

Chapter 7

MEDICATION HISTORY INTERVIEW AND COMMUNICATION SKILLS

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Outline

- What is medication history & its interview?
- Goals of medication history interview.
- Importance of medication histories.
- What to be documented(procedure)?
- Interviewing process
 - Information sources.
 - QUESTIONS to ASK.
 - Medication History Taking TIPS.
 - Other questions.

- Additional Questions to Explore Effectiveness/Compliance.
- Cards for Medication History Script.
- Client Education.
- Client Information brochure.
- Reconciliation and Documentation

What is medication history?

A medication history is a detailed, accurate and complete account of all prescribed and non-prescribed medications that a patient had taken or is currently taking prior to a newly initiated institutionalized or ambulatory care.

It provides valuable insights into patients' allergic tendencies, adherence to pharmacological and non-pharmacological treatments, social drug use and probable self-medication with complementary and alternative medicines.

Interviewing a patient in collecting the data medical history is called medication history interview.

Goals

The goal of medication history interview is to obtain information on aspects of drug use that may assist in over all care of patient.

The information gathered can be utilized to:

- Compare medication profiles with the medication administration record and investigate the discrepancies.
- Verify medication history taken by other staffs and provide additional information where appropriate.
- Document allergies and adverse reactions.
- Screen for drug interactions.
- Assess patient medication compliance.
- assess the rationale for drug prescribed.
- Assess the evidence of drug abuse.
- Appraise the drug administration techniques.
- Examine the needs for medication aids.
- Document patient initiated medication administration.

Importance of accurate drug history

- Medication histories are important in preventing prescription errors and consequent risks to patients.
- Apart from preventing prescription errors, accurate medication histories are also useful in detecting drug-related pathology or changes in clinical signs that may be the result of drug therapy.
- A good medication history should encompass all currently and recently prescribed drugs, previous adverse drug reactions including hypersensitivity reactions, any over-the counter medications, including herbal or alternative medicines, and adherence to therapy for the better health care plan.
- A full medication history
 - Identifies patients' needs
 - Explores the patient's perspective of illness and its treatment (needs and concerns)

What is to be documented?

To review current medical treatment and identify suitable additional treatments, medical professionals will require complete and reliable medication history. Research has established that in routine practice, pharmacist provide the most accurate history when compared to other health professionals. It is an important role that pharmacists are well prepared to fulfill.

A well prepared, structured approach helps to obtain relevant complete information and avoid omissions. The following information is commonly recorded:

- ✓ Currently or recently prescribed medicines.
- ✓ OTC medication.
- ✓ Vaccinations.
- ✓ Alternative or traditional remedies.
- ✓ Description of reaction and allergies to medicines.
- ✓ Medicines found to be ineffective.
- ✓ Adherence to past treatment courses and the use of adherence aids.



MANITOBA INSTITUTE
FOR PATIENT SAFETY

It's Safe to Ask About Your Medications Vous pouvez poser des questions au sujet de vos médicaments



INSTITUT POUR LA SÉCURITÉ
DES PATIENTS DU MANITOBA

Share your medication list with your doctor, nurse and pharmacist. Carry this card with you at all times!

Communiquez votre liste de médicaments à votre médecin, votre infirmière et votre pharmacien. Ayez cette carte avec vous en tout temps!

Name/Nom :

Manitoba Health Registration #/N°
d'immatriculation Santé Manitoba :

Personal Health ID #/N° d'identification personnelle
(9 numbers/chiffres) :

Medical Plan #/Autre nom et N° d'assurance santé
(e.g. Blue Cross) :

Family Doctor's Name/Nom du médecin de famille :

Phone/N° de téléphone :

Emergency Contact/Nom contact en cas d'urgence :

Phone/N° de téléphone :

Pharmacy Name/Nom de pharmacie :

Completed Health Care Directive/une directive en
matière de soins de santé? Yes/Oui No/Non

Medical History/Antécédents médicaux :

- diabetes/diabète
 high blood pressure/haute pression
 heart disease/maladie de cœur
 breathing problems/problèmes respiratoires
 other medical problems (list below)/
autres problèmes médicaux (veuillez préciser)

My allergies or bad reactions to medications:
Allergies ou réactions indésirables aux médicaments :

LIST ALL MEDICATIONS THAT YOU TAKE. INCLUDE HERBAL MEDICINE AND VITAMINS.

