

## Appendix 1

1. Check the ticket number against the prescription, confirm name of patient and address or DOB
2. Introduce yourself to patient/representative: **Hello, my name is ..... AND ASK**
  - a. IS THIS MEDICATION FOR YOU...?
  - b. What food or drug allergies do you or the patient have?
  - c. What would you like to know about your/ the medicines today?

**NOTHING – I  
HAVE TO GO**

**NO QUESTIONS**

**SOME QUESTIONS**

**1. EXPLORE:** What is on their mind about medicines? Ask:

- What do you know about your medicine/condition?
- What worries you about your medicines?

Where specific question or concern raised, acknowledge and if more information needed, explain reason

**2. EDUCATE:** in response to patient's questions:

- Provide patient with key safety information about medicine
- Raise awareness of condition and treatments
- Signpost
- Check understanding e.g. warfarin, inhalers and use "teachback" -  
*"To check I've explained this, please can you tell me/show me how you'll use this medication."*

**3. EMPOWER:** Patient takes responsibility for their decision about medicines

- *"So now we've had a conversation about this, what do you think (how do you feel) about taking your medicines?"*

Note: if patient chooses not to take medicines, support and signpost for discussion with GP/practice nurse/specialist/community pharmacist.

**4. ENABLE:** think about how taking medicines works in reality

- How will you fit your medicines into your day?
- When will you be able to take them?
- Where will you keep them?
- When will you next see your doctor about how they are working?
- Give information on further supplies
- *Do you have any other questions?*

**CHECK  
ALLERGIES**  
against  
prescription  
and sign.  
Highlight  
patient  
information  
leaflets and  
point out  
number for  
medicines  
helpline.  
Refer if  
unclear

### **GO THROUGH SAFETY CHECKLIST:**

- Recheck allergies
- Check drugs safe in pregnancy and breastfeeding as appropriate
- Go through number of doses to be taken, Frequency/ duration
- Highlight key side effects common, and serious e.g. Driving/drowsiness
- Mention storage, expiry and further supplies as appropriate
- Signpost to other help as appropriate
- **highlight patient information leaflets and medicines helpline with phone number**

