

*Governing the practice of
pharmacy for a healthier
New Brunswick*



**New Brunswick
College of Pharmacists
Ordre des pharmaciens
du Nouveau-Brunswick**

Pharmacists' Expanded Scope: Minor Ailments

Part XXI of the Regulations to the
2014 Pharmacy Act

June 2014

Effective July 1, 2014, all pharmacists currently practicing, and those transferring into the province, must read and understand this document or view the recorded educational module on Minor Ailments and notify the College of such before performing such activities.

Learning Objectives

Upon reviewing this document, the pharmacist will be able to:

1. Describe and apply the applicable sections of legislation, and standards of practice, related to client assessment and prescribing drugs for the Minor Ailments listed in Appendix 2 of the *Regulations to the Pharmacy Act, 2014*
2. Describe the fundamentals related to all prescribing, as defined in Part XXI of the *Regulations to the Pharmacy Act, 2014*
3. Describe the legislative requirements for prescribing for Minor Ailments
4. Complete the appropriate documentation when prescribing for Minor Ailments
5. Integrate the process of prescribing for Minor Ailments into daily practice
6. Review and discuss limits to prescribing for Minor Ailments

We recommend you also view the Minor Ailments presentation available in the members' area of the website as well as review the actual Regulations related to pharmacist prescribing.

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Background

In 2008, The New Brunswick Pharmacy Act was amended to provide a broad authorization to allow pharmacists to prescribe in a number of practice settings and situations. Pharmacist prescribing was initiated for Categories 1 – 4 identified in the chart.

1. Adapting a prescription				2. Prescribing non-prescription drugs, treatments & devices
Altering dose, formulation, or regimen	Therapeutic substitution	Renewing a prescription for continuity of care	Continuing therapy without a prescription	
3. Prescribing in an urgent or emergent situation		4. Collaborative Practice		5. Independent Prescribing
Only when it is not reasonably possible to see another prescriber and there is an immediate need for drug therapy		The pharmacist has formal arrangement with prescriber or health care team		The pharmacist initiates therapy and provides ongoing monitoring

The fifth, Independent Prescribing, while enabled in the Act, was not implemented at that time. It was stated that pharmacists would not proceed with Independent Prescribing until a later date and after consultation with other key stakeholders – The College of Physicians and Surgeons of New Brunswick, the New Brunswick Medical Society, the New Brunswick Dental Society, the New Brunswick Veterinary Medical Association, and the Nurses Association of New Brunswick.

With the anticipated introduction of a new Pharmacy Act, the Council of the New Brunswick College of Pharmacists determined it was an opportune time to address Independent Prescribing on a limited basis and developed Regulations which would allow pharmacists to practice fully independent assessment and prescribing for a set of minor ailments. This follows initiatives begun in other provinces which have introduced pharmacist prescribing for various conditions using specified criteria and in some cases, limiting the treatment options by defining a specific formulary of drug treatments. The approach being taken in New Brunswick is to define the disease states for which pharmacists may prescribe, but not specify a formulary of drug products to be used.

This approach allows the pharmacist to prescribe the appropriate treatment regimen(s) currently available, and in the future, to use new treatments as they are developed, without having to revise our legislation.

What is Independent Prescribing?

Independent prescribing can be defined as prescribing by a practitioner (e.g. doctor, dentist, nurse, and pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

In partnership with the patient, independent prescribing is one element of the clinical management of a patient. It requires an initial patient assessment, interpretation of that assessment, a decision on safe and appropriate therapy and a process for ongoing monitoring. The independent prescriber is responsible and accountable for these elements of a patient's care. Normally prescribing would be carried out in the context of practice within a multidisciplinary healthcare team, either in a hospital or in a community setting, and within a single, accessible healthcare record.

What is a minor ailment?

A minor ailment is defined as a health complaint which, by simple actions, patients can usually treat on their own or with advice from a health care professional.

CRITERIA FOR MINOR AILMENT CONDITIONS

Can be reliably self-diagnosed by the patient or diagnosed by the pharmacist

- Self-limiting condition
- Lab tests are not usually required for diagnosis
- Low risk of treatment masking underlying conditions
- Medical and medication histories can reliably differentiate more serious conditions
- Only minimal or short-term follow-up is required

Rationale for implementing pharmacist prescribing for minor ailments

Enabling pharmacist prescribing for minor ailments will make it easier for New Brunswickers to access health care in a more timely fashion, will help improve health outcomes, and reduce costs-per-visit for a variety of non-critical medical conditions. These changes are also in keeping with provisions in other provinces and are a significant and positive step forward in the evolution of the practice of pharmacy in New Brunswick.

An overwhelming majority of New Brunswickers (85%) support pharmacists playing a greater role in delivering urgent, but non-critical, health care services to the public that are currently delivered in doctors' offices, walk-in clinics, or emergency rooms (ERs), with one-half (50%) strongly supporting this initiative. (*NBPA, May 2013, Continuum Study*). This trend is not unique to New Brunswick.

Other provincial governments are also seeing this increased role as an opportunity for improved delivery of services, as evidenced by the amendments to their pharmacy legislation in recent years.

The proposed changes to New Brunswick's pharmacy legislation are the result of years of careful planning, research and an underlying confidence in the skills and ability of those who practice the profession of pharmacy in this province. By treating minor ailments such as bug bites and diaper rashes, pharmacists will reduce the pressure felt in crowded ERs and doctors' offices, allowing physicians to better focus their energies on issues that are beyond other health care professionals' scope.

Benefits of pharmacist prescribing for minor ailments

For the public

- Appropriate, convenient and timely access to medication and drug therapy and expert advice.
- Improved patient care for a variety of minor ailments.
- A team approach to health care delivery where the expertise of each health care professional is utilized to their fullest potential for the benefit of the patient.
- Pharmacist review of patient medication therapy to determine an effective treatment regimen to meet the patient's lifestyle and relieve or diminish any anxiety that the patient or the patient's family may have about potential side effects.

For the healthcare system

- Through collaborative efforts with physicians and other health care professionals, reduced trips to emergency rooms and doctors' offices for non-life threatening illnesses.
- More effective and efficient health care system. Health care delivered through community pharmacists, especially in rural areas where access to physicians and other health care professions is an issue. Pharmacies are located in virtually every New Brunswick community — there are close to 220 pharmacies accessible to the public in 71 communities across the province.
- Relief for a very taxed system — especially in rural areas where a physician's presence is limited or non-existent.
- Pharmacists taking an active role in drug therapy which will potentially save the health care system money.
- Pharmacist accessibility and availability to assist the public.
- Through a collaborative approach to patient care and increased two-way communication with pharmacists, health care professionals will be able to help their patients achieve better health outcomes.

- Added efficiencies, such as expanding opportunities to identify patients with significant risk factors.

For the profession

- Better use of the pharmacist's training and skills.
- Improved relationships with clients.

Pharmacists are authorized to prescribe but are ***never obligated*** to prescribe. Some pharmacists may not be comfortable or feel they are not knowledgeable about what is entailed in assessing and/or prescribing for Minor Ailments. Pharmacists must be confident that they have the knowledge base and skills necessary before assessing and/or prescribing for a Minor Ailment.

As with all activities, pharmacists are expected to practice within their area of competence, to evaluate each situation and to make a conscious decision whether or not to prescribe. Evaluation of the situation will require many of the same considerations pharmacists are required to make when dispensing prescriptions, but there are some additional requirements that are described below.

For the pharmacist to be available and accessible to clients for assessment and treatment of minor ailments, the pharmacist's role in the distributive aspects of dispensing a prescription may need to be reduced.

Fundamentals of prescribing

Regardless of the type of prescribing the pharmacist may perform, the following elements are required:

1. Individual competence (knowledge and skills)
2. Adequate information (to make suitable treatment choices)
3. Client (or guardian) consent
4. Approved indication (for treatment selected)
5. Documentation (of the assessment, treatment prescribed, followup)
6. Notification of other health care professional(s) (if necessary or appropriate)

Prescribing for a Minor Ailment vs Recommending an OTC product

The following table illustrates the difference between these two activities:

OTC Recommendation	Prescribing for a Minor Ailment
Public or semi-private locale	Private assessment/counselling area
Brief client interaction – assessment, treatment options, recommendation	Longer interaction with client - detailed assessment, discuss treatment options, recommendation
Product (OTC) recommendation, or referral to other health care professional	Product (OTC/Rx) recommendation, prescription issued and/or dispensed, or referral to other health care professional
Usually no followup other than perhaps advising client to return to pharmacist for re-assessment, or see primary caregiver if not getting better within a defined number of days	Follow-up plan required based on treatment goal or expected outcome
Usually no documentation	Detailed documentation required – assessment, diagnosis, treatment options, Rx, referral
Notices to clients' primary care provider not required	Notification to clients' primary care provider may be required
No equipment or space requirement	Private space required for assessment and discussion with client. May require equipment/supplies, depending on ailment being assessed

Adapted from "Minor Ailment Services: From Research to Practice" by Jane Gillis

Private Assessment/Counselling area

In order to maintain privacy and confidentiality, a private room (physical space/location) **is required by 2017 (Regulation 14.1(d))** in order to evaluate the client's condition, complete a proper assessment and provide counselling. There are some conditions, however, which may be appropriately assessed in a semi-private area, with client consent.

In addition, any supplies or equipment required for patient assessment are to be available (for example, gloves, masks, swabs, blood pressure cuff, etc.).

Standards of Practice

Pharmacists are expected to adhere to the Standards of Practice as adopted in 2009 (*NAPRA: Model Standards of Practice for Canadian Pharmacists*).

Concerning prescribing for Minor Ailments, the following standards are directly applicable:

Standard 1: Expertise in Medications and Medication Use

General Standard: Pharmacists apply their medication and medication-use expertise while performing their daily activity

Pharmacists, when providing patient care as part of the care provided during medication therapy management services:

20. prescribe medications independently or according to collaborative prescribing agreements, protocols, delegation agreements or medical directives only:

- under conditions specified by, and in accordance with authorities granted to pharmacists by, applicable laws / regulations / policies / guidelines, and
- when it is in the patient's best interest to do so

21. prescribe medications based on the pharmacist's own assessment of the patient only having collected and interpreted relevant patient information to ensure:

- there are no significant drug interactions or contra-indications, and
- the medication is the most appropriate in view of patient characteristics, signs and symptoms, other conditions and medications, and
- the dose and instructions for use of the medication are correct.

General Standard: Pharmacist provide evidence of application of their medication and medication-use expertise through documentation

Pharmacists regardless of the role they are fulfilling:

56. keep clear, accurate and legible records that are consistent with applicable legislation, regulations, policies and standards (1.9)

57. make records in a timely manner, either concomitant with performing of a task or as soon as possible afterwards

58. document their activities and the information necessary to support the rationale and quality of these activities (1.9)

59. adhere to current laws, regulations and policies relating to documentation and applicable to pharmacy practice (3.1)

Pharmacists, when providing patient care:

60. document their decisions / actions, supporting patient and related information, and their interpretation of this information, including their:

- appropriate prescribing of medications according to collaborative prescribing
- agreements, protocols, delegation agreements or medical directives
- appropriate independent prescribing of medications
- appropriate recommendations to patients requiring non-prescription drug therapies
- communication of relevant patient-care information to the patient and patient's health care providers consistent with applicable laws, regulations and policies.

