الريكورد بلش من الدقيقة ال٢ الي قبل كان مراجعه سريعة للفيديوهات الي قبل بس مع هيك كتبتهم 👇

We have discussed so far about modules

First module about pharmaceutical car journey

And the second one quick and general overview of the medication related problems system

FIRST: PHARMACEUTICAL CARE JOURNEY ....

1) MEDICINES MANAGEMENT & PHARMACEUTICAL CARE ....
2) THINKING IN A DIFFERENT WAY FOR PHARMACEUTICAL CARE........... شرحنا عن ال system بشكل سريع ومرقنا
3) THE PHASES AND STEPS FOR THE PHARMACEUTICAL CARE, MEDICINES MANAGEMENT .... عليهم as concept
4) MEDICINES OPTIMISATION PRINCIPLES AND SUBSEQUENT OUTCOMES AND INFLUENCES ....

SECOND: SYSTEMS MEDICATION (DRUG) RELATED PROBLEMS ....

1) CIPOLLE/MORLEY/ STRAND CLASSIFICATION .... Community pharmacist
2) AMERICAN SOCIETY OF HOSPITAL PHARMACISTS (ASHP) CLASSIFICATION ..... اضافوا اضافات زي ال allergic financial social or recreational واعتبروا lake of understanding
3) GRANADA CONSENSUS .... Domain
   Quantitative and non quantitative
4) HANLON APPROACH (UNIVERSITY OF PITTSBURGH) ...... Medication appropriation index
5) NATIONAL COORDINATING COUNCIL ...... wrong patient تميزوا باستخدام كلمة wrong بشكل كبير حتى وصلوا ل
6) SHB-SEP CLASSIFICATION ...... Netherlands ماخد comprehensive system مع codes subject object evaluation plan structure
7) APOTEKET CLASSIFICATION SYSTEM ......لناس الي عايشين بالسويد وكيف كان مشاكلهم
8) PHARMACEUTICAL CARE NETWORK EUROPE (PCNE) SYSTEM ....

باعتقاد الدكتور انه هاد افضلbest relative system so far

الفكره انه لو سألت اي pharmacist what are the medications 💊 related problems

رح يفكر بمجموعه indication or not, dosege form, dose يعني بطلع مع اي صيدلاني مجموعه من مشاكل الادويه بس ال System work in coding professional وبرنامج يعنيhigh professionalالي هو PCNE

drug related problems with DOMAIN عملوا

P : problems ١ وسموهم :

c: cause of problems: ٢

3: i: planned intervention

4: A: intervention acceptance

5: O: status of ADP

5 domain بيعملولكم maturity of way of thinking 🤔

انت مش عمالك بتتعامل مع drugs related problems فقط report problems هاي comprehensive planned to reports problem and to throw it to solve it to follow up and to report problems

ايه عياش

8) Pharmaceutical Care Network Europe (PCNE) system

The original classification was created in 1999 by pharmacy practice researchers during a working conference of the PCNE in an effort to develop a standardized classification system that is suitable
and comparable for international studies. Last version V8 June 2017. Updated to be in 2019

هون بالسلايد ل8 version بس الي رح يشرحه الدكتور
3 .8 versionب ٢٠١٩

It has the following Domains
Domain P: Problem

1.Treatment effectiveness There is a (potential) problem with the (lack of) effect of the therapy	P1.1 No effect of drug treatment/ therapy failure P1.2 Effect of drug treatment not optimal P1.3 Untreated symptoms or indication
2. Treatment safety Patient suffers, or could suffer, from an adverse drug event	P2.1 Adverse drug event (possibly) occurring
3. Others	P3.1 Problem with cost-effectiveness of the treatment P3.2 Unnecessary drug-treatment P3.3 *Unclear problem/complaint. Further clarification necessary (please use as escape only)*

هدول مهمين عشان انت بس تصير بشغل ابحاث تكتب انه
هاد الدوا C5 معناها مشكله ب dispensing

See the other Domains:
Domain C: Cause of Problem (Prescribing, Dispensing, Use)
Domain I: Planned Interventions
Domain A: Intervention Acceptance
Domain O: Status of ADP

P معناها problem or potential
1 treatment effectiveness
2 treatment safety
3 other

