

Jane Smith	Description: ██████████
4/10/2017 11:00 AM Office Visit	Provider: ██████████
MRN: ██████████	Department: Pharmacy Mtm

Subjective

Jane Smith is a 54 y.o. old female who was referred by Insurance company for medication review/education. Jane presents today with all her current medications. Patient questions whether she is to continue diltiazem or not.

COPD

Patient is currently using Anoro 62.5-25mcg 1 puff daily. She uses her albuterol 2.5mg and budesonide 0.5mg nebulizer twice daily. She prefers the albuterol nebulizer over the MDI, but will use her MDI if out and about. Patient complains of significant dry mouth. She is using Biotene toothpaste and occasionally Biotene mouth wash with some success. Patient finds sucking on a hard candy is also helpful.

Afib

She is currently on metoprolol 100mg 1 tab twice daily, diltiazem 120mg twice daily, aspirin 81mg daily and warfarin every evening. Patient acknowledges increased bleeding and bruising. For the last 2 months she has noted very itchy skin, which bleeds when she scratches too hard. Of note diltiazem was removed from her medication list on 4/3/17 by Dr. Doolittle after her ablation. Patient was unaware of this change.

Hyperlipidemia

Patient is currently meeting cholesterol guidelines with rosuvastatin 40mg 1 tab nightly. Patient is tolerating high intensity statin without complaint.

Objective

Adherence: Ability to assess medication adherence objectively: Able.

BP Readings from Last 2 Encounters:	
03/30/17	120/70
03/30/17	114/65

No results found for: HGBA1C

Lab Results		
Component	Value	Date/Time
TSH, WITH REFLEX	1.96	03/15/2017 04:09 PM

Estimated body mass index is 29 kg/(m²) as calculated from the following:

Height as of 4/30/17: 8' (1.524 m).

Weight as of 4/30/17: 500 lb (500 kg).

CHOLESTEROL (mg/dl)	
Date	Value
10/30/2016	170

HDL (mg/dl)	
Date	Value
10/30/2016	65

Assessment

BP goal: <140/90. Pt is at goal.

LDL goal: high intensity statin. Pt is at goal.

1. Afib and diltiazem

Adherence: directions not understood

Status: Resolved

2. Afib and warfarin

Safety - Adverse Drug Reaction: clinically relevant drug interaction present with duloxetine, aspirin. Concurrent use may increase risk of bleeding/bruising.

Status: Resolved

Plan

1) Reassured patient Dr. Doolittle discontinued diltiazem. To avoid possible withdrawal effects recommend taking 1 tab daily x5 days then stopping vs stopping cold turkey. Patient agrees with plan.

2) Watch for any bleeding that is difficult to stop or bruising that grows instead of healing. If these are noted please let your doctor know. Patient has INR recheck scheduled for Friday.

3) Patient advised her medication timing is good. She no changes recommended at this time.

4) Follow-up with me in 1-3 months or sooner if questions or concerns arise.

Updated med list and reviewed medications including indications with patient.

Total time spent with patient 60 minutes.

Notes from this visit has been sent to your primary care provider

Amazing Best, PharmD

Clinical Pharmacist

XYZ Pharmacy Location

Medication Therapy Management Program

Recipient of visit: Patient

Cognitively impaired?: no

of DTPs: 2

of DTPs resolved: 2

Patient Instructions

1) Dr. Doolittle stopped diltiazem. I would take 1 tab daily x5 days then stop to avoid any difficulty with stopping.

2) In combination aspirin, duloxetine and warfarin may increase the risk of bleeding, bruising and increased INR. Take all of them consistently.

3) Duloxetine is worth continuing if it is helping with back pain. Your kidney function is borderline for starting duloxetine, however you have been on it regularly.

4) Your medication timing is good at this time. No changes recommended.

5) Follow-up with me in 1-3 months or sooner if questions or concerns arise.

Please call me or e-mail if you have questions.

*****Note: Medication list below does not match note – is provided only to show an example of a medication list for documentation purposes**

Medications at End of Encounter

acetaminophen (TYLENOL) 500 MG tablet	
ALBUterol 2.5 mg/3 mL, 0.083%, nebulizer solution	Inhale 1 Vial two times a day. And use one vial in nebulizer every 6 hours as needed for wheezing. Indications: copd
aspirin 81 MG tablet	
budesonide (PULMICORT) 0.5 MG/2ML inhalation suspension	Inhale 2 mL two times a day.
cetirizine (ZYRTEC) 10 MG tablet	Take 1 Tab by mouth two times a day.