Standard 2: Collaboration

General Standard: Pharmacists work constructively with students, interns, peers and members of the inter-professional team

Pharmacists, when providing patient care:

7. refer patients to appropriate members of the health care team, including for management of (2.3):

- health care issues requiring medical, dental or optometric care
- medication-therapy problems beyond their individual competence

8. recognize and work within the limits of their competence when accepting responsibility for activities as part of collaborative practice

9. fulfill their responsibilities to the inter-professional team in accordance with collaborative

practice agreements (or similar formal agreements that define team responsibilities)

General Standard: Pharmacists communicate effectively

Pharmacists, when providing patient care:

18. listen to patients and respect their views about their health and medications

19. give patients the information they need to make decisions about their care in a way they can understand, including addressing communication challenges related to foreign languages or illiteracy

20. respond to patient's questions

21. pass on information to health care professionals providing care to patients as required (1.6):

- only in accordance with applicable laws, regulations and policies, and

- to support safe and effective therapy, and while maintaining patient confidentiality

Standard 4: Professionalism

General Standard: Pharmacists demonstrate professionalism and apply ethical principles in their daily work

Pharmacists regardless of the role they are fulfilling:

1. treat others with sensitivity, respect and empathy
2. demonstrate personal and professional integrity (3.3)
3. accept responsibility for their actions and decisions (3.3)
4. adhere to applicable laws, regulations and policies applicable to pharmacy practice (3.1)

Pharmacists, when providing patient care:

5. demonstrate a caring, empathetic, professional attitude (1.1)
6. maintain professional boundaries (3.3)
7. maintain the patient's best interest as the core of all activities (3.2)
8. protects the patient's privacy when collecting and using relevant information
9. educate and enable patients to make informed choices, involving them in decision-making (1.4 and 3.2)
10. educate patients to support their ability to provide self-care
11. ensure confidentiality of patient information is maintained (3.2)

Practice Resources

The following references may be useful for assessing and treating Minor Ailments:

1. Therapeutic Choices for Minor Ailments, Canadian Pharmacists Association, www.pharmacists.ca
2. Products for Minor Ailments, Canadian Pharmacists Association, www.pharmacists.ca
3. e-Therapeutic Choices for Minor Ailments, Canadian Pharmacists Association, www.pharmacists.ca
4. Compendium of Pharmaceuticals and Specialties, Canadian Pharmacists Association, www.pharmacists.ca
5. Patient Assessment in Pharmacy Practice, 2nd Ed., Jones, RM & Rospond, RM, Published by Lippincott, Williams and Wilkins
6. Guidelines for 17 minor ailments published by Sask. College of Pharmacists <http://medsask.usask.ca/professional/guidelines/index.php>
7. Responding to Minor Ailments (NHS Scotland document) http://www.cppe.ac.uk/LearningDocuments/pdfs/13373_MinorAilmentsforweb.pdf
8. Community Pharmacy Minor Ailments Service http://www.hscbusiness.hscni.net/pdf/MAS_Service_Spec_NOV10.pdf
9. Sample Minor Ailments leaflet for patient distribution <http://www.dhsspsni.gov.uk/infoofficeminorailments.pdf>
10. Drug Information Service, Dalhousie College of Pharmacy <http://www.dal.ca/diff/druginfo/dir-library.html>

CE Programs:

1. <http://pharmacyu.ca/2013/11/27/effective-implementation-of-minor-ailment-programs-a-team-based-approach-program/>
2. Dalhousie College of Pharmacy Minor Ailments Program. Schedule TBA
3. <http://www.cppe.ac.uk/LearningDocuments/pdfs/Responding%20toMinor%20Ailments%202012%20web%20pdf.pdf>
4. http://www.cccep.ca/show_prov_program.php?provider_prog_id=1189&ac=0
5. http://www.cccep.ca/show_prov_program.php?provider_prog_id=1311&ac=0
6. Self-Care Symposium Webinar – includes the following topics:
 - Maximizing OTC counselling: Transforming a consumer to a patient
 - An evidence-based approach for helping patients manage weight
 - Fact or Fad: Natural health products for cardiovascular conditions
 - Minor ocular ailments
 - Pains, strains and sprains: A pharmacist refresher

- Chronic constipation
 - Pediatric dermatitis (eczema) for pharmacists
- Click [here](#) for registration

Legislation related to Minor Ailments:

Accepting the responsibility to prescribe is voluntary.

Our legislative framework is enabling in nature, rather than mandating practice. Not all pharmacists will be prepared to assess and prescribe for Minor Ailments, depending on the nature of their practice. Pharmacists may choose to only assess and prescribe for a few of the minor ailments listed. We will provide pharmacists with resources and tools to assist with prescribing for Minor Ailments.

Authority and Responsibility

With the authority to prescribe goes the responsibility and liability which the pharmacist will fully assume. Responsibility must be taken for the whole process of assessment, prescribing and follow-up, including an awareness of boundaries or limitations of expertise. The pharmacist's name will be on the prescription as prescriber. When indicated, the pharmacist will liaise with the client's other health care providers.

Minor ailments

21.8(1) A pharmacist is authorized to prescribe a drug, treatment or device that is in Schedule I, Schedule II or Schedule III or an unscheduled drug for treatment of a condition, if such a drug, treatment or device is indicated for the treatment of a minor ailment on a list approved by Council (APPENDIX 2), and

(a) is prescribed for an intended use that reflects an indication approved by Health Canada; or

(b) is prescribed for an intended use which is widely accepted as best practice in Canada and supported by medical literature demonstrating safety and efficacy.

All of the drugs a pharmacist prescribes must be for indications approved by Health Canada for that drug, or for indications that are based on evidence.

If the indication for use is not Health Canada approved, it must be supported by peer-reviewed literature or be considered best practice. Examples of peer-reviewed literature or best practices include published journals, current clinical practice guidelines or consensus guidelines.

A pharmacist shall only prescribe a drug or medical device for which they have the knowledge, skill, and judgment with regard to the drug/medical device and the condition for which it is prescribed.

The Pharmacy Act and Regulations requires that the pharmacist practice only within his or her area of competence (knowledge base and skills). The pharmacist should not prescribe for any client unless he or she knows what condition is to be treated and have adequate knowledge and understanding of the condition and the drug being prescribed.

21.8(2) A pharmacist may only prescribe a drug, treatment or device pursuant to subsection 21.8(1) if:

- (a) the indication and treatment is within the pharmacist's scope of practice, knowledge, skills, competencies and experience;**
- (b) the pharmacist has:**
 - (i) performed an assessment in an environment that is appropriate,**
 - (ii) determined treatment is indicated,**
 - (iii) discussed treatment options with the client, and**
 - (iv) prescribed the most appropriate treatment based on the assessment; and**
- (c) the drug is appropriate to treat the client's condition.**

Knowledge Base and Skills

The College will continue with the current mandatory requirement for Continuing Education until a continuous professional development program is developed and put in place. Continuing education activities should include elements that reflect these responsibilities so that pharmacists may integrate new knowledge and evidence into their prescribing decisions. Pharmacists are expected to document their learning opportunities and outcomes in their learning portfolio.

General Conditions

21.9 Notwithstanding any other provision of these Regulations, a pharmacist shall not prescribe a drug unless the pharmacist has obtained sufficient information by reviewing the client's medication history and discussing treatment options with the client or, if necessary, and with the clients' consent, obtains pertinent information about the client's care and treatment from family, friends, or caregivers.

A pharmacist shall only prescribe a medication when it is in the patient's best interest having considered the risks and benefits to the patient and other relevant factors specific to the situation.

The pharmacist must have enough information about the specific client's health status to ensure that the prescribing decision will maintain or enhance the effectiveness of the drug therapy and will not put the client at increased risk. The pharmacist may need to seek out the information required from an appropriate source.

After completing an assessment, the pharmacist may determine that based on assessment the condition is not of a minor nature and the client should be referred to another health care professional for assessment and treatment. The referral is documented in the client's profile.

Consent

See Appendix 1 for a description of consent and pharmacist's obligations

21.10 A pharmacist may only prescribe a drug, treatment or device pursuant to the authority conferred by these Regulations if:

- (a) the pharmacist reasonably believes that the prescription decision of the pharmacist has been consented to, in accordance with the following:*
 - (i) there is an established pharmacist-client relationship,*
 - (ii) in the context of services provided within a health care institution, the pharmacist reasonably believes the prescription decision of the pharmacist has been consented to in accordance with the bylaws or policies of the institution regarding consent, or*
 - (iii) in the context of a practice outside of a health care institution, the pharmacist reasonably believes, following communication with the client, that the prescription decision of the pharmacist has been consented to:*
 - (A) by the client, if the pharmacist has a reasonable basis to believe that the person has the capacity to make an informed health care decision, or*
 - (B) by the client's parent or legal guardian, if the pharmacist has a reasonable basis to believe that the person does not have the capacity to make an informed health care decision;*
- (b) the pharmacist has successfully completed any training requirements determined by Council, and has available any required reference resources (print or electronic).*

21.11 Pharmacists may not delegate any authority granted under this section.

21.12(1) A pharmacist who undertakes prescribing for a condition listed in APPENDIX 2 shall assess the client in person at the time of prescribing.

For the pharmacist to complete an assessment and prescribe, the pharmacist must:

- see the client personally at the time of prescribing and have or develop a professional relationship, or
- have seen the client personally in the past and developed a professional relationship over a period of time
- be aware of their limits of professional competence
- work within the legal, ethical and professional framework for independent prescribing

When a pharmacist assesses a client, the pharmacist must consider all appropriate information previously described, and in addition, must consider the following information:

- Physical parameters;
- laboratory data (where applicable);
- diagnostic and other relevant information; and
- the date, extent and results of the most recent assessment of the condition by another health professional.

