and contraindications of medications used in ear,

nose and throat disorders.

6. creat a management therapeutic plan for different disease of ENT disorders based on best evidence guidelines.

7. Plan a pharmaceutical care for patients with ENT disorders under a therapeutic program

8. Outline major ENT diseases in primary care settings and their treatment protocols.

**DERMATOLOGY ROTATION**

The aim of this apprenticeship is to prepare the student with knowledge base and problem solving skills relating to the management of dermatological diseases with pharmaceutical care perspective

**Learning objectives:**

1. Review state of the art pharmacotherapy with pathophysiology, pharmacology, pharmaceutics, medicinal chemistry, drug –drug interaction, alternative medicine and

clinical pharmacy skills.

2. concentration will be placed on drug selection, dosing regimen design, and therapeutic drug

monitoring(TDM) to assess the attainment of therapeutic efficacy and avoidance of adverse

reactions, and drugs related problems (DRPs)

3. understand the mechanism of action, pharmacological effects, indications, dosage, side effects cautions and contraindications of drugs used in treatment of dermatitis, acne diseases and psoriasis.

5. Design a pharmaceutical care plan for patients with dermatitis, acne disease.

6. Monitor drug therapy for possible drug-related problems including drug interaction and

adverse effects.

7. Communicate effectively and professionally with patient, ward staff, nurse, doctors,

and peers.

**GYNECOLOGY ROTATION**

The aim of the apprenticeship is to provide students with the skills and knowledge needed to provide pharmaceutical care plan for obstetrics/gynecology environment with a pharmaceutical care perspective.

**Learning objectives:**

1. differentiate among pharmacotherapeutic modalities in reproductive system, gynecological and obstetrics pharmacotherapy.

2. learn how the drug decision-making process is done by health care professionals, and patients

3. Describe the clinical presentation and treatment for all encountered medical illnesses during pregnancy and also includes menstrual disorders, hormonal replacement therapy and contraception.

4. Describe the physiologic changes that occur during pregnancy and create nutritional and

pharmacological requirements according to that.

5. Identify and discuss different pharmacologic agents that may be harmful to the fetus or

mother in different trimesters of pregnancy and also during breast feeding.

6. Design a management therapeutic plan for different compelling diseases associated with

pregnancy like ectopic pregnancy, misscarriag/bleeding, premenstral syndrome, menopause,

drugs used during labor and caesarian births.

7. Discuss the problem solving process to determine the risk vs. benefit of using drug therapy

during pregnancy and lactation.

8. Describe the standard medical care of a pregnant patient.

9. Describe commonly encountered bacterial and fungal gynecologic diseases like gonorrhea,

syphilis etc and their treatment, monitoring, and follow up.

10. Design a pharmaceutical care plan for patients with pregnancy or other gynecological

abnormalities.

11. List all drugs according to their pregnancy categories and discuss their toxic and beneficial potential.

**GENERAL SURGERY ROTATION**

The aim of this apprenticeship to make the student be capable to review the use of anesthetic

gases, neuromuscular blockers, and reversal agents in surgical process and also medicines use in surgical infection prevention, local anesthetics, analgesics and cardioplegia.

**Learning objectives:**

1. Discuss pathophysiology of the selected diseases, including pathology, signs and symptoms clinical presentations, diagnosis, common laboratory findings as well as complicating factors.

2. Participate in the drug use decision-making process with pharmacists, physicians, other health care professionals, and patients

4. Apply the related pharmaceutical principles when evaluating therapeutic problems such s adjustment of the dose or regimen for certain drugs in the presence of renal or liver dysfunction or other diseases affecting drug absorption or disposition.

5. Monitor patients' progress with regard to therapeutic objectives to achieve the outcomes of pharmaceutical care.

8. Effectively communicate the drug treatment plan to the patient with the appropriate precautions and expectations.

9. Provide adequate documentation and literature support for therapeutic recommendations

10. Receive explanation and exposure of the general activities of Pharmacist in surgical ward.

11. Discuss the role of inhalation, oral and parenteral anesthetics use in surgical processes.

12. Discuss and Monitor the role of analgesics, neuromuscular blockers and reversal agents use in surgical processes.

**INFECTIOUS DISEASES ROTATION**

The aim of this rotation is to prepare the student with a knowledge base and problem solving skills relating to the treatment of infectious diseases with antimicrobial agents keeping pharmaceutical care perspective.