INDIQUEZ TOUS LES MÉDICAMENTS QUE VOUS PRENEZ, Y COMPRIS LES PLANTES MÉDICINALES ET LES VITAMINES.

Update your list by crossing out old medications and adding new ones! Mettez votre liste à jour en rayant les vieux médicaments et en ajoutant les nouveaux!

Medication name Nom du médicament	Strength Puissance	How much Quantité	How often Fréquence	Date/Date		Reason for taking Motif de l'administration	Who prescribed Qui a prescrit
				Started/Début	Stopped/Fin		
Example: My drug Exemple : mon médicament	20 mg 20 mg	1 tablet 1 comprimé	2 times a day 2 fois par jour	May 1, 2008 1 ^{er} mai 2008		blood pressure haute pression	Dr. Doe Dr Tremblay

If you have questions call your pharmacist, or, The Manitoba Information Line for Everyone (474-6493).

Si vous avez des questions, téléphonez votre pharmacien ou la ligne d'information publique en composant le 474-6493.

Interviewing the client



- Introduce yourself
- Inform client of reason for you being there
- Inform client of importance of maintaining a current medication list in chart

Information sources

- Patient
- Family or Caregiver
- Medication Vials / Bubblepacks
- Medication List
- Community Pharmacy
- Medication Profile from other facility
- DPIN (Drug Programs Information Network)

QUESTIONS to ASK

- Which community pharmacy do you use?
- Any allergies to medications and what was the reaction?
- Which medications are you currently taking:
 - The name of the medication
 - The dosage form
 - The amount (specifically the dose)
 - How are they taking it (by which route)
 - How many times a day
 - Any specific times
 - For what reason (if not known or obvious)



QUESTIONS to ASK



- What prescription medications are you taking on a regular or as needed basis?
- What over-the-counter (non-prescription) medications are you taking on a regular or as needed basis?
- What herbal or natural medicines are you taking on a regular or as needed basis?
- What vitamins or other supplements are you taking?

Medication History Taking TIPS

- Balance open-ended questions (what, how, why, when) with yes/no questions
- Ask non-biased questions
- Avoid leading questions
- Explore vague responses (non-compliance)
- Avoid medical jargon – Keep it simple
- Avoid judgmental comments

Medication History Taking TIPS

- Various approaches can be used:
 - 24 hours survey (morning, lunch, supper, bedtime)
 - Review of Systems (head to toe review)
 - Link to prescribers (family physician, specialists)
- Prompt for:
 - Pain medications
 - Stomach medications
 - Medications for bowels
 - Sleeping aids
 - Samples
- Prompt for:
 - Eye or ear drops, nose sprays
 - Patches, creams & ointments
 - Inhalers (puffers)
 - Injections (needles)

Medication History Taking TIPS

- If medication vials available:
 - Review each medication vials with patient
 - Confirm content of bottle
 - Confirm instructions on prescription vials are current
- If medication list available:
 - Review each medication with patient
 - Confirm that it is current
- If bubble packs available:
 - Review each medication with patient
 - Confirm patient is taking entire contents

Other QUESTIONS

- Have you recently started any new medications?
- Did a doctor change the dose or stop any of your medications recently?
- Did you change the dose or stopped any of your medications recently

Additional Questions to Explore Effectiveness/Compliance

- Are any of the medications causing side effects?
- Have you changed the dose or stopped any medications because of unwanted effects?
- Do you sometimes stop taking your medicine whenever you feel better?
- Do you sometimes stop taking your medicine if it makes you feel worse?

Cards for Medication History Script

MEDICATION HISTORY SCRIPT

Allergies

- Do you have an allergy to or avoid any medications due to side effects?
- What type of reaction do you have?

Prescription Medications

- What prescription medications do you take on a regular basis?
- When do you take them?

Non-prescription Medications

- What non-prescription over-the-counter medications do you take on a regular basis?
- When do you take them?

Herbals, Supplements, Vitamins

- What herbal, natural or homeopathic remedies do you take?
- What vitamins or minerals do you take?
- When do you take them?