21.12(2) Notwithstanding subsection 21.12(1), the pharmacist can use their professional judgment and choose to undertake prescribing for a condition listed in APPENDIX 2 when all of the following circumstances exist:

- (a) the pharmacist has seen the client personally in the past and has an established professional relationship with the client;*
- (b) the pharmacist has previously seen and assessed the client for the condition or the pharmacist has knowledge of the assessment of the client's condition by another health care professional (who is legally authorized to diagnose and prescribe and has seen the client) and the assessment remains current;*
- (c) the pharmacist has sufficient knowledge of the client's condition and current clinical status relevant to the prescribing decision; and*
- (d) the pharmacist communicates with the client or their agent at the time of prescribing.*

Criteria for prescribing

21.13 A pharmacist is authorized to prescribe a drug, treatment or device as described in section 21.3, where:

- (a) The pharmacist has made an assessment to determine whether the drug will be safe and effective in the circumstances of the client, including, but not limited to the following:*
 - (i) the client's symptoms,*
 - (ii) co-existent disease states and chronic conditions,*
 - (iii) the client's allergies and other contraindications and precautions,*
 - (iv) other medications the client may be taking,*
 - (v) the clients' gender, age, weight and height (where applicable),*

- (vi) *pregnancy and lactation status, if applicable, and*
- (vii) *any other inquiries reasonably necessary in the circumstances;*
- (b) *the pharmacist has assessed the client in compliance with the Code of Ethics and Standards of Practice and any applicable practice directives;*
- (c) *the drug is prescribed in a circumstance which is within the pharmacist's area of practice, knowledge and skills, or specialty;*
- (d) *the pharmacist has determined that a prescription is reasonably necessary to treat the client; and*
- (e) *the pharmacist has discussed with the client, or their agent, reasonable and available therapeutic options.*

Note: The client may have their prescriptions filled at the pharmacy of their choice regardless of who the prescriber is. Refer to Regulations 17.3(1) and 17.28(1)

Record of prescribing

21.14 A pharmacist who issues a prescription must make and retain a record of:

- (a) *the client's name and address;*
- (b) *the circumstances under which the drug was prescribed;*
- (c) *the rationale for prescribing - diagnosis, treatment plan, clinical indication, or expected outcome;*
- (d) *a summary of the pharmacist's assessment of the client;*
- (e) *the date of the prescription;*
- (f) *the name of the drug prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;*
- (g) *the directions for use;*
- (h) *the number of refills available to the client;*
- (i) *the name, address, and telephone number of the pharmacist issuing the prescription;*
- (j) *a follow-up plan that is sufficiently detailed to monitor the client's progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable; and*
- (k) *any other advice or treatment recommended to the client.*

Related Standard of Practice

Pharmacists provide evidence of application of their medication and medication-use expertise through documentation.

Pharmacists regardless of the role they are fulfilling:

56. keep clear, accurate and legible records that are consistent with applicable legislation, regulations, policies and standards (1.9)

57. make records in a timely manner, either concomitant with performing of a task or as soon as possible afterwards 11

58. document their activities and the information necessary to support the rationale and quality of these activities (1.9)

Documentation

Pharmacists are required to document their assessment of the clients' ailment. Current computer systems may, or may not, be suitable for recording this information. Each pharmacist and pharmacy operation must work to ensure there is adequate documentation that is comprehensive, easily accessible and secure.

The pharmacist also documents the treatment prescribed along with other advice and recommendations made to the client in the client profile.

In Appendix 4, several sample forms are available (these are available on the website in the Pharmacist Resources area), which can be used as templates and adapted to your pharmacy's particular needs. These include forms for a prescription blank, obtaining patient consent, patient assessment, follow-up or monitoring, and notification of other health care professionals. Obtaining the information outlined in these forms, and documenting the assessment of the patient, meets the requirements found in the Regulations.

Notification to Other Health Professionals

21.15 The pharmacist, when prescribing a drug, treatment or device, will notify the client's primary care provider (when such exists) when the order the pharmacist is prescribing is clinically significant.

Although no time limit has been set, notification by the next business day would be considered appropriate. The client is responsible for notifying any other health care professional of this treatment. The client may request the pharmacist to provide such notification on their behalf.

If you intend to send notification of a clinically significant event to the client's physician or caregiver, be sure to inform the client that you will be doing so. Explain to the client that the information facilitates a complete patient record with their physician; it is not for the physician to review your decision. The notification is for information only, not action by the physician.

Some physicians will want to know about all of your prescribing decisions for their clients, while others will not want to know of any decisions. Work collaboratively with your physicians to establish an arrangement that works best for them and your clients, understanding that "clinically significant" interventions must be sent.

Prescribing restrictions

21.16 A pharmacist may not prescribe for:

- a) themselves; or*
- b) any person with whom there is a close personal or emotional relationship; or*
- c) in contravention of federal legislation, including the Narcotic Control Act and its Regulations, the Controlled Drugs and Substances Act and its Regulations or any successor act or regulation.*

Section 21.16 is not new. It is in our current legislation. It bears a quick reminder to pharmacists that they should NOT be prescribing for themselves, nor for any person with whom there is a close personal or emotional relationship.

Through site visits, it is evident this is happening and that many pharmacists have seemed to ignore. It is **NOT** all right to prescribe for yourself, for family, for fellow staff members, employees or employers, and so on. This is consistent with what is asked of other health professionals; that, for example, physicians are not supposed to be treating family members. Secondly, when prescribing for ourselves or those we have an emotional relationship with, that our clinical and professional judgement WILL be clouded. If it isn't something we would do for any of our other patients, it means that our judgement has been clouded, and we should not be doing it.

21.17 Prescription information

A pharmacist who writes (on paper or electronic) a prescription for a client shall ensure the following information is present on the prescription:

- (a) the client's name and address;*
- (b) diagnosis or expected outcome(s) of the treatment prescribed;*
- (c) the date of the prescription;*
- (d) the name of the drug/treatment prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;*
- (e) the directions for use;*

- (f) the number of refills available to the client;*
- (g) the name, address, telephone number, and licence number of the pharmacist issuing the prescription; and*
- (h) pharmacist's signature and registration number.*

You must document the assessment, prescribing decision and the follow-up plan in the client's record. See Regulation 21.14 for a list of the information to be recorded.

It is also advisable to record any additional advice or non-prescription treatments given or recommended to the client.

Do not use abbreviations or ambiguous names when writing a prescription. Include diagnosis, expected outcome or treatment goal on the prescription.

Prescribing and dispensing by same pharmacist

Initial access prescribing by pharmacists brings with it the concern that if the same pharmacist prescribes and dispenses a drug, one of the usual "checks" in the system does not occur. When one health professional prescribes and a second dispenses, the second provides a review of the appropriateness of the drug therapy.

The client is advised they may have the prescription filled at that pharmacy (if that pharmacy offers prescription service), or they may take the prescription to another pharmacy of their choosing. If the client chooses to go to another pharmacy, the pharmacist will write a prescription and give to the client.

Where a pharmacist is involved in both prescribing and dispensing a client's medication, a second suitably competent person should be involved in checking the accuracy of the medication provided, and wherever possible, carrying out a clinical check.

The definition of a "competent second person" is not specified because it may change with the circumstances of each case. It could be a registered pharmacy technician or another pharmacist. The pharmacist maintains ultimate responsibility for their actions.

Algorithm for Assessment & Treatment of Minor Ailments

Algorithm for Assessment & Treatment of Minor Ailments

Consent:
The client's request for assistance may be considered "implied consent".

Implied consent may be all that is required, but you require "express consent" if the client is a minor.

If in doubt, always get "express consent".
See appendix 1 for information on consent

Express consent may be obtained here

Questions to answer:

Does assessment indicate a minor ailment?
What treatment options exist?
Is a prescription or other treatment indicated?
Should the client be referred?

Red flags

The following are general red flags that if present during assessment of any minor ailment, should result in immediate referral to a physician:

- Fever in infants
- Fever not responding to appropriate measures
- Jaundice
- Discoloured urine or feces
- Severe nausea, vomiting, or diarrhea
- Bleeding from any orifice
- Spontaneous bleeding or bruising
- Persistent bleeding
- Change in level of consciousness, confusion, seizures, difficulty breathing
- Paralysis of face, arms, legs or problems speaking

Client requests assistance with minor ailment

Interview client - Gather preliminary basic information directly from the client
(May advise client of consultation options at this step)

Detailed assessment required?

No

OTC product recommendation to client, or other non-drug treatment recommendation (simple consultation in product area or dispensary counter)

Assessment - assess the client's symptoms, obtain health history, other current conditions and treatments
(Detailed consultation performed in a suitable private/confidential area)

Questions:
is the ailment minor in nature?
is it within your scope of practice?
Is it listed on Appendix 2?

No

refer to other health care professional

Yes

Determine desired outcomes

Determine treatment options, select most appropriate option, discuss with client

Write prescription and give to client along with any other non-prescription treatment recommendations, or write referral to other health care provider

Determine follow-up & monitoring plan

Document intervention, treatments prescribed (Rx given, etc) follow-up plan, treatments/advice given in client record

Notify client's primary care provider where appropriate

Adapted from Alberta College of Pharmacists "Prescribing Algorithm (Pharmacist with additional prescribing Authority)" (Feb. 2014)

Questions and Answers for Minor Ailments Assessment and Prescribing

1. A grandparent or babysitter presents at the counter with a child and asks if I can recommend something for the child's rash. Can I prescribe in this situation?

Without express consent from the parent or legal guardian of a minor, formal assessment and prescribing cannot take place. In this case, an OTC recommendation can be made, the same as current practice, or the child can be referred to another health care provider.

2. Are there any situations where it might be appropriate for me to prescribe for a minor ailment when I have not physically seen the patient during my assessment? In other words, could a minor ailments assessment be done over the phone?

As outlined in Regulation 21.12(2), this type of assessment may be appropriate. If you know the patient and have seen them before, can see from their electronic record that this condition has been assessed before, and if you can determine with the client that the situation at hand is similar to what has happened before, then it may be appropriate. Adequate documentation of the assessment, a clear plan for monitoring and follow-up, and notification of the patient's primary caregiver (if clinically significant), must still be undertaken.

3. Are there any additional educational qualifications that a pharmacist should obtain before prescribing for minor ailments? If so, what courses or training is recommended?

The College does not mandate a formal educational process that a pharmacist must undertake, beyond the statement made at the beginning of this document: "...must read and understand this document or view the recorded educational module on Minor Ailments before performing such activities." It is the responsibility of the individual pharmacist to ensure that they are prescribing within their own area of competency (see Regulation 21.8(2) a: "A pharmacist may only prescribe a drug, treatment or device pursuant to paragraph (1) if the pharmacist reasonably determines, after discussion with, and assessment of, the client that: the indication and treatment is within the pharmacist's scope of practice, knowledge, skills, competencies and experience"). The College will provide links to educational resources that members may find beneficial for their own professional development in this area, but the onus is on the pharmacist to judge whether or not they have the appropriate knowledge and understanding of the patient, the condition being treated and the drug being prescribed.

4. How will the New Brunswick College of Pharmacists ensure that pharmacists are up to date on current guidelines and literature for prescribing?

It is the responsibility of the individual pharmacist to ensure that they are prescribing within their own area of competency (see Regulation 21.8(2) a: “A pharmacist may only prescribe a drug, treatment or device pursuant to paragraph (1) if the pharmacist reasonably determines, after discussion with, and assessment of, the client that: the indication and treatment is within the pharmacist’s scope of practice, knowledge, skills, competencies and experience”). Pharmacists will be expected to function within Standards of Practice, and the Code of Ethics when prescribing for Minor Ailments. Beyond that, staff of the College, as part of routine assessments at the pharmacy level, will be evaluating processes and documentation of Minor Ailments prescribing.

