

## Appendix 1. The pharmacist intervention form

PHARMACIST INTERVENTION FORM	
📅 DATE: / /	📁 INTERVENTION N°:
	📄 CENTER N°:
<b>PATIENT:</b>	<b>Hospital ward:</b>
Last name:	<input type="checkbox"/> Psychiatry
First name:	<input type="checkbox"/> Acute care
Age:            years / Weight:   Kg	<input type="checkbox"/> Long term care
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Rehabilitation ward
<b>1- DRUG RELATED PROBLEM</b> (1 choice):	<b>DRUG NAME (INN):</b>
1 <input type="checkbox"/> Non conformity to guidelines or contra- indication	<b>3- DRUG CLASSIFICATION (ATC):</b>
2 <input type="checkbox"/> Untreated indication	<input type="checkbox"/> A Alimentary tract & metabolism
3 <input type="checkbox"/> Subtherapeutic dosage	<input type="checkbox"/> B Blood & blood forming organs
4 <input type="checkbox"/> Supratherapeutic dosage	<input type="checkbox"/> C Cardiovascular system
5 <input type="checkbox"/> Drug without indication	<input type="checkbox"/> D Dermatological
6 <input type="checkbox"/> Drug interaction	<input type="checkbox"/> G Genito urinary system & sex hormones
○ To be taken into account	<input type="checkbox"/> H Systemic hormonal preparations
○ Use with caution	<input type="checkbox"/> J Anti-infective for systemic use
○ Combination to be avoided	<input type="checkbox"/> L Anti-neoplastic & immunomodulating agents
○ Combination contra-indicated	<input type="checkbox"/> M Musculo-skeletal system
○ Documented but not in VIDAL®	<input type="checkbox"/> N Nervous system
7 <input type="checkbox"/> Adverse drug reaction	<input type="checkbox"/> P Antiparasitic products
8 <input type="checkbox"/> Improper administration	<input type="checkbox"/> R Respiratory system
9 <input type="checkbox"/> Failure to receive drug	<input type="checkbox"/> S Sensory organs
10 <input type="checkbox"/> Drug monitoring	<input type="checkbox"/> V Various
<b>2- INTERVENTION</b> (1 choice):	<b>4- INTERVENTION FOLLOW-UP:</b>
1 <input type="checkbox"/> Addition of a new drug	<input type="checkbox"/> Accepted
2 <input type="checkbox"/> Drug discontinuation	<input type="checkbox"/> Non accepted
3 <input type="checkbox"/> Drug switch	<input type="checkbox"/> Non assessable
4 <input type="checkbox"/> Change of administration route	
5 <input type="checkbox"/> Drug monitoring	
6 <input type="checkbox"/> Administration modalities optimisation	
7 <input type="checkbox"/> Dose adjustment	
<b>DETAILS</b> ⇒If necessary, give details on any aspects of the detected DRP and describe the intervention. precisely	
<b>Context</b>	
<b>Problem</b>	
<b>Intervention</b>	