## Supplementary Appendix

have problems taking medicines as intended • Ensure patient is able to	Litestyle       Ensure litestyle advice give         advice       Support and encourage particular structure         Patient may       Check patient's progress	» م م د د	(ý) ď 	S S S S S S S S S S S S S S S S S S S	
<ul> <li>support network</li> <li>leave medicines where they will be seen</li> <li>prompts from family / friends, use of an alarm</li> <li>discuss beliefs and concerns about medicines</li> <li>open packaging, read and understand labels</li> <li>organise repeat prescriptions</li> <li>remember to take medicine</li> </ul>	Ensure inestyle advice given (page <i>2</i> ) Support and encourage patients to make lifestyle changes <u>Check patient's progress</u> Promote strategies to help - establishing a routine	Check patient takes at correct time (simvastatin best taken at night) Ensure patient has liver function test within 3 months of starting Ensure patient knows to avoid grapefruit juice if taking simvastatin or atorvastatin	Ensure patient has blood pressure check at least annually If target not reached, ensure doses are increased or new medicine added where appropriate. Discuss with GP If ACE inhibitor /ARB dose increased, ensure patient has appointment with GP to check blood and blood pressure (within two weeks if possible)	<ul> <li>Recommended Action for Community Pharmacist</li> <li>Ensure patient is aware of medicines and knows what they are for and how to take</li> <li>Ensure new regular medicines are added to repeat list. If not check with GP</li> <li>Check patient is aware of most common side effects</li> <li>Check for side effects and interactions. Provide advice / contact GP if appropriate</li> <li>Check medicines are in a form that the patient can swallow</li> <li>Ensure patient knows what medicines have stopped / returns them to pharmacy</li> <li>Check for other medicines that might increase the risk of side effects</li> <li>If patient experiencing side effects with: <ul> <li>clopidogrel- ensure takes with or after food / discuss acid suppression with GP</li> <li>If patient starts warfarin or Apixaban, ensure other medicines to thin the blood are stopped when INR satisfactory. In some situations, patient may need to continue. Check with GP</li> <li>If patient is on warfarin: - ensure INR checked at least 12 weekly</li> <li>ensure patient is on warfarin: - ensure patient shows good understanding</li> </ul> </li> </ul>	Stroke Pharmaceutical Care Plan (for Community Pharmacist)
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when patients live alone, have not established a routine and have doses throughout the day and at night	Most problems occur			Outcome / Comments	

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PATIENT DETA	<b>ILS</b>		sion Date			Discharg		
Surname			ered GP				nity Ph	armacy
Forename		Name				Name		
Address		Surger	y address			Pharmac	y addre	ess
DOB		Tel				Tel		
CHI		nhs e-r		·		nhs e-ma	il -	
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Referring pharn	nacist	n den son en en en Light den eine	9 - 19 - 48		nt has care		elps wi	th medicines   🗌
Name	•			Name				
Tel			-	Conta	ct number			
				Metho	d of colle	cting pres	criptio	n from pharmacy
email								
Type of stroke		Releva	nt medica	al hist	ory			
TIA		Date			cription	Date		em description
ischaemic haemorrhagic Other								
Known drug allo adverse drug re Current medica	actions							
Medicine	Strength	Dose	Frequer	icy I	ndication	Duration	New	Comments
(including form)							(1)	
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Medicines that have stopped	Reason fo	or stoppi	ng			Medicine prescribe		 are not ierbal medicines_

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## Individualised patient information sheet

Id receive a statin regardless what your cholesterol is*         otal cholesterol <4 mmol/L and LDL cholesterol <2 mmol/L**         olesterol       mmol/L       LDL cholesterol       mmol/L         Id be considered for treatment with an ACE inhibitor and thiazide diuretic       s of blood pressure*. You may also need other medicines.         ess than 140/85       mmHg (less than 130/80 mmHg if you have diabetes)*         essure       mmHg (average ] / at discharge ])         quired
s of blood pressure*. You may also need other medicines. ess than 140/85 mmHg (less than 130/80 mmHg if you have diabetes)* essure mmHg (average / at discharge ) guired d glucose can indicate diabetes. In diabetes target HbA <sub>1c</sub> is usually less 6 (or 6.5% for some patients)*** but depends on your situation. Icose mmol/L random fasting I If diabetic HbA <sub>1c</sub> % d be on Clopidogrel. If you have an irregular heartbeat, warfarin or (see below) is recommended instead. You may need a different medicine g on your situation, allergies or side effect experience. ECG (test to measure rhythm and activity of your heart)
6 (or 6.5% for some patients)**** but depends on your situation.         icose       mmol/L random [] fasting []       If diabetic HbA1c       %         id be on Clopidogrel. If you have an irregular heartbeat, warfarin or (see below) is recommended instead. You may need a different medicine g on your situation, allergies or side effect experience.       Befault for the second
(see below) is recommended instead. You may need a different medicine g on your situation, allergies or side effect experience. ECG (test to measure rhythm and activity of your heart)
e atrial fibrillation you should be considered for Warfarin* or Apixaban           bed warfarin         Target INR         INR next due           Told about warfarin         Warfarin/Apixaban         []           info book given         INR         []
smoking can cut the risk of having another stroke in <b>half</b> . oke you should be advised to stop and offered support* moker Yes No_ / day Previous attempt to stop Yes No_ ren Yes No_ Treatment given
k alcohol you should be advised to drink in moderation. endation: <b>Men</b> - no more than 3-4 units per day <b>Women</b> - no more than 2-3 day with at least two drink-free days per week* (1 unit = one small glass of ne single measure of spirit or half a pint of ordinary (3.5%) strength beer). ren Yes No Currently drinks
d try to eat a healthy diet (two portions of fish a week, less saturated fat leat), less salt, more fruit and vegetables)* Advice given Yes No
d aim to be physically active for 30 minutes most days of the week* en Yes No Exercise habits
o have had a stroke are more likely to suffer from low mood. d should be assessed within the first month of your stroke. essed Yes No Antidepressant started Yes No □
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\* Management of patients with stroke or TIA. Edinburgh: Scottish Intercollegiate Guidelines Network, Dec 2008
 \*\* Intercollegiate Stroke Working Party. National clinical guideline for stroke, 3rd edition. London: Royal College of Physicians, 2008
 \*\*\* NHS Clinical Knowledge Summary. Diabetes Type 2 <u>http://cks.library.nhs.uk/diabetes type 2#-352225</u> [accessed 04/02/09]

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