5. Can an 'off-label' medication be prescribed?

If the indication for use is not Health Canada approved, it must be supported by peer-reviewed literature or be considered best practice. Examples of peer-reviewed literature or best practices include published journals, current clinical practice guidelines or consensus guidelines. (From Regulation 21.8(1); “A pharmacist is authorized to prescribe a drug, treatment or device that.... is prescribed for an intended use which is widely accepted as best practice in Canada and supported by medical literature demonstrating safety and efficacy.”)

6. Are there any limits on quantity of medication prescribed or duration of therapy?

The College does not mandate limits on quantities when pharmacists prescribe, either for minor ailments or for other types of pharmacists’ prescribing. Pharmacists should, based on the assessment of the patient, the condition being treated, and the treatment chosen, choose the appropriate length of therapy. Monitoring and follow-up should be timed accordingly. Follow-up may be as simple as asking the client to return to the pharmacist for further assessment in a few days if ailment not responding to treatment, or advising the client to see their family doctor if condition worsens significantly.

7. Under what circumstances should a patient's primary caregiver be notified after prescribing? Within what time period should notification take place and by what means (would verbally be acceptable or should it be in writing)?

Regulation 21.15 states that the primary physician be notified “when the order the pharmacist is prescribing is clinically significant.” The Model Standards of Practice state that pharmacists, when prescribing, must undertake “communication of relevant patient-care information to the patient and patient’s health care providers consistent with applicable laws, regulations and policies.” The primary caregiver should preferably be notified by the next business day. The method for notification has not been specified. It is likely that notification will occur via a fax from the pharmacist to the doctor’s office. However, you can determine what method is best for you and for the prescribers you communicate with. It may be beneficial to speak with the health professionals prescribing to find out how they wish to be notified, and in what instances. Health professionals’ preferences vary greatly in this regard. Notifying other health care providers is not meant to place any responsibility with respect to follow up or review of the intervention, but

rather as a professional courtesy. Pharmacists maintain full responsibility for the intervention regardless of whether or not another health care provider has been notified after the event, and pharmacists should not indicate or imply to their patients that their primary caregiver will be reviewing the information, or contacting them for follow up. Verbal notification must be documented in writing or electronically on the patient's permanent file.

8. If verbal patient consent is obtained instead of written, how should this be documented on the patient record? How should consent be explained to the patient?

Consent can be explained to the patient by telling them that by indicating consent, they are acknowledging that treatment was received, that treatment options were outlined, and that the pharmacist has consent to inform the patient's other health care professional(s). This can be documented by the pharmacist as having been done verbally. See Appendix 1 for a more in-depth explanation.

9. What if I don't want to prescribe for Minor Ailments?

As a pharmacist, you are a drug therapy expert. The people of New Brunswick and our health system will benefit if pharmacists exercise the full scope of their knowledge and skills to ensure appropriate and effective drug therapy. Assessing and prescribing for Minor Ailments, like other pharmacist prescribing activity, is a voluntary activity, and pharmacists should undertake it only if they have the necessary competency (knowledge base and skills) to do so. If you do not wish to prescribe for Minor Ailments because you feel you lack the necessary skills, there are training programs available, or you may wish to ask a fellow pharmacist to assist you in getting started.

10. Some pharmacies may not have an acceptable private room at present. Is pharmacist prescribing allowed in these locations?

The assessment of the minor ailment must be conducted in an appropriate environment, such that the patient's privacy is respected, and that an assessment can be thoroughly done. **A private room (physical space/location) is required by 2017 (Regulation 14.1(d)).**

11. Will there be a recommended list of equipment or supplies needed to prescribe (i.e., urine dipsticks for UTI)?

Pharmacists must ensure that they are competent to assess and prescribe for minor ailments, that they have the appropriate environment to do so, and that necessary supplies to perform adequate assessments are on hand. The College will not be prescriptive in outlining what supplies each individual pharmacist needs in order to adequately assess patients. The suggested reference materials, and courses on prescribing for minor ailments, are good sources for this information.

12. The legislation allows pharmacists to order blood tests. Will this be something that could be eventually incorporated into prescribing for minor ailments? (i.e., ordering a urine culture for UTI). What is the College doing to ensure that pharmacists have access to various laboratory diagnostic test values?

At some point in the future, pharmacists will be able to order tests and have the tests performed at one of the regional labs. We are discussing this issue with the Department of Health to resolve the issues surrounding this activity. Similarly, discussions are ongoing with the Department of Health to enable community pharmacists to access the regional lab system to check blood work and other tests.

13. Will there be examples and/or dosage protocols provided of medications that can be prescribed for minor ailments?

While some jurisdictions (Saskatchewan, for example) have created detailed algorithms to be used in prescribing for minor ailments, it is not the intention of the College to do so. However, we have prepared algorithms and basic information documents for a few ailments to serve as an initial guide in dealing with minor ailments. This type of information can change as new treatment guidelines are developed, and new products become available. Thus, once a pharmacist undertakes prescribing for minor ailments, the onus must be on the pharmacist to remain current with that information.

14. What is the desired time frame for patient follow-up?

This will vary from patient to patient, given the results of their assessment, and with the minor ailment being treated. Knowledge of the condition treated, the length of treatment, and the expected time for resolution of symptoms, will determine the appropriate time frame for monitoring and follow-up. This information should be shared with the patient when the prescription is given, such that the patient or agent has an expectation for follow up.

15. If the patient is not known to the pharmacist (i.e., uses a different pharmacy or is travelling) is the pharmacist able to assess and prescribe for that individual?

You may prescribe for patients who are not previously known to you in accordance with the Standards of Practice and Regulations. For example, you would be required to perform an assessment, documenting medical history and current medications before prescribing. You are still required to perform follow-up and inform the patient's primary prescriber, so obtaining contact information for the patient and that health care professional is necessary.

16. Will pharmacists be paid by the New Brunswick government to provide this service?

Payment for pharmacy services is outside the scope and mandate of the College. Pharmacists should refer to their professional association and/or their employers for guidance in this area.

17. Are there any age restrictions for patients for whom pharmacists may prescribe? Are there any restrictions on medical conditions (i.e., pregnancy, immunocompromised etc.)?

It is the responsibility of the individual pharmacist to ensure that they are prescribing within their own area of competency (see Regulation 21.8(2) (a): “A pharmacist may only prescribe a drug, treatment or device pursuant to paragraph (1) if the pharmacist reasonably determines, after discussion with, and assessment of, the client that: the indication and treatment is within the pharmacist’s scope of practice, knowledge, skills, competencies and experience”). There will be subsets of the population, such as pediatric, immunocompromised, pregnant and lactating, and geriatric patients, which require a more specialized knowledge base. While there are no restrictions for prescribing within these patient groups, the pharmacist must be confident that he/she has the knowledge and competency to do so.

18. Is Herpes Zoster being considered as a minor ailment? What about malaria prophylaxis or prescription therapy for traveler’s diarrhea?

While neither Herpes Zoster, malaria prophylaxis or treatment for traveler’s diarrhea are considered minor ailments, they are considered preventable diseases for which the pharmacist can advise and treat when appropriate, and when the pharmacist has the necessary knowledge base and competency to prescribe. See Part B of Appendix II in the Regulations (Also included in Appendix 2 of this document).

19. Will there be communication and education to the public to help them understand the new role of pharmacists with regard to prescribing for Minor Ailments? How will this be done?

We will be developing a communication plan to educate the public on these new roles and what they can expect from their pharmacist as well as what their responsibility is in looking after their own health.

20. Do I need to communicate with more than one practitioner?

Depending on the clinical situation, you may decide, or the client may request you, to communicate with more than one physician, or other health care providers.

21. Will malpractice liability insurance requirements change now that pharmacists are accountable for the decisions made when prescribing for minor ailments?

Prescribing by pharmacists introduces little or no new risk to patients. Prescribing by pharmacists reflects many roles that pharmacists already performed prior to the enabling legislation. The inclusion of prescribing privileges within the scope of practice for pharmacists simply formalizes pharmacists' responsibilities. Having said that, you must recognize that becoming formally involved in prescribing means you will inherit an increased proportion of risk and liability. Remember that informed decisions pose limited risk. Knowledge, competency and quality information are important to making informed decisions.

22. How do I fit this new function into my daily workflow?

Each pharmacist will develop their own routines and methods for performing this activity as they gain experience in adopting this “new” role. Some interesting suggestions, from Paul Bazin, a pharmacist in Saskatchewan, are included here: “Time management is important. With experience, he finds it only takes about 10-15 minutes to take a full patient history and prescribe the appropriate medication. It helps to be familiar with forms and guidelines, and to know what you want to say when you sit down with the patient. To speed the process, Bazin keeps printed forms and guidelines readily available in a binder. He separates the seven minor ailments by indexed tabs, so he can quickly look up the differential diagnoses, prescriptions, and requirements for physician referrals. After a consult, he transfers forms to a separate section, to meet follow-up requirements for each condition. This structured guide increases a pharmacist’s confidence in the programs, especially at first, he explains. During busy times of the day, a pharmacy technician will triage patients while he is counselling. However, many patients with minor ailments will come in for help in the evening, when he is alone on a shift. At those times he will extend waiting periods, or put out a sign informing patients that he is counselling someone. He finds customers have few issues with waiting, because they know they can expect the same quality service from him when it’s their turn. To help educate the public, Bazin makes pamphlets readily accessible on the desk and displays, and give them take-aways along with related prescriptions. He has educated pharmacy technicians and clerks on what to tell people if they ask about the service. He also places shelf signs among the OTC drugs for various related medications.” *(From Canadianhealthcarenetwork.ca; written by Marie Powell on March 19, 2013 for Drugstore Canada)*

23. Is there a conflict between prescribing and dispensing activities?

Answer 1: The act of prescribing and dispensing drugs by pharmacists is similar to other practitioners who prescribe services, then provide them. Examples include physicians, dentists, veterinarians, chiropractors, physical therapists, all of whom assess the patient and recommend the services needed, then, if the patient agrees, provide the services. Just like other health professionals, pharmacists must practice according to a strict code of ethics. In addition, stringent standards of practice define the expectation that pharmacists will separate the prescribing and dispensing functions whenever possible. If concerns about a perceived role conflict arise, the College will adjudicate them against the Standards of Practice and the Code of Ethics to determine whether the conduct was in the best interest of the patient.

Answer 2: Pharmacists are taught to make the best recommendation for that patient, not to sell products. Let's say that your child has a cough. Hugs and kisses would do just as well as cough syrup (cough syrup might not be effective in children, and can often result in harm due to accidental overdose). “I wouldn't recommend cough syrup for your child. I'd rather you save that money, and save your child from the side-effects of an ineffective drug”. Pharmacists are taught to make the best recommendation for that patient, not to sell products. Pharmacists may recommend that no drug therapy be started. If there is a beneficial product that your

pharmacist can recommend, great; if the pharmacist can manage your ailment without drugs, even better (no drugs, no side effects, no problems)

24. How can I tell patients this is available? What can I advertise, and what can't I advertise?

As part of the communications plan being prepared by the College, we will look at preparing templates for leaflets and posters which pharmacies can make available to the public. We will work with the New Brunswick Pharmacists Association to develop suitable materials. You should also check Regulations Part XIX related to advertising to help you determine what can and cannot be advertised. If you have questions after reading, you should seek legal advice on what you can, and cannot, advertise.