ADDITIONAL QUESTIONS

Do you use any:

- Eye drops
- Nose sprays
- Puffers (inhalers)
- Medicated lotions or creams
- Medicated patches

Do you receive any:

- Needles (injections)
- Samples from the doctor's office
- Study medications

Do you take any medication on a regular basis for:

- Sleep
- Your stomach
- Your bowels
- Pain

Did you or your doctor recently change or stop any of your medication?

Client Education

- Encourage ownership
- Educate client to bring medications from home at each appointment
- Educate client to carry a list of current medications (prescription and OTC)
- Encourage family members/ caregivers to become involved
- Encourage one pharmacy

Client Information brochure



Important Points

Keep your medication list up-to-date

- Make the necessary changes to your list anytime your medicine changes
- Update your list as soon as you are no longer taking a medicine

Carry your medication list with you at all times

- Place your list in your wallet or purse along with your personal information
- Inform your loved ones or caregivers that you have a list and where you keep it
- Ensure that emergency medical personnel can have access to your list

Share your medication list with those who care for your health

- Show your list every time you visit your doctor's office
- Use it every time you go to the Emergency or if admitted to hospital
- Provide your list to all health care providers even if they don't ask

Reconciliation and Documentation

- Upon discovering a discrepancy
 - Update the list if minor (eg OTC taken as needed)
 - Include medications prescribed by other physicians (eg specialist)
 - Inform physician if client is not taking as prescribed
- Document in the client's chart
 - The date MedRec completed and initial on the medication reconciliation status record
 - Any pertinent information in the progress notes

OBTAINING MEDICATION HISTORY



CASE STUDY : INTERVIEWING: OBTAINING MEDICATION HISTORY

- **ST** : Good morning, Mr BN. My name is Siri T and a pharmacist on this ward.

Opening purpose I have come to ask you about the medicines you are taking. Now before we start, I would just like to make sure you are comfortable. Is that alright if I sit here?

- **Mr BN** : Hello, Miss ST. Yes, I can see you well there. I'm comfortable now, thank you. The Nurse gave me an injection and that has helped with the pain.
- **ST** : I'm sorry there isn't much privacy in this ward. Now, if I talk like this will you be able to hear me clearly?
- **Mr BN** : Yes that's fine.
- **ST** : That's good now I need to find out about the medicines you have taken recently, to check if any of them could have caused your pain.

Open question : Could you tell me what medicines you have been prescribed by your doctor Recently?

- **MR BN** : Well about a week ago, I hurt my ankle and the doctor gave me something for it. I think they were called 'indo' something.
- **ST** : Would that be indomethacin? It is sometimes known as indocin.
- **MR BN** : Yes, that's it, it was indocin.
- **ST** : Now what about any other medicines?
- **MR BN** : Well I regularly take these medicines here. They are glucoformin and Chlorthalidone.
- **ST** : Can I see the containers please, Mr BN. I NEED TO NOTE DOWN THE DOSES.

CLOSED QUESTION : Now I assume you to take these for diabetes and fluid overload.

- **Mr BN** : Yes, that is right.
- **ST** : Now have you bought any other medicines at all recently?
- **Mr BN** : No, nothing.
- **ST** : Do you ever take anything for headaches or other aches and pains, Prompting Mr BN?

- **Mr BN** : Well I have this special remedy that my wife gets from the ayurvedic clinic.
- **ST** : Hmm, that's very interesting. Could you get your wife to bring it and any other remedies you could have taken in the last few weeks so that I can make a note of them.
- **Mr BN** : Yes, certainly. I will ask her this afternoon. I don't think many of them have labels. Though.
- **ST** : Well Mr BN, that should n't be a problem. Would you be happy if I PERMISSION : contacted the to try and identify what they contain?
- **Mr BN** : Yes, certainly.
- **ST** : Thank you, Mr BN. Now I would just like to check that what I have noted down

Is correct and I have a complete list of your medicines.

Checking : Now you normally take.....and about a week ago.....and you also take.....

- **Mr BN** : Yes it is so.
- **ST** : Thank you, Mr BN. I will place a list of your medicines in your hospital notes. With information about these medicines for the doctors to see. Thank You for Your help, Mr BN.

