**IMPROVING PHARMACOTHERAPY IN HOME HEALTH PATIENTS**

**DURC RECORD SHEET**

**Patient:_____Date admitted:_____Study No:_____**

**Nurse: _____Team:_____ Tel No._____**

**Problem:**

**FIRST CONSULTATION WITH NURSE**

| | | | |
|---|---|---|---|
| **Date: _____** | **Length: _____** | **In person** | |
| | | **Telephone** | |

**Plan:** *Please append copies of the consultation note and guideline sent (annotated as appropriate). Add additional comments here.*

*Continue overleaf*

**Follow-up arrangements:**

## DURC FOLLOW-UP RECORD SHEETS

**Patient:**_____ **Study No.**_____ **Date**_____

**Nurse:** _____ **Consultation length:** _____

**Outcome of previous consultation:**

**Plan:**_____

_____

_____

_____

_____

_____

_____

**Follow-up arrangements:**

| **DUR COORDINATOR SUMMARY FORM**<br>*Please check boxes and complete as appropriate* | | | | **Patient:**<br>**Study No:** | | |
|---|---|---|---|---|---|---|
| 1 | a) Did you speak with the nurse (by telephone or in person)? | *Yes* | | b) If yes, date of 1st conversation: | | |
| | | *No* | | | | |
| 2 | a) Was the identified problem still present? (If multiple problems, were any still present?) | *Yes* | | b) If no/not known, please explain: | | |
| | | *No* | | | | |
| | | *NK* | | | | |
| 3 | a) Was a plan made to contact the physician?<br>*If no, proceed to question 8*<br>*If not applicable, proceed to question 9* | *Yes* | | b) According to the plan, who was to do it? | *Nurse* | |
| | | *No* | | | *DURC* | |
| | | *NA* | | | | |
| 4 | a) Was contact made with the physician? | *Yes* | | b) If no, please clarify:<br>*If no/not known, proceed to question 8* | | |
| | | *No* | | | | |
| | | *NK* | | | | |
| 5 | a) Who contacted the physician? | *Nurse* | | b) If different from plan in 3b, please explain: | | |
| | | *DURC* | | | | |
| 6 | Did the physician agree to make any changes to the patient's medication in accordance with the guidelines? | *Yes* | | | | |
| | | *No* | | | | |
| | | *NK* | | | | |
| 7 | a) Were medication changes discussed with the patient? | *Yes* | | b) If yes, did the patient agree to the proposed changes? | *Yes* | |
| | | *No* | | | *No* | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | *NK* | | | *NK* | |
| 8 | a) So far as you know, did the patient's medication change? | *Yes* | | b) If yes, do you think it was in response to your intervention | *Yes* | |
| | | *No* | | | *No* | |
| | | *NK* | | | *NK* | |
| 9 | Comments (*and if more than one problem, please describe which were dealt with*):<br><br>*Continue overleaf if necessary* | | | | | |
| 10 | Date case closed: | | | | | |