25. How do I explain this is different or more enhanced than what I was doing?

One way to explain this to the patient is to say that depending on the ailment, you may have more treatment options available to draw from while treating the ailment than you did in the past. For example, in treating acne, a prescription product may be a better choice than one available over-the-counter, but in the past, that option was not possible. Because of the wider choice of treatments, a more detailed assessment may be required in order to treat most appropriately.

26. Is the College going to provide me with something, i.e., proof this is now allowed/authorized?

Once the new Act and Regulations have been proclaimed (declared into law) in the Legislative Assembly, then all members may practice, based on their knowledge base and skill level, within the legislation, once they have declared they have met the criteria established by the College.

27. What do I do if the patient's physician disagrees with my diagnosis or treatment when notified?

Disagreement among practitioners is to be expected from time to time. If you have assessed, prescribed and documented appropriately, and have chosen a recognized treatment, then discussing your decision with the physician is the best course to take. This is not unlike in the past, when you as a pharmacist had concerns about a prescription a physician may have written, and called to discuss those concerns on behalf of the patient.

28. I'm not sure how to follow up with patients, is it OK to call? Should I book a follow up

appointment? Should I charge for that follow-up or is it included in the initial assessment fee? Follow-up can be arranged with the patient, and can be done by phone or in person, whichever seems most appropriate and convenient. While the College cannot speak for third party payers and assigning fees, most follow-up would be included as part of the original assessment. Occasionally, a more complicated situation may warrant a second visit and/or assessment. While following up may be as simple as asking the client to call you, or return to the pharmacy, in a certain number of days if they are not better, taking the initiative yourself is a better practice.

29. I am comfortable assessing and prescribing for minor ailments but other pharmacists at this location are not. Do you have suggestions on how we can deal with this so the patients don't get confused with what to expect?

Acting as a positive role model and mentor during the startup phase will go a long way to bring your fellow pharmacists along with you. Point out that each pharmacist can start with just a few minor ailments, and add more as they become more comfortable with the learning curve. Help them to access the courses or learning material that you have used. Brainstorm as a team how to work together to create efficiencies within the pharmacy workflow.

30. For what time period must the assessment and prescribing documentation records be kept?

As these records are patient specific and record clinical information and decisions, they fall under the same retention requirements as prescriptions, that is, for fifteen years. If documents are scanned electronically, the paper copies need to be retained for two years, and the electronic files, for fifteen years.

APPENDIX 1 CONSENT

General

Consent can be implied or expressed. Expressed consent can either be verbal or written. Consent cannot exist if the client is not informed of potential risks or side effects to standard treatments, invasive procedures or alternative treatments.

If "informed consent" becomes an issue (malpractice suit, allegation of an assault, you "ruined my vacation", etc.), **the onus will always be on the pharmacist to prove that he had "informed consent"**. For that reason, written and signed consent is always best, otherwise it becomes the word of the professional against the client. There are many cases where a professional has nothing in writing, no notes or signed consent, and the judge reasons that because the professional sees "hundreds" of patients/clients and can't remember this specific person, the judge prefers the memory of the patient/client who only ever had this situation happen once in his life, and swears the professional never spoke to him about this.

Implied consent

Consent not given by a client in writing or orally, but understood from the circumstances surrounding the procedure or treatment at issue, is known as implied consent (e.g., it can be assumed that a client has consented to abdominal palpation when voluntarily undressing and lying on couch, or when he/she offers an arm for venipuncture).

Consent may be implied when, for instance, a client presents at the counter requesting treatment for a relatively simple ailment. If the pharmacist says he needs to take the client's blood pressure, consent to allow the pharmacist to touch the client can be implied the moment the client rolls up his sleeve. If the pharmacist says she wants to take a swab of saliva, consent can be implied the moment the client opens her mouth. Neither of these represents any risk to the client, and both are mildly invasive. Obviously, the consent is only to allow the pharmacist to obtain a reading or test for what is intended. If the pharmacist decides to use the information from the test for another purpose (e.g., scientific research), this will need to be discussed with the client and consent received for this other purpose.

Implied consent may be indicated through body language or conduct without

IMPLIED CONSENT

EXPRESS CONSENT

INFORMED CONSENT

In order for consent to be valid, the client must be competent (capable of giving consent).

actually directly communicating it. It need not necessarily be the in the positive form either. The client may agree or disagree.

Presenting oneself to a pharmacist and engaging in a conversation seeking advice about an ailment implies a certain amount of consent. Accepting the treatment recommended and paying for the product implies consent. But that does not necessarily mean the client has provided "informed consent" if something considered to be possibly invasive or risky is undertaken or recommended.

Express consent

Express consent is given in writing or orally.

Express (oral or written) consent should be obtained for any treatment that carries material risk. Oral consent is valid, but it is better to obtain written consent. If it is only possible to obtain oral consent, it is good practice to make an entry in the client's profile to confirm advice was given and oral consent obtained, as well as the name and designation of any witnesses.

Express consent takes place when consent is communicated directly through speech or conduct and there is little or no doubt as to the consent given. For example by directly saying 'yes' or even through nodding, and other direct gestures expressed consent can be communicated to another.

Example: You may ask "Can I take your blood pressure?" If the client answers "Yes," the client has given express consent.

If a client's consent is written, it should include the name of the pharmacist who discussed the proposed treatment with the client and the date, time and location where the consent form was signed.

Informed consent

Informed consent is the process by which a fully informed client can participate in choices about their health care. It originates from the legal and ethical right that the client has to direct what happens to their body and from the ethical duty of the pharmacist to involve the client in their health care.

Informed consent is voluntary. Informed consent requires more than the asking of a question and the receiving of an affirmative answer, e.g.: You ask the client "May I check your blood sugar?" The client answers "yes". If there is any risk to your taking the blood sugar and the client is not informed, the "yes" has no value.

Consent cannot exist if it is not "informed", allowing the pharmacist to "go to the next level" for more invasive and risky procedures, e.g. administer an injection.

If the pharmacist wants to inject a substance into the client's body and there is the possibility of an allergic reaction or side effect, or there is an alternative less risky procedure, this requires the client being informed of this, and assuming the risk. Just because it is not "probable", the client has to

understand that it is "possible", and has to agree to assume the risk, as minimal as it may be. The client may be implicitly consenting to receiving the injection by offering her arm, but the consent to accept the risk of a reaction or side effect must be express, and to expressly consent, the client must be informed of the risks. This is why it is referred to as "informed consent" as opposed to just "consent".

A note on the patient record is better than nothing, but obviously a written and signed document provides the best documentation of the patient's intent. That's why hospitals get written and signed consent from patients before they administer general anaesthesia—because there is always a risk.

Note that a generic "I consent to the procedure...", or words to that effect signed by the client, would not suffice. The form would have to include more specific wording, like "I have been informed that [the procedure] has potential allergic reactions A, B and C or could cause side effects A, Y and Z", for example.

Consent implies the client is comfortable with what the pharmacist is recommending and understands the risks. Otherwise, like all health professionals, the pharmacist must always be prepared to say to a patient/client that they are welcome to seek a second opinion and that they are not obliged to accept the treatment or advice suggested by the health professional.

Informed consent allows the client to participate in the decisions regarding their health care. In order for informed consent to be deemed valid the nature of the treatment must be conveyed as well as alternatives to the treatment. The associated benefits/risk must be provided as well. Once these elements have been provided, the client's understanding must be assessed and finally, the client must accept the intervention.

It is important to note that in order for consent to be valid, the client must be competent (capable of giving consent).

Scenarios:

Implied consent:

A pharmacist is asked for advice about what could be taken for a headache. After asking some basic questions about the client's current health status, the pharmacist recommends a particular product.

Express consent (verbal):

A client has a discussion with the pharmacist about his diabetes and indicates that he is not feeling well many mornings. The pharmacist checks the client's profile, asks some questions about recent changes in the client's health, then suggests to the client that the pharmacist wants to check his blood sugar by administering a test where there are no potential risks or side effects. The client says "sure" or "ok".

Informed express consent (verbal):

A client has made an appointment to have a “flu shot” or “Twinrix^R” administered. The pharmacist asks the client questions about:

- the client’s health status (current and past)
- current medications
- authorization to administer the injection

The pharmacist receives the information, clarifies any information necessary, outlines possible adverse events and what to do should they occur, outlines any precautions following the injection the client needs to know, asks the client if they understand the information communicated, and once the client answers positively, and writes notes in the client’s chart confirming the procedure.

Informed express consent (written):

A client has made an appointment to receive a “flu shot” or have “Twinrix^R” administered (injected). The pharmacist asked the client to complete a questionnaire which has several sections:

- the client’s health status (current and past)
- current medications
- authorization to administer the injection

The pharmacist reviews the information on the form, clarifies any information necessary, outlines possible adverse events and what to do should they occur, outlines any precautions following the injection the client needs to know, asks the client if they understand the information communicated, and confirms by having the client sign the form.

APPENDIX 2

LIST OF MINOR AILMENTS

From the *Regulations to the Pharmacy Act, 2014*

Allergic Rhinitis
Calluses and Corns
Contact Allergic Dermatitis
Dandruff
Dysmenorrhea
Dyspepsia
Emergency Contraception
Fungal Infections of the Skin
Gastro-esophageal Reflux Disease
Hemorrhoids
Herpes Simplex
Impetigo
Mild Acne
Mild Headache
Mild to Moderate Eczema
Mild Urticaria (including bites and stings)
Minor Joint Pain
Minor Muscle Pain
Minor Sleep Disorders
Nasal Congestion
Nausea
Nicotine dependence
Non-infectious Diarrhea
Oral Fungal Infection (thrush)
Oral Ulcers
Threadworms and Pinworms
Upper respiratory tract conditions (cough, nasal congestion and discharge, sore throat, fever, headache, malaise)
Urinary Tract Infection (uncomplicated)
Vaginal Candidiasis
Warts (excluding facial and genital)
Xerophthalmia (dry eyes)

PRESCRIBING FOR PREVENTABLE DISEASES

1. *Pharmacists may prescribe the following Schedule 1 and Schedule II vaccines and drug products for preventable diseases.*
 - *Cholera vaccine (oral, inactivated)*
 - *Diphtheria, Tetanus, Pertussis and Polio (DTaP-IPV) Vaccine*
 - *Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenzae type B (DTaP-IPV-Hib) Vaccine*
 - *Hepatitis A*
 - *Hepatitis B*
 - *Herpes Zoster*
 - *Human Papillomavirus (HPV)*
 - *Malaria prophylaxis*
 - *Measles, Mumps and Rubella (MMR) Vaccine*
 - *Measles, Mumps, Rubella and Varicella (MMRV) Vaccine*
 - *Meningococcal vaccines*
 - *Pneumococcal Conjugate Vaccine Prevnar® 13*
 - *Seasonal Influenza Vaccine*
 - *Tetanus, Diphtheria and Pertussis (Tdap) Vaccine*
 - *Tetanus and Diphtheria (Td) Vaccine*
 - *Travelers' diarrhea*
 - *Varicella zoster Vaccine (chickenpox) (shingles)*
2. *Pharmacists may only administer the above vaccines, to a client who is 5 years of age or older, if they have successfully completed an administration training program approved by Council.*

Pharmacists may **ADMINISTER** the following injectable vaccine products, but they may **NOT PRESCRIBE** the following vaccines unless they have successfully completed a training program in travel medicine approved by Council.

