

## Appendix 1. The Pharmacist intervention form

<b>PHARMACIST INTERVENTION FORM</b>	
📅 <b>DATE:</b> /    /	📁 <b>INTERVENTION N°:</b>
🏠 <b>CENTER N°:</b>	
<b>PATIENT:</b>	<b>Hospital ward:</b>
Last name: First name:	<input type="checkbox"/> Psychiatry <input type="checkbox"/> Acute care <input type="checkbox"/> Long term care <input type="checkbox"/> Rehabilitation ward
Age:            years / Weight:    Kg Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<b>DRUG NAME (INN):</b>
<b>1- DRUG RELATED PROBLEM</b> (1 choice):	<b>3- DRUG CLASSIFICATION (ATC):</b>
1 <input type="checkbox"/> Non conformity to guidelines or contra-indication	<input type="checkbox"/> A Alimentary tract & metabolism
2 <input type="checkbox"/> Untreated indication	<input type="checkbox"/> B Blood & blood forming organs
3 <input type="checkbox"/> Subtherapeutic dosage	<input type="checkbox"/> C Cardiovascular system
4 <input type="checkbox"/> Supratherapeutic dosage	<input type="checkbox"/> D Dermatological
5 <input type="checkbox"/> Drug without indication	<input type="checkbox"/> G Genito urinary system & sex hormones
6 <input type="checkbox"/> Drug interaction	<input type="checkbox"/> H Systemic hormonal preparations
<input type="radio"/> To be taken into account	<input type="checkbox"/> J Anti-infective for systemic use
<input type="radio"/> Use with caution	<input type="checkbox"/> L Anti-neoplastic & immunomodulating agents
<input type="radio"/> Combination to be avoided	<input type="checkbox"/> M Musculo-skeletal system
<input type="radio"/> Combination contra-indicated	<input type="checkbox"/> N Nervous system
<input type="radio"/> Documented but not in VIDAL®	<input type="checkbox"/> P Antiparasitic products
7 <input type="checkbox"/> Adverse drug reaction	<input type="checkbox"/> R Respiratory system
8 <input type="checkbox"/> Improper administration	<input type="checkbox"/> S Sensory organs
9 <input type="checkbox"/> Failure to receive drug	<input type="checkbox"/> V Various
10 <input type="checkbox"/> Drug monitoring	
<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>	