C: causes
1 to 8

كثير وعنا خصوصا بالاردن كلامي صح لا ترد عليه تمكن
يكون not on acceptable
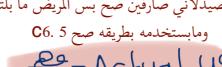
Primary Domain	Code V8.03	Problem
1.Treatment effectiveness There is a (potential) problem with the (lack of) effect of the pharmacotherapy	P1.1 P1.2 P1.3	No effect of drug treatment Effect of drug treatment not optimal Untreated symptoms or indication
2. Treatment safety Patient suffers, or could suffer, from an adverse drug event. N.B. If there is no specific cause, skip Causes coding.	P2.1	Adverse drug event (possibly) occurring
3. Other	P3.1 P3.2 P3.3	Problem with cost-effectiveness of the treatment Unnecessary drug-treatment Unclear problem/complaint. Further clarification necessary (please use as escape only)

باعتقاد الدكتور V9 رح يكون
p3. 1 من ال main

☐   Potential Problem

☐   Manifest Problem

هدول ال٨ انقسموا ل ٣
Prescription and drug selection 1
2 dispensing
3 uses

Primary Domain	Code V8.03	Cause
1. Drug selection The cause of the (potential) DRP is related to the selection of the drug	C1.1 C1.2 C1.3 C1.4 C1.5 C1.6 C1.7	Inappropriate drug according to guidelines/formulary Inappropriate drug (within guidelines but otherwise contra-indicated) No indication for drug Inappropriate combination of drugs, or drugs and herbal medications, or drugs and dietary supplements Inappropriate duplication of therapeutic group or active ingredient No or incomplete drug treatment in spite of existing indication Too many drugs prescribed for indication
2. Drug form The cause of the DRP is related to the selection of the drug form	C2.1	Inappropriate drug form (for this patient)
3. Dose selection The cause of the DRP is related to the selection of the dose or dosage	C3.1 C3.2 C3.3 C3.4 C3.5	Drug dose too low Drug dose too high Dosage regimen not frequent enough Dosage regimen too frequent Dose timing instructions wrong, unclear or missing
4. Treatment duration The cause of the DRP is related to the duration of treatment	C4.1 C4.2	Duration of treatment too short Duration of treatment too long
5. Dispensing The cause of the DRP is related to the logistics of the prescribing and dispensing process	C5.1 C5.2 C5.3 C5.4	Prescribed drug not available Necessary information not provided Wrong drug, strength or dosage advised (OTC) Wrong drug or strength dispensed
6. Drug use process The cause of the DRP is related to the way the patient gets the drug administered by a health professional or other carer, despite proper dosage instructions (on the label)	C6.1 C6.2 C6.3 C6.4 C6.5 C6.6	Inappropriate timing of administration or dosing interv Drug under-administered Drug over-administered Drug not administered at all Wrong drug administered Drug administered via wrong route
7. Patient related [The cause of the DRP is related to the patient and his behaviour (intentional or non-intentional)	C7.1 C7.2 C7.3 C7.4 C7.5 C7.6 C7.7 C7.8 C7.9	Patient uses/takes less drug than prescribed or does not take the drug at all Patient uses/takes more drug than prescribed Patient abuses drug (unregulated overuse) Patient uses unnecessary drug Patient takes food that interacts Patient stores drug inappropriately Inappropriate timing or dosing intervals Patient administers/uses the drug in a wrong way Patient unable to use drug/form as directed
8. Other	C8.1 C8.2 C8.3	No or inappropriate outcome monitoring (incl. TDM) Other cause; specify No obvious cause

مريض باخد بنادول وريفانين
نفس الدوا بس الاسم تجاري غير

بضلهم يزيدوا للمريض ادويه ويصير من ضمن ال polypharmacy patients مع انه مش لازم يكون هيك

انتهت انك تحكي وتكتب الدوا ٣ مرات باليوم طيب لمتى لحتى قيام الساعه؟الى تحسن الاعراض او يخلص الشريط مشان هيك لازم نكتب ال duration treatment لازم المريض يعرف كم بده ياخد الدوا

الدكتور كتب دوا مش موجود كثير الدكتور بتألم لما يشوف انه الدوا الي مكتوب مش بالاردن مابصير لازم يكون فيه awareness

