

An evaluation of the role of community pharmacists in optimising safe and appropriate medicines use in response to patient requests for emergency supplies



Please complete for each 'Emergency' request for prescribed medication where no valid prescription is available to cover the supply:

PHARMACY REFERENCE:

PHARMACY STAMP

RESIDENTIAL CODES

1. Lives at home
2. Nursing home
3. Residential home
4. Sheltered accommodation
5. Other (specify)

REASON FOR REQUEST CODES

1. Forgot to order
2. Meds out of sync
3. Lost/misplaced
4. Insufficient quantity prescribed
5. Taking more than prescribed dose
6. Other (please specify)

LENGTH OF TREATMENT CODES

1. 28/30 days
2. 56/60 days
3. 84/90 days
4. other (please specify)

ACTION TAKEN CODES

1. Supply made: Rx expected (loan)
2. supply made: no Rx expected
3. patient invited for MUR
4. Intervention form completed
5. Patient referred to GP
6. OTC supply made
7. Compliance aid suggested
8. Other (please specify)

Request No.	Date of request	1st part of postcode e.g. L3, CH62	Patient's age	Residential status (if known) see codes above	Relevant long term condition	Name of surgery	Medicine(s) requested	Dose prescribed	Reason for request (see codes above)	Length of treatment usually prescribed (see codes above)	Action taken (see codes above)	No. of disp staff incl pharmacist(s)