

PREVENT TOOL: “High Risk” patient REFERRAL FORM

Patient Name : Hospital Number: DOB:	Date of Referral : Managed by :	Name of Referrer :	Bleep:
Ward : Bed No:	Referred by : Ward Nurse <input type="checkbox"/> Specialist Nurse <input type="checkbox"/> Patient <input type="checkbox"/> GP <input type="checkbox"/> Hospital doctor <input type="checkbox"/> Pharmacy <input type="checkbox"/> OT <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> District Nurse <input type="checkbox"/> Physio <input type="checkbox"/> Readmission list <input type="checkbox"/> Starrs <input type="checkbox"/> Primary Care list <input type="checkbox"/>		
Date of Admission: Date of Discharge:	For HIMMS Use Only: Referral Accepted : Yes <input type="checkbox"/> No <input type="checkbox"/> _____		

This guide supports identification of patients with unmanaged complex pharmaceutical issues, at risk of preventable medicines-related readmission where the risk is modifiable through pharmaceutical care.

	Examples	Comment
P hysical impairment [PHY]	Patient has difficulties with swallowing, impaired dexterity, poor vision, hard of hearing or poor mobility which will impact them taking medication	Unmodifiable UNM <input type="checkbox"/> Modifiable MOD <input type="checkbox"/> Unmodifiable - Managed UXM <input type="checkbox"/> Modifiable – Managed MXM <input type="checkbox"/>
R isk from specific med/medicines-related admission [RIS]	Patient is taking a high risk medicine (anticoagulants/antiplatelets, insulin /oral hypoglycaemics, NSAID, benzodiazepine, antihypertensives, opiates, methotrexate, injectable medicines, drugs requiring therapeutic drug monitoring with no monitoring) which the patient is unable to manage. Patient has a complex of medicine regimen or polypharmacy which the patient is unable to manage	Unmodifiable UNM <input type="checkbox"/> Modifiable MOD <input type="checkbox"/> Unmodifiable - Managed UXM <input type="checkbox"/> Modifiable – Managed MXM <input type="checkbox"/>
E adherence issues [ADH]	Patient has not been taking their medicines e.g. various dispensing dates on medicines, no recent dispensing of medication, newly started on all medicines or cannot give names of medicines they are taking. Patient has decided to stop taking all or some of their medicines which has lead or will lead to worsening of their clinical condition.	Intentional Non adherence INT <input type="checkbox"/> Unintentional Non Adherence UNI <input type="checkbox"/> Intentional Non adherence managed IXM <input type="checkbox"/> Unintentional Non Adherence managed UIM <input type="checkbox"/>
V e cognitive impairment [COG]	Patient is unable to take medication regularly without support as they have a condition which affects their memory e.g. delirium, dementia	Unmodifiable UNM <input type="checkbox"/> Modifiable MOD <input type="checkbox"/> Unmodifiable - Managed UXM <input type="checkbox"/> Modifiable – Managed MXM <input type="checkbox"/>
E w diagnosis/exacerbation of disease/ [EEC]	Admission is related to poor management of medication for a long term clinical condition Previous admission or A&E attendance within 30 days Depression, high level of stress, psych issues, alcoholic	Unmodifiable UNM <input type="checkbox"/> Modifiable MOD <input type="checkbox"/> Unmodifiable - Managed UXM <input type="checkbox"/> Modifiable – Managed MXM <input type="checkbox"/>
N compliance support [COS]	Refer all new requests	Unmodifiable UNM <input type="checkbox"/> Modifiable MOD <input type="checkbox"/> Unmodifiable - Managed UXM <input type="checkbox"/> Modifiable – Managed MXM <input type="checkbox"/>
T al/social [SOC]	Patient cannot manage daily activities independently or has carers to help with daily activities but not medicines. Patient has social issues such as no fixed abode, unkempt etc which impacts them taking medication	Unmodifiable UNM <input type="checkbox"/> Modifiable MOD <input type="checkbox"/> Unmodifiable - Managed UXM <input type="checkbox"/> Modifiable – Managed MXM <input type="checkbox"/>

Additional Comments:

Risk Indicator for Medicines-related Problems

This tool has been developed to help identify those people who might be at an increased risk of medicines-related problems. It has been developed and tested in a range of care settings. Suggestions on how it might be used are provided on the back of this form.