مابقدر يبلع الدوا الناس الكبار لازم نعطيهم solution

احياناً هسمكها الدكتور مابكتب لحتى

الطبيب والصيدلاني صارفين صح بس المريض ما بلتزم بدواه ومابستخدمه بطريقه صح C6. 5

C6.5 = Actual use

Adherence and believes

اي بدلوه كثرين الناس عليه تخزين الدوية

الروا مابقدر يبلع

هاي في outcome

مابعرف ويني المشكلة و انغلط C8.3

Planned intervention

Primary Domain	Code V8.03	Intervention
No intervention	I0.1	No Intervention
1. At prescriber level	I1.1	Prescriber informed only
	I1.2	Prescriber asked for information
	I1.3	Intervention proposed to prescriber
	I1.4	Intervention discussed with prescriber
2. At patient level	I2.1	Patient (drug) counselling
	I2.2	Written information provided (only)
	I2.3	Patient referred to prescriber
	I2.4	Spoken to family member/caregiver
3. At drug level	I3.1	Drug changed to …
	I3.2	Dosage changed to …
	I3.3	Formulation changed to …
	I3.4	Instructions for use changed to …
	I3.5	Drug paused or stopped
	I3.6	Drug started
4. Other intervention or activity	I4.1	Other intervention (specify)
	I4.2	Side effect reported to authorities ← pharmacovesion

ممكن يكون فيه غلط بس مافي intervention ف بكون
تخبر
انك تسأل ← الأفضل

لازم تلاحظ انه فيه منطقيه و cohesion بين p and c and i

Acceptance of the Intervention proposals

N.B. One status of acceptance per intervention proposal

Primary domain	Code V8.03	Implementation
1. Intervention accepted (by prescriber or patient)	A1.1	Intervention accepted and fully implemented
	A1.2	Intervention accepted, partially implemented
	A1.3	Intervention accepted but not implemented
	A1.4	Intervention accepted, implementation unknown
2. Intervention not accepted (by prescriber or patient)	A2.1	Intervention not accepted: not feasible
	A2.2	Intervention not accepted: no agreement ← ما اتفقت مع اي على الغلط
	A2.3	Intervention not accepted: other reason (specify)
	A2.4	Intervention not accepted: unknown reason ← ما عرفت تكومها
3. Other (no information on acceptance)	A3.1	Intervention proposed, acceptance unknown
	A3.2	Intervention not proposed

اذا صار مشكله وخبرت عنها وحكيت
مثلا حكيت انه هاي الوصفه فيها غلط حكيت مع الي وصفها وتم التعديلفكان fully accepted fully implemented
واشي حكيت للي صرف وحكالك والله مابقدر اعدل عشان التامين مابصرف كذا
هاي A1. 3

Status of the DRP

N.B. This domain depicts the outcome of the intervention. One problem (or the combination of interventions) can only lead to one level of solving the problem

Primary Domain	Code V8.03	Outcome of intervention
0. Not known	O0.1	Problem status unknown
1. Solved	O1.1	Problem totally solved
2. Partially solved	O2.1	Problem partially solved
3. Not solved	O3.1	Problem not solved, lack of cooperation of patient
	O3.2	Problem not solved, lack of cooperation of prescriber
	O3.3	Problem not solved, intervention not effective
	O3.4	No need or possibility to solve problem

حاولت تعمل حل وعملت intervention بس ضلت المشكلة عند المريض

هاي كل ال drug related problem

هاي الخطوات ال ٥ خطوات اداريه في ناس تشتغل اداره بشكل professional بكون لازم يعرفهم ويعملهم

