


# NHS Discharge Medicines Service worksheet

Patient:	Date of birth: / /	NHS number:																
Referring NHS Trust (incl. ODS code):	Date referral received: / /	Did the referral meet the minimum essential dataset requirements?																
<b>Stage 1 – following receipt of referral</b>																		
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p><b>Undertaken</b></p>  </div> <div style="text-align: center;"> <p><b>Not undertaken</b></p> <p><input type="checkbox"/> Patient referral changed to a different pharmacy</p> <p><input type="checkbox"/> Another reason:</p> </div> <div> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, because the following data was missing:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient's demographic details (including their hospital medical record number)</li> <li><input type="checkbox"/> The meds being used by patient at discharge (including prescribed, OTC &amp; specialist)</li> <li><input type="checkbox"/> Any changes to meds (incl. med started or stopped, or dosage changes) and documented reason for the change;</li> <li><input type="checkbox"/> Contact details for the referring clinician or hospital department</li> <li><input type="checkbox"/> Hospital's Organisation Data Service (ODS) code</li> </ul> </div> </div>																		
Pharmacist clinical check undertaken and comparison of discharge regimen with pre-admission regimen completed: <input type="checkbox"/>												Pharmacist name:			Date: / /			
Issues or clinical actions identified: <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Discrepancy with medication identified <input type="checkbox"/> Other: <input type="checkbox"/> Specific request included in the referral																		
Notes:																		
Where issues were identified, they were discussed with (multiple options possible): <input type="checkbox"/> GP <input type="checkbox"/> Hospital <input type="checkbox"/> PCN clinical pharmacist/practice pharmacist <input type="checkbox"/> Other:																		
Check of any previously ordered prescriptions not yet supplied to the patient completed: <input type="checkbox"/> Prescriptions in supply system intercepted to prevent patient receiving inappropriate supply? <input type="checkbox"/> Yes <input type="checkbox"/> No such prescriptions																		
Follow up note added to patient's PMR to alert staff to provide subsequent parts of the service: <input type="checkbox"/>																		

## Stage 2 – following receipt of first prescription post-discharge

Undertaken



Not undertaken

- |   |  |
|---|--|
| <input type="checkbox"/> Patient deceased<br><input type="checkbox"/> Patient readmitted to hospital<br><input type="checkbox"/> Other: | <input type="checkbox"/> Patient withdrew consent to participate in the service<br><input type="checkbox"/> Provided by another community pharmacy |
|---|--|

Date first prescription received:      /      /

Check of first prescription undertaken:

Undertaken by:

- Pharmacist  
 Pharmacy Technician

Issues identified on first prescription:

- None – medicines reconciliation completed by the pharmacy
- or (multiple options possible):
- Medicine stopped in hospital still on first prescription
  - Wrong medicine issued on first prescription
  - Wrong strength of medicine prescribed
  - Wrong dose of medicine prescribed
  - Wrong formulation of medicine prescribed
  - Medicine included on discharge list inappropriately missed from first prescription
  - New medicine initiated in primary care since discharge
  - Other (include detail in notes)

Notes:

Where issues were identified, they were discussed with (multiple options possible):

- GP
- PCN clinical pharmacist/practice pharmacist
- Hospital
- Other (include detail in notes)

### Stage 3 – Patient consultation

Undertaken



Not undertaken

- |   |   |
|---|---|
| <input type="checkbox"/> Patient deceased   | <input type="checkbox"/> Patient withdrew consent to participate in the service |
| <input type="checkbox"/> Patient readmitted to hospital                               | <input type="checkbox"/> Patient has chosen to use another pharmacy             |
| <input type="checkbox"/> Patient or carer not contactable despite reasonable attempts |   |
| <input type="checkbox"/> Other:   |   |

Date of consultation:	/ /	Undertaken by:	
			<input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technician
Method of consultation:	<input type="checkbox"/> Telephone consultation <input type="checkbox"/> In pharmacy consultation <input type="checkbox"/> Video consultation <input type="checkbox"/> Home visit		
Consultation outcomes:	Consultation notes:		
<input type="checkbox"/> All important changes understood by patient and/or carer  <input type="checkbox"/> Advice provided on medicines regimen and questions answered  Referral to: <input type="checkbox"/> GP <input type="checkbox"/> PCN clinical pharmacist/practice pharmacist <input type="checkbox"/> Hospital <input type="checkbox"/> Other (include detail in notes)  Other CPCF service provided (select all that apply): <input type="checkbox"/> Disposal of unwanted medicines <input type="checkbox"/> New Medicine Service <input type="checkbox"/> Healthy lifestyle advice <input type="checkbox"/> Other (include detail in notes)			