**Learning Objectives:**

1. Evaluate the significance of a patient's pharmacokinetic parameters when determining an appropriate drug therapy such aminoglycosides or vancomycin.

2. Provide appropriate monitoring parameters for the chosen treatment plan according to

Minimum Inhibitory Concentration (MIC) and Maximum Effective Concentration (MEC) (including efficacy, toxicity, side effects, and potential drug interactions)

1. Find the most effective therapeutic plan to eradicate resistant microorganism in antimicrobial therapy.
2. Provide a treatment plan based upon evidence based medicine, latest guidelines and
3. literature review for the following but not limited to these diseases:
4. Viral hepatitis
5. Bacterial Gastroenteritis
6. Urinary tract infections
7. Sexually transmitted diseases
8. Community –acquired, Hospital acquired and nosocomial pneumonia
9. Mycobacterium tuberculosis
10. HIV related infections
11. Fungal infections
12. Soft tissue and Bone infections
13. Malaria and parasitic infections
14. CNS infections

**NEPHROLOGY ROTATION**

The aim of this rotation is to prepare the student with a knowledge base and problem solving skills relating to the treatment of nephrology diseases and kidney dialysis to develop an appropriate care plan.

**Learning objectives:**

1. Describe the pathophysiology, diagnosis, and management of: acute kidney injury, proteinuria, hematuria, primary and secondary hypertension, fluid and electrolyte and acid-base disorders, poisonings.

2. understand indications for hemodialysis, peritoneal dialysis, ultrafiltration, hemoperfusion, renal transplantation.

3. Describe the pharmacology of commonly used medications in patients with impaired renal function and immunosuppressive agents.

4. develop an appropriate and thorough history, perform a comprehensive physical examination, and formulate an appropriate differential diagnosis and management strategy related to renal diseases

5. apply and interpret a microscopic urinalysis, be aware of the indications and limitations of imaging studies in urological disease, be aware of the indications for and interpretation of renal biopsy, and perform placement of central venous catheters as appropriate to level of training

6. Manage complications of chronic kidney disease such as hypertension, anemia, mineral metabolism abnormalities, electrolyte disturbances and volume overload.

**UROLOGY ROTATION**

The aim of this rotation is to prepare the student with a knowledge base and problem solving skills relating to the treatment of urological diseases to develop an appropriate care plan.

**Learning Objectives**

1. Integrate knowledge of the pathophysiology, risk factors, etiology and clinical presentation of the diseases, including symptoms, physical assessment, relevant diagnostics, and laboratory findings, to patient-specific clinical findings to make appropriate, patient-specific drug therapy recommendations.
2. Acquire and utilize knowledge of safe medication practices to manage and improve medication use for patients.
3. Place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug therapy problems
4. Identify, justify, and prioritize a list of patient-specific drug therapy problems.
5. Identify, prioritize, assess, and justify a list of reasonable therapeutic alternatives and discuss pros/cons of each, considering efficacy, safety, patient factors, administration issues, and cost.
6. provide patient education and non pharmacological care.
7. Effectively answer to medication- and practice-related questions and educate others in a timely manner, utilizing systematic literature search, critical appraisal skills and appropriate means of communication

