

Topic guide - Management of personal treatment & iatrogeny

Patient identification (to be prepared before the interview)

Name, first name: _____ Age: _____

Name (telephone number) of the attending physician: _____

Weight: _____ kg Size: _____ m

Postal code of residence: _____

Open PD: Yes No (*if no, try to convince the patient to open a PD*)

Hospital discharge: Yes No

Comorbidities

Memory Disease

Myocardial Infarction

Dyslipidemia

peripheral arterial occlusive disease

Diabetes

Chronic renal failure

Heart failure

Other: _____

Current treatment (number of prescribed drugs: _____ + self-medication: _____)

Indicate the drugs (specialty name, dosage and international non-proprietary name):

- _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____
- _____ - _____

Points of attention regarding treatment: Yes No

Which ones: _____

Date of the first interview: _____

Suggest to the patient to come with his biological assessments

Dates of the following dispensations: _____

Interview with the patient

with the caregiver

Treatment & Interoception

Do you know what your medications are used for? Yes No

Number of drugs identified: / total number of drugs :

Do you know what precautions to take with your treatments? Yes No
Target, if applicable, KIAs, hypoglycemic agents, CKD management, pain medications

Did you know that some of your medications can disrupt driving? Yes No

In case of "banal" pain or low fever, do you know the most appropriate medication? Yes No

Do you ever take medication on your own initiative? (including with some food supplements or plants) Yes No

Do you ever change the dosage of drugs on your own initiative? Yes No

What do you do if you forget to take one of your medications?

Do you get vaccinated regularly? Yes No

Have you ever had any adverse reactions or unpleasant reactions with your treatment? Yes No

Can you describe them? What is your attitude in this case?

Have you ever fallen? Yes No

How many times and when?

Under what conditions?

Do you have difficulty walking?

Have you lost weight recently? Yes No

Processing management

Have you been hospitalized in the last 6 months? Yes No
If so, why not?

Do you live alone? Yes No

Do you have a home helper? Yes No

Who prepares your treatment? You yourself Your spouse Other:

How? from the prescription from information written by your pharmacist on the boxes?

Do you have difficulties preparing your treatment? Yes No
Which ones?

Evaluate possible reading difficulties and/or vision/dexterity problems that could have an impact on treatment follow-up

Do you use a pill dispenser? Yes No
Possibly propose one that the association of tutors has provided you with
If so, can you show me how you use it?

Do you take your treatment alone/independently? Yes No

Do you have a stock of medicines in your home? Yes No
Can I come and see them to sort it out? Yes No

Do you have difficulty swallowing medications? Yes No
If so, how do you do it?
Identify potential problem drugs.
If so, how many?

Do you have any difficulties taking certain medications? Yes No
Ask concretely how they do it (eye drops, ½ tablets, inhaler...)

TIME SPENT FOR THE INTERVIEW:

SUMMARY OF THE POINTS OF REFERENCE DURING THIS INTERVIEW

In case of attention points, formulate the elements of the interview with the attending physician to be validated by your internship supervisor before contact with the attending physician.

REPORT OF THE CONTACT WITH THE DOCTOR

Specify the consequences of this interview for the patient's management.