(These vaccines are usually required for international travel)

- *cholera*
- *European tick-borne encephalitis*
- *Japanese encephalitis*
- *rabies*
- *typhoid*
- *yellow fever*

Notes for Malaria prophylaxis and Traveller's Diarrhea

Malaria prophylaxis

In order to prescribe the appropriate treatment for malaria prophylaxis, in addition to an understanding of the disease, you need to know:

- where the person is travelling to,
- time of year (season),
- sensitivity and resistance patterns for that area,
- If female – pregnancy status.

There are various websites that can provide the treatment of choice – Center for Disease Control, is perhaps the best known. (www.cdc.gov)

You must remain current with regard to preferred agents for the different countries/regions/seasons where malaria is endemic.

Travellers Diarrhea

You may prescribe for prophylaxis of Travellers Diarrhea, as well as treatment .

Again, you need to be aware of the recommended treatment regimens.

Limits on prescribing

Based on stakeholder input during the development of the algorithms we will be making available, discussion arose on what limits, if any, pharmacists should not exceed. Until pharmacists develop expertise and have access to the full electronic file of a client, the following general limits are appropriate and serve as a guideline of what pharmacists may prescribe:

- For ailments involving inflammatory processes (e.g., urticaria or allergic rhinitis), the use of topical (including inhalation) steroids is reasonable and appropriate. The use of oral steroids (e.g., prednisone) would not be appropriate. The client should be referred to their physician if the ailment is that severe.
- For dysmenorrhea, NSAIDs are appropriate, but oral contraceptives are not.
- For bacterial infections ailments (e.g., impetigo) topical treatment is appropriate but oral antibiotics would not.
- For acne, topical treatment would be appropriate, but oral agents would not.
- With regard to upper respiratory infections, note that “sore throat” does not include “strep throat” which should be referred to a physician for assessment, tests and antibiotic therapy. The Dalhousie Minor Ailment program does cover “strep throat”, but it is not on our list of Minor Ailments

As pharmacists gain expertise and competence in assessing these conditions, these treatment guidelines will likely be modified.

APPENDIX 3: Minor Ailment definitions

Allergic Rhinitis - more commonly referred to as hay fever, is an inflammation of the nasal passages caused by allergic reaction to airborne substances.

Treatment may include antihistamines (systemic, ophthalmic, intranasal), decongestants(systemic, topical), intranasal corticosteroids, mast cell stabilizers, intranasal anticholinergics.

Calluses and Corns -

Callus - Thickened skin due to chronic rubbing or irritation. Localized hyperplasia of the stratum corneum of the epidermis due to pressure or friction.

Corn - a horny induration and thickening of the stratum corneum of the epidermis, caused by friction and pressure and forming a conical mass pointing down into the dermis, producing pain and irritation

Contact Allergic Dermatitis - Irritant contact dermatitis (A) produces red, dry itchy patches usually on the hands, fingers and face. Common irritants include soap, detergents and skin-cleaning products. Allergic contact dermatitis (B) produces a red rash, bumps and sometimes blisters.

Dandruff - an excessive amount of scaly material composed of dead, keratinized epithelium shed from the scalp that may be a mild form of seborrheic dermatitis or psoriasis.

Dysmenorrhea - cyclical, lower abdominal or pelvic pain, which may also radiate to the back and thighs, occurring before and/or during menstruation, and can be primary or secondary.

Dyspepsia - a chronic or recurrent epigastric (upper abdomen) pain, postprandial fullness or early satiety of at least 3 months' duration. Other symptoms may also include bloating or nausea.

Emergency Contraception

Fungal Infections of the Skin

Gastro-esophageal Reflux Disease - troublesome or frequent acid regurgitation or heartburn (a burning feeling in the stomach or lower chest rising up to the neck). GERD is also associated with epigastric pain, nausea, dysphagia (difficulty swallowing) and odynophagia (pain with swallowing). Extra-esophageal or atypical manifestations of GERD are also possible and include cough, sore throat, chest pain, hoarseness, shortness of breath and wheezing.

Hemorrhoids - enlarged veins in the anus or lower rectum. They often go unnoticed and usually clear up after a few days, but can cause long-lasting discomfort, bleeding and be excruciatingly painful. Hemorrhoids (also called piles) can be divided into two kinds, internal and external. Internal hemorrhoids lie inside the anus or lower rectum, beneath the anal or rectal lining. External hemorrhoids lie outside the anal opening. Both kinds can be present at the same time.

Herpes Simplex - a disease caused by a herpes simplex virus, characterized chiefly by a cluster of small, transient blisters (cold sore) at the edge of the lip or nostril.

Impetigo - a superficial bacterial infection of the skin, generally caused by Staphylococcus aureus although Streptococci have also been implicated. It is a common infection in infants and young children, often presenting around the nose and mouth.

Mild Acne - an inflammatory disease of the sebaceous glands and hair follicles of the skin that is marked by the eruption of pimples or pustules, especially on the face.

Mild Headache –

Tension headache is the most common type of headache. It is bilateral and described as a dull ache with a pressing or tightening sensation across the forehead.

Migraine is a pulsating and throbbing headache. It may be present with or without aura (visual disturbances, sensory, motor or language alterations). It is typically unilateral, affecting one side of the head, although it can be bilateral. Migraine can be accompanied by any or all of nausea, vomiting, photophobia (sensitivity to light) or phonophobia (sensitivity to sound). Pre-disposing factors include depression, anxiety, head/neck trauma and hormonal changes, such as menstruation or ovulation.

Mild to Moderate Eczema - A noncontagious inflammation of the skin, characterized chiefly by redness, itching, and the outbreak of lesions that may discharge serous matter and become encrusted and scaly, often accompanied by intense itching or burning.

Mild Urticaria (including bites and stings) - a skin condition characterized by the formation of itchy red or whitish raised patches, usually caused by an allergy. Also known as hives.

Minor Joint Pain (arthralgia) - pain in a joint or joints

Minor Muscle Pain (myalgia) – pain or tenderness in a muscle or a group of muscles, usually diffuse and non-specific.

Minor Sleep Disorders - a disturbance of the normal sleep pattern.

Nausea - A feeling of sickness in the stomach characterized by an urge to vomit.

Nicotine dependence - involves a variety of physical, psychological and behavioural factors. Nicotine acts as a stimulant, increasing alertness and sense of well-being as well as heart rate and blood pressure. Due to rapid delivery to the mesolimbic pleasure-reward system in the brain, nicotine is highly addictive. With continued use, chemical and biologic changes occur in the brain and tolerance develops very quickly. Nicotine addiction is characterized by cravings for continued smoking, a tendency to increase usage and profound physical and psychological symptoms elicited by withdrawal.

Non-infectious Diarrhea - Excessive and frequent evacuation of watery feces, usually indicating gastrointestinal distress or disorder.

Oral Fungal Infection (thrush) - A contagious disease caused by a fungus, *Candida albicans*, that occurs most often in infants and children, characterized by small whitish eruptions on the mouth, throat, and tongue, and usually accompanied by fever, colic, and diarrhea.

Oral Ulcers (aphthous ulcer) - a blister on the mucous membranes of the lips or mouth

Threadworms and Pinworms

Threadworms - small threadlike worm infesting human intestines and rectum especially in children.

Pinworms - a parasitic nematode worm, *Enterobius vermicularis*, infecting the colon, rectum, and anus of humans

Upper respiratory tract conditions (cough, nasal congestion and discharge, sore throat, fever, headache, malaise)

Urinary Tract Infection (uncomplicated) - the presence of micro-organisms (for example, bacteria) in the urinary tract, which includes the urethral opening up to and including, the kidneys. It has an acute onset with rapid progression of symptoms which may include some or all of the following - Dysuria (painful, burning sensation while

urinating), Urgency (sensation of need to urinate often), increased frequency of passing urine, often with urgency, Sensation of incomplete bladder emptying, Hematuria (blood in the urine), Lower abdominal pain or cramping, Malodorous or cloudy urine, Fever, chills, Nausea and vomiting.

Vaginal Candidiasis - Infection with a fungus of the genus *Candida*, especially *C. albicans*, that usually occurs in the skin and mucous membranes of the mouth, respiratory tract, or vagina but may invade the bloodstream, especially in immunocompromised individuals.

Warts (excluding facial and genital) - A hard rough lump growing on the skin, caused by infection with certain viruses and occurring typically on the hands or feet.

Xerophthalmia (dry eyes) - Extreme dryness and thickening of the conjunctiva, often resulting from a deficiency of tears, and vitamin A.

APPENDIX 4: DOCUMENTATION

For each encounter with a client where the pharmacist assesses and prescribes, the following documentation must be recorded.

- Client demographics (name, address, age, etc.)
- record of care
- Assessment details and findings (see 21.13)
- prescribing details (see 21.14)
- Notification of care provided to other healthcare professional (where appropriate)
- *Criteria for prescribing*

21.13(1) *A pharmacist is authorized to prescribe a drug, treatment or device as described in Section 21.3, where:*

The pharmacist has made an assessment to determine whether the drug will be safe and effective in the circumstances of the client, including, but not limited to the following:

the client's symptoms,

co-existent disease states and chronic conditions,

the client's allergies and other contraindications and precautions,

other medications the client may be taking,

the clients' gender, age, weight and height (where applicable),

pregnancy and lactation status, if applicable, and

any other inquiries reasonably necessary in the circumstances;

the pharmacist has assessed the client in compliance with the Code of Ethics and Standards of Practice and any applicable practice directives;

the drug is prescribed in a circumstance which is within the pharmacist's area of practice, knowledge and skills, or specialty;

the pharmacist has determined that a prescription is reasonably necessary to treat the client; and

the pharmacist has discussed with the client, or their agent, reasonable and available therapeutic options.

21.13(2) If the pharmacist identifies that the condition being assessed is outside his or her scope of practice, the pharmacist shall refer the client to an appropriate health care practitioner, and shall record the assessment and the referral in the client's profile.