**Appendix I:**

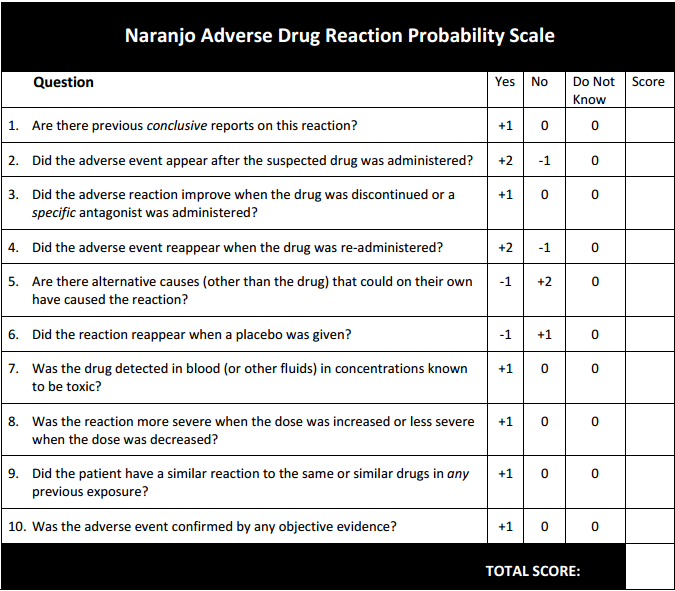
**PCNE Classification scheme for Drug-Related Problems V6.2**

**The basic classification**

|  |  |  |
| --- | --- | --- |
|  | Code V7.0 | Primary domains |
| Problems | **P1**  **P2**  **P3** | Treatment effectiveness There is a (potential) problem with the (lack of) effect of the pharmacotherapy.  Adverse reactions Patient suffers, or will possibly suffer, from an adverse drug event  Others |
| Causes | **C1**  **C2**  **C3**  **C4**  **C5**  **C6**  **C7**  **C8** | **Drug selection**  The cause of the DRP can be related to the selection of the drug.  **Drug form**  The cause of the DRP is related to the selection of the drug form.  **Dose selection**  The cause of the DRP can be related to the selection of the dosage schedule.  **Treatment duration**  The cause of the DRP is related to the duration of therapy.  **Dispensing**  The cause of the DRP can be related to the logistics of the prescribing and dispensing process.  **Drug use/ process**  The cause of the DRP is related to the way the patient gets the drug from a health professional or carer, in spite of proper dosage instructions (on the label).  **Patient related**  The cause of the DRP can be related to the personality or behaviour of the patient.  **Other** |
| **Planned Interventions** | **10**  **11**  **12**  **13**  **14** | No intervention  At prescriber level  At patient level  At drug level  Other |
| **Intervention Acceptance** | **A1**  **A2**  **A3** | Intervention Accepted.  Intervention not accepted  Other |
| **Status of the DRP** | **O0**  **O1**  **O2**  **O3** | Problem status unknown.  Problem solved  Problem partialy solved  Problem not solved |

**For additional information:** [**http://www.pcne.org/upload/files/145\_PCNE\_classification\_V7-0.pdf**](http://www.pcne.org/upload/files/145_PCNE_classification_V7-0.pdf)

**Appendix II**



**Appendix III**

**DIPS score (drug –drug interaction causal relationship)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Yes** | **No** | **NA** |
| 1. Are there previous *credible* reports of this interaction in humans? | **+1** |  |  |
| 1. Is the observed interaction consistent with the known interactive properties of precipitant drug? | **+1** |  |  |
| 1. Is the observed interaction consistent with the known interactive properties of object drug? | **+1** |  |  |
| 1. Is the event consistent with the known or reasonable time course of the interaction (onset and/or offset)? | **+1** |  |  |
| 1. Did the interaction remit upon dechallenge of the *precipitant* drug with no change in the object drug? (if no dechallenge, use Unknown or NA and skip Question 6) | **+1** |  |  |
| 1. Did the interaction reappear when the precipitant drug was readministered in the presence of continued use of object drug? | **+2** |  |  |
| 1. Are there previous *credible* reports of this interaction in humans? | **-1** |  |  |
| 1. Was the object drug detected in the blood or other fluids in concentrations consistent with the proposed interaction? | **+1** |  |  |
| 1. Was the drug interaction confirmed by any objective evidence consistent with the effects on the object drug (other than drug concentrations from question 8)? | **+1** |  |  |
| 1. Was the interaction greater when the precipitant drug dose was increased or less when the precipitant drug dose was decreased? | **+1** |  |  |

