**Monitored Dosage System – Review Form**

**Community Pharmacy contacted before review:**

*Discuss any changes to medications, non-collections, problems identified*

|  |
| --- |
| Name of Community Pharmacy:  Name of Pharmacist/Technician:  Comments: |

|  |
| --- |
| Date of Review: |

**When was the MDS started?**

|  |
| --- |
| Date: |

**Who uses the MDS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient |  | Domiciliary Care Worker / Extra Care Services |
|  | Relative / Friend / Unpaid Carer |  | Care Home |

**Is the MDS used as intended?**

*Consider if any medicines are regularly left in the MDS, excess of MDS trays etc.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | YES |  | NO |  | SOMETIMES |  | UNCLEAR |
| Document any issues identified with use of MDS: | | | | | | | | |

**Consider any changes to prescribed medications since initiation / last review**

*E.g. Parkinson's Medication, Pain medication*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NUMBER OF ITEMS** |  | INCREASE |  | DECREASE |  | SAME |
| **FREQUENCY** |  | INCREASE |  | DECREASE |  | SAME |
| Other *e.g. formulation changes*: | | | | | | | |

**If there has been a decrease in MDS items and/or frequency of medication – is this manageable for a trial without an MDS?**

*NB. A decrease in items does not necessarily mean an MDS is not appropriate*

|  |
| --- |
|  |

**Have there been any changes in circumstances regarding medication support?**

*Consider support from family, friends, unpaid carers, domiciliary care, extra care services, care home*

|  |
| --- |
|  |

**Consider the barriers to taking medicines as prescribed, have any of these:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | IMPROVED |  | WORSENED |  | SAME | |
|  | Access / Mobility (not being able to order or collect) | | | | |  | | Physical (difficulty opening containers / packets) |
|  | Complexity of Medication Regime | | | | |  | | Visual impairment |
|  | Understanding the Importance of Medicine & Why | | | | |  | | Swallowing |
|  | Anxiety / Concern regarding Medicines or Side Effects | | | | |  | | Engagement (purposefully not taking medicines) |
|  | Recollection (forgetting to take medicines) | | | | |  | | Other: |
| How have these barriers affected the need for an MDS: | | | | | | | | |

**Appropriate to continue MDS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| Detail: | | | | |

**Would the patient be suitable for trial without an MDS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

**Patient has been educated on original packs of medication & directions for taking medicines?**

*Consider available adjustments to support trial without MDS as per Appendix A*

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| Please document details of conversation and steps taken/changes made to support medication adherence | | | | |

**Has the patient given informed consent to trial without MDS?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| Comments: | | | | |

*If review completed by GP Practice*

**Nominated community pharmacy informed & documentation of review (as above) sent via NHS Mail**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

*If review completed by Community Pharmacy / Intermediate Care Technician*

**GP Practice informed & documentation of recommendation (as above) sent**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |

GP practice to review and send to nominated community pharmacy

**Next Review Date:**

*Annual review if continuing MDS*

*1 month review if trialling without MDS – telephone appointment and follow up with community pharmacy*

|  |
| --- |
|  |

**APPENDIX A**

See table below for possible adjustments which can be made to support medication adherence without the use of an MDS.

Ensure discussions are had between patient, family, carers, community pharmacy and GP Practice / Trust to confirm adjustments can be facilitated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Access / Mobility** | Repeat Dispensing |  | **Physical** | Provide oral syringe or measure |
| Medicine delivery service | Eye drop dispenser / aid |
| Prescription collection service | Grip bottle opener |
| Does patient require assessment by social services | Spacer (for inhalers) or Breath Actuated inhaler |
| Increase levels of support from carer(s) | Provide larger bottles / lids |
| **Complexity** | Multi-compartment compliance aid (purchased) | Multi-compartment compliance aid (purchased) |
| Consolidation / rationalisation of medicines | Pill Popper |
| Request increase levels of support from carer(s) | Dispense blister packs into bottles |
| Structured Medication Review to explain about medicines | Alternative formulation of medicine |
| **Comprehension** | Help patient to understand the reason for taking medication e.g. leaflets | Increase levels of support from carer(s) |
| Increase levels of support from carer(s) | **Recollection** | Introduce a coping routine e.g. link to meal times, visits, phone calls |
| Patient requires a translator | MAR chart / Reminder chart |
| Consolidation / rationalisation of medicines | Reminder on calendar |
| Improve clarity of directions on label | Consolidation / rationalisation of medicines |
| Structured Medication Review to explain about medicines | Increase levels of support from carer(s) |
| **Anxiety** | Dosage adjustment / simplification | **Side Effects** | Structured Medication Review to review medicines |
| Structure Medication Review to explain about medicines and discuss concerns | Consolidation / rationalisation of medicines |
| **Engagement** | Increase levels of support from carer(s) | Alternative formulation |
| Structure Medication Review to explain about medicines | **Visual** | Diagrams / colour coded dots on container |
| Is this an informed patient choice? | Increase clarity e.g. large print labels |
| **Other Medicines** | Structure Medication Review to explain about medicines | Tactile identifiers e.g. elastic band |
| **Swallowing** | Alternative formulations e.g. effervescent, liquid | Increase levels of support from carer(s) |
| Pill cutter / Pill crusher | Magnifying glass |