Record of prescribing

21.14 A pharmacist who issues a prescription must make and retain a record of:

the client's name and address;

the circumstances under which the drug was prescribed;

the rationale for prescribing – diagnosis, treatment plan, clinical indication, or expected outcome;

a summary of the pharmacist's assessment of the client; (detailed above 21.13(a))

the date of the prescription;

the name of the drug prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;

the directions for use;

the number of refills available to the client;

the name, address, and telephone number of the pharmacist issuing the prescription; and

a follow-up plan that is sufficiently detailed to monitor the client's progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable; and

any other advice or treatment recommended to the client

Notification to other health professionals

21.15 The pharmacist, when prescribing a drug, treatment or device, will notify the client's primary care provider (when such exists) when the order the pharmacist is prescribing is clinically significant.

It is also recommended that client consent details be documented.

Documentation forms (templates)

The nine documents that follow are templates, meant to be used to document your activities in relation to prescribing for Minor Ailments. Included with each document is the corresponding Regulation which outlines the information that should be captured on that form.

The five components that need to be documented include:

1. Patient or agent consent
2. Patient assessment
3. Monitoring or follow-up plan
4. Notification of health care provider(s)
5. Prescription blank for issue to patient

NOTE: These documents are available separately on the website (Pharmacist's Resources section)

The first document, Form A, includes all five components in one.

The next three documents, Forms B, C and D, contain all five components between them.

The last five documents, Forms E to I, are all five components separately.

The intent in supplying different versions of forms is to allow each practitioner to choose a template that works best in each individual's practice. What is important is capturing the information found in either the all-in-one, the three documents, or the five single documents, when performing the required documentation for prescribing for Minor Ailments. You may wish to modify these forms to best fit your practice.

Sample Form A: Minor Ailments Patient Assessment

Consent – Express (Patient/Agent signature)		Verbal consent	
Patient Name	Medicare #	Telephone	
Address	DOB	Male	Female
Medical History		Height and/or Weight	
		Pregnant	Lactating
Current Medications		Drug Allergies	
Consultation: Complaint/Symptoms		Duration of Symptoms	
Review and Rationale (SOAP notes, for example)			

Prescription	Minor Ailment Treated: _____
Rx #1 Medication/strength:	Quantity:
Directions for use:	
Refills:	
Rx #2 Medication/strength:	Quantity:
Directions for use:	
Refills:	
Other treatment/recommendations :	
Non-pharmacologic measures :	
Counselling :	
Monitoring Results /Follow-up plan	
Therapeutic Goal/outcome	Follow-up Actions
	Date of Follow-up
	Results
Health Care Professional Notified:	
By fax:	By phone:
Other:	
Prescribing pharmacist Name:	
Pharmacy:	
Phone:	Fax:
E-mail:	
Signature	Date

Pertinent sections from the Regulations:

Types of prescribing

21.3 Prescribing may be categorized as:

(i) prescribing for minor ailments.

Minor ailments

21.8(1) A pharmacist is authorized to prescribe a drug, treatment or device that is in Schedule I, Schedule II or Schedule III or an unscheduled drug for treatment of a condition, if such a drug, treatment or device is indicated for the treatment of a minor ailment on a list approved by Council (APPENDIX 2), and

is prescribed for an intended use that reflects an indication approved by Health Canada; or

is prescribed for an intended use which is widely accepted as best practice in Canada and supported by medical literature demonstrating safety and efficacy.

21.12(1) A pharmacist who undertakes prescribing for a condition listed in APPENDIX 2 shall assess the client in person at the time of prescribing.

Criteria for prescribing

21.13 A pharmacist is authorized to prescribe a drug, treatment or device as described in section 21.3, where:

The pharmacist has made an assessment to determine whether the drug will be safe and effective in the circumstances of the client, including, but not limited to the following:

the client's symptoms,

co-existent disease states and chronic conditions,

the client's allergies and other contraindications and precautions,

other medications the client may be taking,

the clients' gender, age, weight and height (where applicable),

pregnancy and lactation status, if applicable, and

any other inquiries reasonably necessary in the circumstances;

the pharmacist has assessed the client in compliance with the Code of Ethics and Standards of Practice and any applicable practice directives;

the drug is prescribed in a circumstance which is within the pharmacist's area of practice, knowledge and skills, or specialty;

the pharmacist has determined that a prescription is reasonably necessary to treat the client; and

the pharmacist has discussed with the client, or their agent, reasonable and available therapeutic options.

Record of prescribing

21.14 A pharmacist who issues a prescription must make and retain a record of:

the client's name and address;

the circumstances under which the drug was prescribed;

the rationale for prescribing – diagnosis, treatment plan, clinical indication, or expected outcome;

a summary of the pharmacists' assessment of the client;

the date of the prescription;

the name of the drug prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;

the directions for use;

the number of refills available to the client;

the name, address, and telephone number of the pharmacist issuing the prescription; and

a follow-up plan that is sufficiently detailed to monitor the client's progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable; and

any other advice or treatment recommended to the client.

Sample Form B: Patient Consent

I confirm I have received this assessment Yes ____

I confirm that the pharmacist has discussed treatment options with me Yes ____

I permit the pharmacist to inform my physician of this treatment when required
Yes ____

Patient (____) or Patient Agent (relationship to patient _____)

Signature _____ Date _____

Prescription Blank

Date	Patient	
	Address	
	DOB:	Weight:
Prescription Details		Diagnosis or Expected Outcome
Drug:		
Sig:		
Mitte:		
Refill x		
Pharmacist Signature		Pharmacist Address
Pharmacist Name		Pharmacist Phone

Pertinent section from the Regulations:

21.10 A pharmacist may only prescribe a drug, treatment or device pursuant to the authority conferred by these Regulations if:

*(a) the pharmacist reasonably believes that the prescription decision of the pharmacist has been **consented to**, in accordance with the following:*

(i) there is an established pharmacist-client relationship,

*(ii) in the context of services provided within a health care institution, the pharmacist reasonably believes the prescription decision of the pharmacist has been **consented to** in accordance with the bylaws or policies of the institution regarding consent, or*

*(iii) in the context of a practice outside of a health care institution, the pharmacist reasonably believes, following communication with the client, that the prescription decision of the pharmacist **has been consented to**:*

(A) by the client, if the pharmacist has a reasonable basis to believe that the person has the capacity to make an informed health care decision, or

(B) by the client's parent or legal guardian, if the pharmacist has a reasonable basis to believe that the person does not have the capacity to make an informed health care decision;

(b) the pharmacist has successfully completed any training requirements determined by Council, and has available any required reference resources (print or electronic).

21.17 Prescription information

A pharmacist who writes (on paper or electronic) a prescription for a client shall ensure the following information is present on the prescription:

the client's name and address;

diagnosis or expected outcome(s) of the treatment prescribed;

the date of the prescription;

the name of the drug/treatment prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;

the directions for use;

the number of refills available to the client;

the name, address, and telephone number of the pharmacist issuing the prescription; and

pharmacist's signature and registration number.

Sample Form C: Minor Ailments Patient Assessment

Patient Name		Medicare #		Telephone	
Address		DOB		Male	Female
Medical History				Ht. and/or Wt.	
				Pregnant	Lactating
Current Medications		Drug Allergies			
Complaint/Symptoms				Duration of Symptoms	
Review and Rationale (SOAP notes, for example)					
Prescription Issued <div> <div>Medication & Strength:</div> <div>Quantity:</div> </div> <div> <div>Directions for Use:</div> <div>Refills:</div> </div>					
Information for Patient <div> <div>Non-pharmacologic measures:</div> <div>Expected Pharmacist Follow-up:</div> </div>					
Pharmacist	Pharmacy Name	Phone	Fax	E-mail	

Sample Form C: Minor Ailments Patient Assessment

Cell 111-1111

Patient Name Molly Smith		Medicare # 123-456-789	Telephone 333-3333	
Address 123 Elm St. SJ, NB E2L 1J9		DOB May 15, 1970	Male	Female X
Medical History hypothyroidism, ↑cholesterol 2 children, no surgeries. Many UTI's in the past - last was 2 yrs ago Seasonal allergies.			Ht. and/or Wt. 5'6" 145 lb.	
			Pregnant no	Lactating no
Current Medications Synthroid 0.125 daily. Crestor long daily.		Drug Allergies Sulfa - severe GI upset. Amoxicillin - rash		
Complaint/Symptoms "hurts to pee" - burning "feel like I have to pee all the time" "cloudy urine" "worse today than last night" - no flank pain - no fever - no visible blood			Duration of Symptoms almost 24 hrs.	
Review and Rationale (SOAP notes, for example) S - see complaints O - urine dip - ++ for RBC's/leukocytes A - acute cystitis P - avoid sulfa/pen - urine visibly cloudy. - antibiotic tx				
Prescription Issued				
Medication & Strength: Macrobid 100 bid		Quantity: 10		
Directions for Use: 1 bid x 5d		Refills: 0		
Information for Patient				
Non-pharmacologic measures: ↑ fluids/cranberry(?)				
Counselling: bid, E food, Hildone		Expected Pharmacist Follow-up: 3 days		
Pharmacist Heather Christ	Pharmacy Name ABC Phcy	Phone 555-5555	Fax 777-7777	E-mail hc@funca

Pertinent sections from the Regulations:

Types of prescribing

21.3 Prescribing may be categorized as:

(i) prescribing for minor ailments.

Minor ailments

21.8(1) A pharmacist is authorized to prescribe a drug, treatment or device that is in Schedule I, Schedule II or Schedule III or an unscheduled drug for treatment of a condition, if such a drug, treatment or device is indicated for the treatment of a minor ailment on a list approved by Council (APPENDIX 2), and

is prescribed for an intended use that reflects an indication approved by Health Canada; or

is prescribed for an intended use which is widely accepted as best practice in Canada and supported by medical literature demonstrating safety and efficacy.

21.12(1) A pharmacist who undertakes prescribing for a condition listed in APPENDIX 2 shall assess the client in person at the time of prescribing.

Criteria for prescribing

21.13(1) A pharmacist is authorized to prescribe a drug, treatment or device as described in section 21.3, where:

The pharmacist has made an assessment to determine whether the drug will be safe and effective in the circumstances of the client, including, but not limited to the following:

the client's symptoms,

co-existent disease states and chronic conditions,

the client's allergies and other contraindications and precautions,

other medications the client may be taking,

the clients' gender, age, weight and height (where applicable),

pregnancy and lactation status, if applicable, and

any other inquiries reasonably necessary in the circumstances;

the pharmacist has assessed the client in compliance with the Code of Ethics and Standards of Practice and any applicable practice directives;

the drug is prescribed in a circumstance which is within the pharmacist's area of practice, knowledge and skills, or specialty;

the pharmacist has determined that a prescription is reasonably necessary to treat the client; and

the pharmacist has discussed with the client, or their agent, reasonable and available therapeutic options.

