**Community Medication Adjustment Suitability Assessment**

Patient Name: Date of Birth:

Address: Tel:

Date of Assessment:

INFORMATION PROVIDED BY PATIENT/REPRESENTATIVE

Please provide name and contact details if information is provided by the patient’s representative

Name: Tel:

Address:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Situations to be considered**  | **Suggested questions**  | **Patient’s response**  | **Suggested Options**  | **Recommendation**  |
| Is the patient finding it difficult to cope with routines?  | Do you sometimes forget to take your medicines? Do you have any routines to help you to remember to take your medicines? Try to ascertain why, is there a degenerative component that will require regular review. |  | Consider in order MAR Chart, or mobile app, MDS system, carer to prompt or a combination |  |
| Can a patient self-administer (consider physical and mental capabilities)  | Do you have any problems opening or closing your medication containers? Do you have any problems getting medicines out of the container?  |  | Transfer product to easy open containers, Ask patient to try with MDS to see if suitable during assessment. If patient cannot administer medication themselves, inform GP and consider an alternative arrangement e.g. carer  |  |
| If considering MDS is the patient taking any medication that is unsuitable to dispense in MDS?  | Review PMR, remember hygroscopic medication is unsitable |  | Consider MAR chart. Liquid holding MDS can be purchased or alternative arrangement e.g. carer  |  |
| Can the patient read the dosage instructions on the label? Does the patient understand what they are using and how it should be taken | Could the instructions on your medicines be improved to help you manage them better?  |  | Consider using larger print on the label or mar chart. Inform patients GP of the concern and consider an alternative arrangement. Educate the patient, MDS may not be suitable  |  |
| Is patient taking a lot of “when required medication? Are there likely to be ongoing changes to the product choices | How many of your prescribed medicines are supposed to be taken or used only when you need them. Is the patient stable |  | Explain to the customer that “when required” medication will not be dispensed in an MDS. MDS should not be amended but recalled and reissued with a new prescription for all items. MDS may not be suitable. Consider a MAR chart or phone app, suggest prescribing and medication review at local practice |  |
| Does the patient have complex polypharmacy | How many products are they using, how frequently? Check PMR, is there anything of which you are not aware. Are there self-care medicines that should be stopped? |  | Contact local practice for medication review and prescribing, then re-run assessment |  |

**Community Medication Adjustment Suitability Assessment**

**continued...**

Reason for Concern:

|  |
| --- |
| Drug administration difficulties  |[ ]
| Sight impairment  |[ ]
| Confusion / forgetfulness  |[ ]
| Treatment regimen complexity  |[ ]
| Intentional non-adherence |[ ]
| Other |[ ]

What (if any) adjustment is suitable for this patient?

|  |
| --- |
| No adjustment |[ ]
| MAR Chart |[ ]
| Education and training |[ ]
| Phone app |[ ]
| Easy open packs |[ ]
| Large Print Labels |[ ]
| Carer support |[ ]
| MDS system  |[ ]
| Other |[ ]

Summary of actions:

Pharmacist’s Name:

Registration No:

Signature: Date:

If modifications aresuitable for this patient, please complete the relevant record as per your company policies

Please note the following resources regarding adjustment for patients:

RPharmS advice concerning MCAs and adjustments <https://www.rpharms.com/resources/toolkits/improving-patient-outcomes-through-mca>

FAQ on MCAs <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/mca-faqs-2pg.pdf>