Patient Identifier :		Date
Date of Birth	Care home resident (Yes/No)	Assessed by:
Risk Factors (score 1 for each risk factor present)		Score
1. Aged over 65 years		
2. Taking more than five medicines each day OR more than 12 doses of medicines each day		
3. Recent change in medicines Medicine added Medicine stopped Dose changed		
4. Higher risk medicines (score 1 for each) <ul style="list-style-type: none"> • Non-steroidal anti-inflammatory drugs¹ (see list below) • Aspirin • Diuretic² (see list below) • ACE Inhibitor or Angiotensin II receptor antagonists³ (see list below) • Digoxin • Warfarin • Drugs for diabetes including insulin • Lithium • Methotrexate 		
5. Difficulty in taking medicines as prescribed eg. swallowing problems, forgetfulness, unable to open medicines containers etc.		
6. Kidney or liver problems		
7. Dependant on support to take medicines (eg. care home resident, pill dispenser aid, carer)		
8. Has had medicines-related problems in the past eg. drug allergy, fall, hospital admission related to medicines		
Total score (max 18) NB lower Score = lower Risk		

Lower risk	0-6
Moderate risk	7-12
Higher risk	12-18

1. **NSAIDs:** aceclofenac, acemetacin, azapropazone, celecoxib, dexibuprofen, dexketoprofen, diclofenac, etodolac, etoricoxib, fenbufen, fenoprofen, flurbiprofen, ibuprofen, indometacin, ketoprofen, mefenamic acid, meloxicam, nabumetone, naproxen, piroxicam, sulindac, tenoxicam, tiaprofenic acid

2. **Diuretics:** bendroflumethiazide, chlortalidone, cyclopenthiazide, indapamide, metolazone, xipamide, furosemide, bumetanide, torasemide, amiloride, triamterene, eplerenone, spironolacone, mannitol.

3. **ACE Inhibitor or angiotensin II receptor antagonists:** captopril, cilazapril, enalapril, fosinopril, imidapril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan.

The tool has not been validated in clinical practice and so should only be used as an indicator of the increased risk of a medicines-related problem occurring, such as a hospital admission or re-admission.

However, the risk factors were identified following a search of published literature and review by a group of clinical professionals. The tool might be used in a number of different ways depending on the care setting and the availability of local services to support medicines management.

The table provides some ideas about how the tool might be used in different care settings and, perhaps more importantly, suggests what actions might be taken as a result. These suggested actions can be amended to suit local circumstances.

Care Setting	Situation	Suggested Action
General Practice	<ul style="list-style-type: none"> • Use to prioritise patients for medication review • Review of long term condition management • Repeat medication request • Support achievement of QOF targets 	<ul style="list-style-type: none"> • Clinical medication review for those at higher risk • Screening tool for referral for targeted medicines use review • Screening tool to identify patients who may need a review by GP • Screening tool to identify patients who may need a review by GP
Community Pharmacy	<ul style="list-style-type: none"> • Use to target patients for medicines use review • Repeat dispensing • DDA assessment 	<ul style="list-style-type: none"> • Targeted medicines use review OR referral to GP for advice • New medicines service
Hospital	<ul style="list-style-type: none"> • On admission • Preparing for discharge • Discharge 	<ul style="list-style-type: none"> • Prioritise patients for medicines reconciliation • Identify patients admitted with a medicines-related problem • Prioritise patients for clinical pharmacy intervention • Identify need for detailed pharmaceutical care plan • Identify patients who may need additional support • Identify patients at risk of a re-admission related to medicines • Counselling
Care Home	<ul style="list-style-type: none"> • Routine review • Following an incident 	<ul style="list-style-type: none"> • Prioritise residents for review by doctor • Identify residents who may need additional support • Use as part of root cause analysis