Record of prescribing

21.14 A pharmacist who issues a prescription must make and retain a record of:

the client's name and address;

the circumstances under which the drug was prescribed;

the rationale for prescribing – diagnosis, treatment plan, clinical indication, or expected outcome;

a summary of the pharmacist's assessment of the client;

the date of the prescription;

the name of the drug prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;

the directions for use;

the number of refills available to the client;

the name, address, and telephone number of the pharmacist issuing the prescription;

a follow-up plan that is sufficiently detailed to monitor the client's progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable; and

any other advice or treatment recommended to the client.

Sample Form D: Minor Ailments Follow-up and Notification

Pharmacy Name and Address		Pharmacy Phone	Date
		Pharmacy Fax	
Patient Name		Date of Birth	Medicare number
Prescription details			Prescription date
			Prescription number
Therapeutic Goal(s)	Follow-up Actions	Follow-up date	Results
Name of Health Care Provider notified phone__ by fax__			Notification date
Pharmacist Name			Signature

Notes:

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Sample Form D: Minor Ailments Follow-up and Notification			
Pharmacy Name and Address ABC Pharmacy 999 Bhe Street.		Pharmacy Phone 555-5555	Date June 19/14
		Pharmacy Fax 777-7777	
Patient Name Molly Smith		Date of Birth May 15/70	Medicare number 123-456-789
Prescription details Macrobid 100mg bid x 5d for acute cystitis		Prescription date June 19/14	
		Prescription number 9021705	
Therapeutic Goal(s)	Follow-up Actions	Follow-up date	Results
resolution of Sx's	follow up call	June 22	all symptoms resolved - will continue med x 2 more days.
Name of Health Care Provider notified phone__ by fax <u>x</u> Dr John MacDonald		by HZ	Notification date June 20, 9am
Pharmacist Name Heather L. Christ		Signature Heather L. Christ, Phc	

Notes:

Pertinent sections in the Regulations:

Notification to other health professionals

21.15 The pharmacist, when prescribing a drug, treatment or device, will notify the client's primary care provider (when such exists) when the order the pharmacist is prescribing is clinically significant

Record of prescribing

A pharmacist who issues a prescription must make and retain a record of:

(j) follow-up plan that is sufficiently detailed to monitor the client's progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable.

Sample Form E: Patient Consent

I confirm I have received this assessment Yes ____

I confirm that the pharmacist has discussed treatment options with me Yes ____

I permit the pharmacist to inform my physician of this treatment when required
Yes ____

Patient (____) or Patient Agent (relationship to patient____)

Signature _____ Date _____

Pertinent section from the Regulations:

21.10 A pharmacist may only prescribe a drug, treatment or device pursuant to the authority conferred by these Regulations if:

*(a) the pharmacist reasonably believes that the prescription decision of the pharmacist has been **consented to**, in accordance with the following:*

(i) there is an established pharmacist-client relationship,

*(ii) in the context of services provided within a health care institution, the pharmacist reasonably believes the prescription decision of the pharmacist has been **consented to** in accordance with the bylaws or policies of the institution regarding consent, or*

*(iii) in the context of a practice outside of a health care institution, the pharmacist reasonably believes, following communication with the client, that the prescription decision of the pharmacist **has been consented to**:*

(A) by the client, if the pharmacist has a reasonable basis to believe that the person has the capacity to make an informed health care decision, or

(B) by the client's parent or legal guardian, if the pharmacist has a reasonable basis to believe that the person does not have the capacity to make an informed health care decision;

(b) the pharmacist has successfully completed any training requirements determined by Council, and has available any required reference resources (print or electronic).

Sample Form F: Prescription Blank

Date	Patient Address DOB: <div style="float: right;">Weight:</div>	
Prescription Details Drug: Sig: Mitte: Refill x		Diagnosis or Expected Outcome
Pharmacist Signature		Pharmacist Address
Pharmacist Name		Pharmacist Phone

Sample Form F: Prescription Blank

Date June 19, 2014	Patient Molly Smith Address 123 Elm St. DOB: May 15/70 Weight: 145 lb	
Prescription Details Drug: Macrobid 100mg Sig: T bid x 5d Mitte: 10. Refill x 0		Diagnosis or Expected Outcome acute cystitis
Pharmacist Signature Heather L Christ, PhC		Pharmacist Address ABC Pharmacy
Pharmacist Name Heather L. Christ		Pharmacist Phone 555-5555

Pertinent section from the Regulations:

21.17 Prescription information

A pharmacist who writes (on paper or electronic) a prescription for a client shall ensure the following information is present on the prescription:

the client's name and address;

diagnosis or expected outcome(s) of the treatment prescribed;

the date of the prescription;

the name of the drug/treatment prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;

the directions for use;

the number of refills available to the client;

the name, address, and telephone number of the pharmacist issuing the prescription and

the pharmacist's signature and registration #

Sample Form G: Minor Ailments Patient Assessment

Patient Name		Medicare #		Telephone	
Address		DOB		Male	Female
Medical History				Ht. and/or Wt.	
				Pregnant	Lactating
Current Medications		Drug Allergies			
Complaint/Symptoms				Duration of Symptoms	
Review and Rationale (SOAP notes, for example)					
Prescription Issued <div> Medication & Strength: Quantity: </div> <div> Directions for Use: Refills: </div>					
Information for Patient Non-pharmacologic measures: <div> Counselling: Expected Pharmacist Follow-up: </div>					
Pharmacist	Pharmacy Name	Phone	Fax	E-mail	

Pertinent sections from the Regulations:

Types of prescribing

21.3 Prescribing may be categorized as:

(i) prescribing for minor ailments.

Minor ailments

21.8(1) A pharmacist is authorized to prescribe a drug, treatment or device that is in Schedule I, Schedule II or Schedule III or an unscheduled drug for treatment of a condition, if such a drug, treatment or device is indicated for the treatment of a minor ailment on a list approved by Council (APPENDIX 2), and

is prescribed for an intended use that reflects an indication approved by Health Canada; or

is prescribed for an intended use which is widely accepted as best practice in Canada and supported by medical literature demonstrating safety and efficacy.

21.12(1) A pharmacist who undertakes prescribing for a condition listed in APPENDIX 2 shall assess the client in person at the time of prescribing.

Criteria for prescribing

21.13(1) A pharmacist is authorized to prescribe a drug, treatment or device as described in section 21.3, where:

The pharmacist has made an assessment to determine whether the drug will be safe and effective in the circumstances of the client, including, but not limited to the following:

the client's symptoms,

co-existent disease states and chronic conditions,

the client's allergies and other contraindications and precautions,

other medications the client may be taking,

the clients' gender, age, weight and height (where applicable),

pregnancy and lactation status, if applicable, and

any other inquiries reasonably necessary in the circumstances;

the pharmacist has assessed the client in compliance with the Code of Ethics and Standards of Practice and any applicable practice directives;

the drug is prescribed in a circumstance which is within the pharmacist's area of practice, knowledge and skills, or specialty;

the pharmacist has determined that a prescription is reasonably necessary to treat the client; and

the pharmacist has discussed with the client, or their agent, reasonable and available therapeutic options.

Record of prescribing

21.14 A pharmacist who issues a prescription must make and retain a record of:

the client's name and address;

the circumstances under which the drug was prescribed;

the rationale for prescribing – diagnosis, treatment plan, clinical indication, or expected outcome;

a summary of the pharmacist's assessment of the client;

the date of the prescription;

the name of the drug prescribed, the strength (where applicable) and quantity of the prescribed drug, or duration of treatment;

the directions for use;

the number of refills available to the client;

the name, address, and telephone number of the pharmacist issuing the prescription;

a follow-up plan that is sufficiently detailed to monitor the client's progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable; and

any other advice or treatment recommended to the client.

Sample Form H: Minor Ailments Follow-up and Monitoring

Minor Ailments: Pharmacist Monitoring and Follow-up			
Patient Name:		Date of Birth	
		Medicare #	
Prescription Date		Prescription number	
Prescription Details			
Monitoring Results			
Therapeutic Goal	Follow-up Actions	Date of Follow-up	Results
Health Care Professional Notified			
By fax:	By phone:	Other:	
Pharmacist Name:	Phone:	Fax:	
Pharmacy Name and Address			

Pertinent sections found in the Regulations:

Record of prescribing

A pharmacist who issues a prescription must make and retain a record of:

(j) follow-up plan that is sufficiently detailed to monitor the client's progress and ensure continuity of care by the pharmacist, or other regulated health professionals or caregivers, if applicable.

Sample Form I: Minor Ailments Health Care Provider Notification

Fax ____ **Phone** ____ **Other** ____

Health Care Professional notified: _____

Notification Date: _____

Client: Name and address	Allergies and Sensitivities:
Medicare:	
DOB:	Concurrent medications:
Symptoms:	
Client Assessment (Condition(s) treated)	
<u>Treatment initiated</u> Prescription date: Prescription details: Prescription rationale: Patient communication/instructions:	
<u>Plan for Monitoring and Follow-up:</u> Therapeutic Goal(s): Monitoring Process: Date for Follow-up: Pharmacist responsible for Follow-up:	
Pharmacist: Pharmacy name: Contact information:	Date / time

Sample Form I: Minor Ailments Health Care Provider Notification

Fax ☒ Phone ☐ Other ☐

Health Care Professional notified: Dr John MacDonald

Notification Date: June 20, 2014 9:00 AM

Client: Name and address <u>Molly Smith</u> Medicare: <u>123-456-789</u> <u>123 Elm St, SJ.</u> DOB: <u>May 15/70</u>	Allergies and Sensitivities: <u>Sulfa (GI distress)</u> <u>Amoxicillin - rash</u> Concurrent medications: <u>Synthroid 0.125</u> <u>Crestor 10mg</u>
Symptoms: <u>dysuria, ↑ urgency, cloudy urine. ↑ Pain over 24 hrs.</u> <u>- ++ dipstick for RBC/leuk (midstream)</u>	<u>no fever</u> <u>no flank pain</u> <u>no visible blood in urine</u>
Client Assessment (Condition(s) treated) <u>acute cystitis</u>	
<u>Treatment initiated</u> Prescription date: <u>June 19/14</u> Prescription details: <u>Macrobid 100mg bid x 5d</u> Prescription rationale: <u>1st line for acute cystitis/sulfa allergy</u> Patient communication/instructions: <u>take w/ food until finished, ↑ fluids</u>	
<u>Plan for Monitoring and Follow-up:</u> Therapeutic Goal(s): <u>resolution of symptoms</u> Monitoring Process: <u>callback on June 22/14</u> Date for Follow-up: Pharmacist responsible for Follow-up: <u>Heather Christ</u>	
Pharmacist: <u>Heather Christ</u> Pharmacy name: <u>ABC Pharmacy</u> Contact information: <u>555-5555</u> <u>fax 777-7777</u>	Date / time <u>faxed 9AM June 20/14</u>

Pertinent sections found in the Regulations:

Notification to other health professionals

21.15 The pharmacist, when prescribing a drug, treatment or device, will notify the client's primary care provider (when such exists) when the order the pharmacist is prescribing is clinically significant.