

## Appendix 1. The pharmacist intervention form

| <b>PHARMACIST INTERVENTION FORM</b>  |  |
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| 📅 <b>DATE:</b> / /   | 📁 <b>INTERVENTION N°:</b>  |
| 🏢 <b>CENTER N°:</b>  |  |
| <b>PATIENT:</b>  | <b>Hospital ward:</b>  |
| Last name:   | <input type="checkbox"/> Psychiatry                                  |
| First name:  | <input type="checkbox"/> Acute care                                  |
| Age:          years / Weight:      Kg  | <input type="checkbox"/> Long term care                              |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F   | <input type="checkbox"/> Rehabilitation ward                         |
| <b>1- DRUG RELATED PROBLEM</b> (1 choice):   | <b>DRUG NAME (INN):</b>  |
| 1 <input type="checkbox"/> Non conformity to guidelines or contra-indication   | <b>3- DRUG CLASSIFICATION (ATC):</b>                                 |
| 2 <input type="checkbox"/> Untreated indication  | <input type="checkbox"/> A Alimentary tract & metabolism             |
| 3 <input type="checkbox"/> Subtherapeutic dosage   | <input type="checkbox"/> B Blood & blood forming organs              |
| 4 <input type="checkbox"/> Supratherapeutic dosage   | <input type="checkbox"/> C Cardiovascular system                     |
| 5 <input type="checkbox"/> Drug without indication   | <input type="checkbox"/> D Dermatological                            |
| 6 <input type="checkbox"/> Drug interaction  | <input type="checkbox"/> G Genito urinary system & sex hormones      |
| ○ To be taken into account   | <input type="checkbox"/> H Systemic hormonal preparations            |
| ○ Use with caution   | <input type="checkbox"/> J Anti-infective for systemic use           |
| ○ Combination to be avoided  | <input type="checkbox"/> L Anti-neoplastic & immunomodulating agents |
| ○ Combination contra-indicated   | <input type="checkbox"/> M Musculo-skeletal system                   |
| ○ Documented but not in VIDAL®   | <input type="checkbox"/> N Nervous system                            |
| 7 <input type="checkbox"/> Adverse drug reaction   | <input type="checkbox"/> P Antiparasitic products                    |
| 8 <input type="checkbox"/> Improper administration   | <input type="checkbox"/> R Respiratory system                        |
| 9 <input type="checkbox"/> Failure to receive drug   | <input type="checkbox"/> S Sensory organs                            |
| 10 <input type="checkbox"/> Drug monitoring  | <input type="checkbox"/> V Various                                   |
| <b>2- INTERVENTION</b> (1 choice):   | <b>4- INTERVENTION FOLLOW-UP:</b>                                    |
| 1 <input type="checkbox"/> Addition of a new drug  | <input type="checkbox"/> Accepted                                    |
| 2 <input type="checkbox"/> Drug discontinuation  | <input type="checkbox"/> Non accepted                                |
| 3 <input type="checkbox"/> Drug switch   | <input type="checkbox"/> Non assessable                              |
| 4 <input type="checkbox"/> Change of administration route  |  |
| 5 <input type="checkbox"/> Drug monitoring   |  |
| 6 <input type="checkbox"/> Administration modalities optimisation  |  |
| 7 <input type="checkbox"/> Dose adjustment   |  |
| <b>DETAILS</b> ⇒If necessary, give details on any aspects of the detected DRP and describe the intervention. precisely |  |
| <b>Context</b>   |  |
| <b>Problem</b>   |  |
| <b>Intervention</b>  |  |