**Appendix IV**

**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
|  | |  | | | |  | |  | |  |  |  | |
| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
|  |  |  |  |  | | | | | | | | |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**DATA COLLECTION FORM**

|  |  |
| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
|  | |  | | | |  | |  | |  |  |  | |
| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

|  |  |  |
| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
|  |  |  |  |  | | | | | | | | |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................**

**DATA COLLECTION FORM**

|  |  |
| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
|  | |  | | | |  | |  | |  |  |  | |
| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

|  |  |  |
| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
|  |  |  |  |  | | | | | | | | |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................**

**DATA COLLECTION FORM**

|  |  |
| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
|  | |  | | | |  | |  | |  |  |  | |
| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
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| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

|  |  |  |
| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
|  |  |  |  |  | | | | | | | | |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................**

**DATA COLLECTION FORM**

|  |  |
| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
|  | |  | | | |  | |  | |  |  |  | |
| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
|  |  |  |  |  | | | | | | | | |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................**

**DATA COLLECTION FORM**

|  |  |
| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
|  | |  | | | |  | |  | |  |  |  | |
| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
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| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Discharge Medications** | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

|  |  |  |
| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................**

**DATA COLLECTION FORM**

|  |  |
| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

|  |  |  |
| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................**

**DATA COLLECTION FORM**

|  |  |
| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
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| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**DATA COLLECTION FORM**

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| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

|  |  |  |
| --- | --- | --- |
| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

|  |  |  |
| --- | --- | --- |
| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................**

**DATA COLLECTION FORM**

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| --- | --- |
| Student Name : | Number : |
| Hospital name :  Hospital servies : | Assistant name : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient name –surname  (Use the Initials letter): | | | | Date of Birth: | | | | | Gender : male/ female | | | | |
| weight : | | | | Height: | | | | | BMI: | | | | |
| Pregnancy : Yes / NO | | | | Breast feeding : : Yes / NO | | | | | | | | | |
| History of Allergies :  Drugs: Yes No KNA  Food: Yes No KNA  Environments: Yes No KNA | | | | | | | | | | | | | |
| **Social History :**  Smoking : Yes NO  History of use :  Alcohol : Yes NO  History of use:  History of use :  Drug Abuse: Yes NO  History of use : | | | | | | | | | | | | | |
| **Past Medical History:** | | | | | | | | | | | | | |
| **Physical Examination:**  **General:**  **Vital Sign:** | | | | | | | | | | | | | |
| **Medical Diagnosis:**  **Liver disease:**  **Renal disease:**  **Cardio vascular disease:**  **Diabetes Mellitus:**  **Cancer:**  **Psychiatric:**  **G.I.T. Disease:**  **Neurological disease:**  **Lung disease:**  **Muscle and bones disease:**  **Eyes, Ears, Nose and Throat:**  **Hematological disease:**  **Skin disease:**  **Others:**  **Unknown:** | | | | | **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes**  **Yes** | | **Explanation** | | | | | | **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No**  **No** |
| **Laboratory Finding and Follow Up** | | | | | | | | | | | | | |
| **Lab. Test** | | | **Normal Value** | | | **Day 1** | | **Day 2** | | **Day 3** | **Day 4** | **Day 5** | |
| **Hematologic Values** | | | | | |  | |  | |  |  |  | |
| WBC |  | | | | |  | |  | |  |  |  | |
| RBC |  | | | | |  | |  | |  |  |  | |
| Hgb |  | | | | |  | |  | |  |  |  | |
| Hct |  | | | | |  | |  | |  |  |  | |
| ESR |  | | | | |  | |  | |  |  |  | |
| PLT |  | | | | |  | |  | |  |  |  | |
| **Electrolyte** | | | | | |  | |  | |  |  |  | |
| Na+ |  | | | | |  | |  | |  |  |  | |
| K+ |  | | | | |  | |  | |  |  |  | |
| Ca+2 |  | | | | |  | |  | |  |  |  | |
| **Renal Function** | | | | | |  | |  | |  |  |  | |
| Creatinine |  | | | | |  | |  | |  |  |  | |
| CLcr |  | | | | |  | |  | |  |  |  | |
| Urea |  | | | | |  | |  | |  |  |  | |
| **Fasting Lipid Profile** | | | | | |  | |  | |  |  |  | |
| LDL | |  | | | |  | |  | |  |  |  | |
| HDL | |  | | | |  | |  | |  |  |  | |
| T.Cholesterol | |  | | | |  | |  | |  |  |  | |
| Triglycerides | |  | | | |  | |  | |  |  |  | |
| **Liver Function** | | | | | |  | |  | |  |  |  | |
| Total Protein | |  | | | |  | |  | |  |  |  | |
| Albumin | |  | | | |  | |  | |  |  |  | |
| T.Bilirubin | |  | | | |  | |  | |  |  |  | |
| ALT | |  | | | |  | |  | |  |  |  | |
| Alk Phos | |  | | | |  | |  | |  |  |  | |
| **Cardiac Enzyme** | | | | | |  | |  | |  |  |  | |
| LDH | |  | | | |  | |  | |  |  |  | |
| CK | |  | | | |  | |  | |  |  |  | |
| CPK/MB | |  | | | |  | |  | |  |  |  | |
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| **Venous Blood Gases** | | | | | |  | |  | |  |  |  | |
| PH | |  | | | |  | |  | |  |  |  | |
| PCO2 | |  | | | |  | |  | |  |  |  | |
| HCO3 | |  | | | |  | |  | |  |  |  | |
| O2 Saturation | |  | | | |  | |  | |  |  |  | |
| **Blood Glucose** | | | | | |  | |  | |  |  |  | |
| Random B.G | |  | | | |  | |  | |  |  |  | |
| Fasting P.G. | |  | | | |  | |  | |  |  |  | |
| **Coagulation profile** | | | | | |  | |  | |  |  |  | |
| PT | |  | | | |  | |  | |  |  |  | |
| INR | |  | | | |  | |  | |  |  |  | |
| aPTT | |  | | | |  | |  | |  |  |  | |

