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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

1. Pre-Intervention Study Sample Data Collection Form

Basic grade 1 Date: __/__/__

Bed no.	Med rec (tick if done)	Clinical review (tick if done)	No. of pharmacy interventions	Of patients seen, reason why patient was prioritised (see legend overleaf for reason codes, free text if needed)	What priority level would you assign the patient, 1, 2, 3?	Order in which patients seen (please number)
1						
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29						
30						
31						

Time spent on clinical prioritisation today	_____ minutes
Satisfaction level with prioritisation and workload management today (circle)	High / Medium / Low
Any comments (e.g., relating to prioritisation, the day's workload, reasons why patient(s) not seen)	

2. Post-Intervention Study Sample Data Collection Form

Senior 1 Date: ____/____/____

Bed no.	Med rec (tick if done)	Clinical review (tick if done)	No. of pharmacy interventions	Of patients seen, reason why patient was prioritised (see legend overleaf for reason codes, free text if needed)	Priority level assigned (1, 2, or 3)	Order in which patients seen (please number)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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31						

Time spent on clinical prioritisation today	_____ minutes
Did the prioritisation tool (algorithm/new PCO) support your clinical prioritisation? If no, please explain	
Satisfaction level with prioritisation and workload management today (circle)	High / Medium / Low
Any comments (e.g., relating to prioritisation, the day's workload, reasons why patient(s) not seen)	

Table 1 Legend for reasons why patient was prioritised

Code	Reason for prioritisation
A	Abnormal lab results related to or affecting meds
B	Abnormal lab results not related to or affecting meds
C	Acute serious infection e.g., meningitis, sepsis, endocarditis
D	Admission due to ADR or medication error
E	Age ≥ 65
F	Allergy status
G	Body weight very low (<50kg) or high (>100kg)
H	Drug-drug or drug-disease interaction with toxic/sub-therapeutic effect
I	Drug-drug or drug-disease interaction without toxic/sub-therapeutic effect
J	High risk medicine(s)
K	Newly prescribed or restricted antimicrobial
L	New ICU step down
M	Organ transplant
N	Other – please specify
O	Palliative care patient
P	Pregnant or Breastfeeding
Q	Polypharmacy (≥ 10 medicines) with complex regimen e.g., drug-drug, drug-disease interaction
R	Polypharmacy (≥ 10 medicines) without complex regimen e.g., drug-drug, drug-disease interaction
S	Recent admission (within 1/12)
T	Stable and/or chronic disease e.g., CKD, CLD, Parkinson's, epilepsy, IHD, CCF, HIV
U	Unstable acute condition e.g., NSTEMI/STEMI, ADHF, thyroid crisis
V	Unstable condition and chronic disease e.g., epilepsy, HIV, Parkinson's
W	Unstable renal / hepatic impairment
X	Swallow difficulties, NPO, medicines by enteral feeding tube
Y	TDM medicine(s) with toxic/subtherapeutic effect
Z	TDM medicine(s) without toxic/subtherapeutic effect