هادPCNE هو الي مطبق بالاردن واحنا رح نتدرب عليه ورح نتطوره

والدكتور بالعمدا حطها مش واضحه رح يشرح على 2017 2019 🆙

	Primary Domain	Code V8.01	Cause
Prescribing	**1. Drug selection** The cause of the (potential) DRP is related to the selection of the drug	C1.1	Inappropriate drug according to guidelines/formulary
		C1.2	Inappropriate drug (within guidelines but otherwise contra-indicated)
		C1.3	No indication for drug
		C1.4	Inappropriate combination of drugs or drugs and herbal medication
		C1.5	Inappropriate duplication of therapeutic group or active ingredient
		C1.6	No drug treatment in spite of existing indication
		C1.7	Too many drugs prescribed for indication
	2. Drug form The cause of the DRP is related to the selection of the drug form	C2.1	Inappropriate drug form (for this patient)
	3. Dose selection The cause of the DRP is related to the selection of the dose or dosage	C3.1	Drug dose too low
		C3.2	Drug dose too high
		C3.3	Dosage regimen not frequent enough
		C3.4	Dosage regimen too frequent
		C3.5	Dose timing instructions wrong, unclear or missing
	4. Treatment duration The cause of the DRP is related to the duration of treatment	C4.1	Duration of treatment too short
		C4.2	Duration of treatment too long
Disp	**5. Dispensing** The cause of the DRP is related to the logistics of the prescribing and dispensing process	C5.1	Prescribed drug not available
		C5.2	Necessary information not provided
		C5.3	Wrong drug, strength or dosage advised (OTC)
		C5.4	Wrong drug or strength dispensed
Use	**6. Drug use process** The cause of the DRP is related to the way the patient gets the drug administered by a health professional or carer, despite proper dosage instructions (on the label)	C6.1	Inappropriate timing of administration and/or dosing intervals
		C6.2	Drug under-administered
		C6.3	Drug over-administered
		C6.4	Drug not administered at all
		C6.5	Wrong drug administered
	7. Patient related The cause of the DRP is related to the patient and his behaviour (intentional or non-intentional)	C7.1	Patient uses/takes less drug than prescribed or does not take the drug at all
		C7.2	Patient uses/takes more drug than prescribed
		C7.3	Patient abuses drug (unregulated overuse)
		C7.4	Patient uses unnecessary drug
		C7.5	Patient takes food that interacts
		C7.6	Patient stores drug inappropriately
		C7.7	Inappropriate timing or dosing intervals
		C7.8	Patient administers/uses the drug in a wrong way
		C7.9	Patient unable to use drug/form as directed
	8. Other	C8.1	No or inappropriate outcome monitoring (incl. TDM)
		C8.2	Other cause; specify
		C8.3	No obvious cause

The Planned Interventions
N.B. One problem can lead to more interventions

Primary Domain	Code V8.01	Intervention
No intervention	I0.1	No Intervention
1. At prescriber level	I1.1	Prescriber informed only
	I1.2	Prescriber asked for information
	I1.3	Intervention proposed to prescriber
	I1.4	Intervention discussed with prescriber
2. At patient level	I2.1	Patient (drug) counselling
	I2.2	Written information provided (only)
	I2.3	Patient referred to prescriber
	I2.4	Spoken to family member/caregiver
3. At drug level	I3.1	Drug changed to ….
	I3.2	Dosage changed to ….
	I3.3	Formulation changed to ……
	I3.4	Instructions for use changed to …..
	I3.5	Drug stopped
	I3.6	New drug started
4. Other intervention or activity	I4.1	Other intervention (specify)
	I4.2	Side effect reported to authorities

Acceptance of the Intervention proposals
N.B. One level of acceptance per intervention proposal

Primary domain	Code V8.01	Implementation
1. Intervention accepted (by prescriber or patient)	A1.1	Intervention accepted and fully implemented
	A1.2	Intervention accepted, partially implemented
	A1.3	Intervention accepted but not implemented
	A1.4	Intervention accepted, implementation unknown
2. Intervention not accepted (by prescriber or patient)	A2.1	Intervention not accepted: not feasible
	A2.2	Intervention not accepted: no agreement
	A2.3	Intervention not accepted: other reason (specify)
	A2.4	Intervention not accepted: unknown reason
3. Other (no information on acceptance)	A3.1	Intervention proposed, acceptance unknown
	A3.2	Intervention not proposed

Status of the DRP

N.B. This domain depicts the outcome of the intervention. One problem (or the combination of interventions) can only lead to one level of solving the problem

Primary Domain	Code V8.01	Outcome of intervention
0. Not known	O0.1	Problem status unknown
1. Solved	O1.1	Problem totally solved
2. Partially solved	O2.1	Problem partially solved
3. Not solved	O3.1	Problem not solved, lack of cooperation of patient
	O3.2	Problem not solved, lack of cooperation of prescriber
	O3.3	Problem not solved, intervention not effective
	O3.4	No need or possibility to solve problem