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| **MEDICATION PRESCRIBED AND USE:** | | | | | | |
| Medication History (Before Admission) | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | **Frequency**  **route duration** | **Date of**  **start** | **Date of**  **stop** | **indication** |
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| **Concurrent Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** |
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| **Discharge Medications** | | | | | | | | | | | |
| **Drug**  **No.** | **Drugs name**  **Dosage form** | **Drugs dose** | | **Frequency**  **route duration** | | **Date of**  **start** | | **Date of**  **stop** | | **indication** | |
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**Current medications and their ADR (Based on organ systems):**

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| Medication  No | Medication  Name | Regimen | ADR | CNS | CVS | GIT | Endocrine and metabolism | dermatology | Hematology | Renal | Respiratory | Others |
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Naranjo Score( Drug ADR Causal Relationship): ………………….

Outcome of the ADR:

**Assessment of Drug \_Drug interactions**

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| **Drug 1** | **Drug 2** | **Clinical Impact** |
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**Used DIPS Score(Drug \_Drug interaction Causal Relationship) to evaluate drug –drug interactions.**

**SOAP Analysis**

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| **DAY** | **Subjective/Objective** | **Assessment/Plan** |
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**Assessment of Drug Related Problems & recommendations in this case:**

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**Appendix II**

**Apprenticeship Evaluation Form**

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| --- | --- | --- |
| **Characters** | **Score/5** | **Comments** |
| Attendance |  |  |
| Professional Appearance & Behaviours |  |  |
| Quality of Work |  |  |
| Written and Oral Communication |  |  |
| Reviewing patients charts (SOAP) |  |  |
| Interviewing and counseling  Patients |  |  |
| Observing procedures (Identifying and solving DRPs) |  |  |
| Care plan |  |  |
| Any Additional activity assigned by the receptor |  |  |
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**Name & signature of the supervisor: Date:**