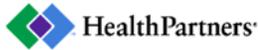
<u>Tobacco Use</u>	<u>Smoking Status</u>	<u>Source</u>	<u>Types</u>	<u>Packs/day</u>	<u>Years Used</u>	<u>Comments</u>	<u>Smoking Start Date</u>	<u>Smoking Quit Date</u>	<u>Smokeless Tobacco Status</u>	<u>Smokeless Tobacco Quit Date</u>
as of 3/30/2017	Former Smoker	Provider		0.0	0.0			8/1/2010	Never Used	

<u>Alcohol Use</u>	<u>Alcohol Use</u>	<u>Source</u>	<u>Drinks/Week</u>	<u>Alcohol/Wk</u>	<u>Comments</u>
as of 3/30/2017	Yes	Provider	0 Standard drinks or equivalent	0.0 oz	1-2 drinks per week

Allergies as of 3/30/2017

Reviewed on: **3/30/2017**

<u>Allergen</u>	<u>Noted</u>	<u>Reaction Type</u>	<u>Reactions</u>
Penicillins Skin itchy (12/13/15)	01/19/2000	Allergy	Hives [17]
Amiodarone Nausea and vomiting	01/14/2006	Intolerance	Gastrointestinal [100]



04/10/2017

Jane Smith
Sesame Street
Candy, MN 55000

Dear Ms. Smith,

Thank you for talking with me on 4/10/2017 about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you understand your medications and use them safely.

This letter includes an action plan (Medication Action Plan) and medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team.
- Ask your doctors, pharmacists, and other healthcare providers to update the action plan and medication list at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call *Amazing Best, PharmD*. We look forward to working with you, your doctors, and other healthcare providers to help you stay healthy through the HealthPartners MTM program.

Sincerely,

Amazing Best, PharmD

Enclosed: Medication Action Plan and Personal Medication List

MEDICATION ACTION PLAN FOR Jane Smith, DOB: 1/1/1939

This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."
2. Take the steps listed in the "What I need to do" boxes.
3. Fill in "What I did and when I did it."
4. Fill in "My follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team. Share this with your family or caregivers too.

DATE PREPARED: 4/10/2017

What we talked about: Dr. Doolittle discontinued your diltiazem after your procedure 4/3/17.	
What I need to do: To avoid side effects from stopping quickly, taking diltiazem 1 tab daily x5 days then stop.	What I did and when I did it:

What we talked about: In combination aspirin, duloxetine and warfarin may increase the risk of bleeding or bruising.	
What I need to do: Make certain to take each of these medications consistently. Missing doses can impact INR. Watch for any bleeding that is difficult to stop or bruising that grows instead of healing. If these are noted please let your doctor know.	What I did and when I did it:

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My Follow up Plan: Follow-up with me in 1-3 months or sooner if questions or concerns arise.

Questions I want to ask:

If you have any questions about your action plan call Amazing Best, PharmD
(952) 555-5555
Candy Cane Clinic

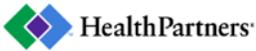
MEDICATION LIST FOR Jane Smith, 1/1/1939

This medication list was made for you after we talked. We also used information from your doctor's chart and self reported.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

Keep this list up-to-date with:

- Prescription medications
- Over the counter drugs
- Herbals
- Vitamins
- Minerals



If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED: 4/10/2017

Allergies or side effects: Penicillins; Amiodarone

Medication: LEVOTHYROXINE SODIUM 25 MCG OR TABS	
How I use it: Take 50 mcg (2 tabs) by mouth on M/W/F and 25 mcg (1 tab) by mouth the other 4 days of the week. Indications: Underactive Thyroid	
Why I use it: Underactive thyroid	Prescriber: Doctor Doolittle, MD
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: METOPROLOL TARTRATE 100 MG OR TABS	
How I use it: Take 1 Tab by mouth two times a day. Discuss whether this dose needs to be lowered at next visit Indications: atrial fibrillation	
Why I use it: afib	Prescriber: Doctor Doolittle, MD
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: MONTELUKAST SODIUM 10 MG OR TABS	
How I use it: Take 1 Tab by mouth daily.	
Why I use it: allergies	Prescriber: Doctor Doolittle, MD
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

***Note: Medication list above does not match note – is provided only to show an example of a medication list for documentation purposes