**ACT** (Academia-CPESN Transformation)

**Pharmacy Collaborative**

**Patient Case Challenge 2020**

**Case Report Template**

**Case Developers**

**College/School of Pharmacy:**

**Faculty Member(s):**

**Student Pharmacist(s):**

**Community Pharmacist(s) (optional):**

**Setting Description**

**State:**

**Community Type (highlight one):** Rural Suburban Urban

**Prescription Volume per Week:**

**Enhances Services Offered:**

**CPESN Member Pharmacy? (highlight one)**  YES NO

**If yes, which CPESN Network(s)?**

**Patient Case Summary**

***Brief Summary***

***Value Expression Explanation***

**Return on Investment:**

**Personal value to patients/caregivers:**

***Key Learnings for Community Pharmacy Practice from this Case Report***

**Patient Description**

**Title of Patient Case:**

(can be creative patient name or topic)

**Age:**

**Race:**

**Gender:**

**Sex:**

**Occupation:**

**Living Arrangements/Family:**

**Health Insurance (coverage type and any issues):**

**Date of encounter:**

**Encounter Type (Initial or Follow up):**

**Encounter Class (In person or Telephone encounter):**

**Encounter Reason (See Summary for codes document):**

**History of Present Illness**

**Active Prescription Medications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug** | **Strength** | **Indication** | **Directions** | **Start Date** | **Prescriber** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Active Non-Prescription Medications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug** | **Strength** | **Indication** | **Directions** | **Start Date** | **Prescriber** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Allergies and Alerts**

**Medication Allergies (drug, timing, reaction):**

**Adverse reactions to drugs in the past:**

**Other Alerts/Health Aids/Special Needs (sight, hearing, mobility, literacy, disability):**

**Immunization History (relevant to patient age and health status)**

|  |  |
| --- | --- |
| **Immunization** | **Date(s) Administered** |
|  |  |
|  |  |
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**Current Medical History/Problem List (list current medical conditions)**

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| --- | --- |
| **Medical Condition** | **Date/Year of Diagnosis** |
|  |  |
|  |  |
|  |  |
|  |  |

**Prescription Fill History**

**Medications synchronized (highlight one)?** YES NO

**If yes, last sync fill date:**

**Pertinent gaps in refill history:**

**Past Medications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug** | **Indication** | **Start Date** | **Stop Date** | **Reason for Discontinuation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Past Medical History (relevant illness, hospitalization, procedures, etc.)**

|  |  |
| --- | --- |
| **Medical condition or recent hospitalization** | **Date** |
|  |  |
|  |  |
|  |  |

**Social History**

**Tobacco Use:**

**Alcohol Consumption:**

**Caffeine Consumption:**

**Recreational Drug Use:**

**Describe Diet:**

**Describe Exercise:**

**Relevant Social Determinants of Health:**

**Vital Signs/Physical Assessment/Labs**

|  |  |  |
| --- | --- | --- |
|  | **Results** | **Date** |
| **Height** |  |  |
| **Weight** |  |  |
| **Blood Pressure** |  |  |
| **Heart Rate** |  |  |
| **Respirations** |  |  |
| **Temperature** |  |  |
| **Other** |  |  |

**Patient Encounter Assessment:**

**Medication Related Problems (MRPs) and Interventions**

**(For all MRP and Intervention Descriptions/Codes and Statuses, see the Summary for codes document and CPESN SNOMED Code Guide. \*\*Please use FHIR Status options for MRP Status and Intervention Status: active, recurrence, relapse, inactive, remission, or resolved)**

|  |  |  |  |
| --- | --- | --- | --- |
| **MRP Date** | **MRP Description/Code** | **MRP Note** | **MRP Status** |
|  |  |  |  |
| **Intervention Date** | **Intervention Description/Code** | **Intervention Note** | **Intervention Status** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **MRP Date** | **MRP Description/Code** | **MRP Note** | **MRP Status** |
|  |  |  |  |
| **Intervention Date** | **Intervention Description/Code** | **Intervention Note** | **Intervention Status** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **MRP Date** | **MRP Description/Code** | **MRP Note** | **MRP Status** |
|  |  |  |  |
| **Intervention Date** | **Intervention Description/Code** | **Intervention Note** | **Intervention Status** |
|  |  |  |  |

**Patient-Centered Goals**

|  |  |  |
| --- | --- | --- |
| **Goal Date** | **Goal Note** | **Goal Status** |
|  |  |  |
|  |  |  |

**Patient Encounter Plan:**

**References:**

1. Cipolle RJ, Strand LM, Morley PC. Pharmaceutical care practice: the patient centered approach to medication management. 3rd ed. New York: McGraw-Hill; 2012.
2. Flip the Pharmacy. Change Package January 2020. www.flipthepharmacy.com/change-packages (accessed Feb 5, 2020).
3. Joint Commission of Pharmacy Practitioners. Pharmacists’ Patient Care Process. May 29, 2014. Available at: https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf.

Learn more about the ACT Pharmacy Collaborative at: **www.actforpharmacy.com**



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