Appalachian College of Pharmacy
Drug Related Problem (DRP) Documentation Form

Patient Initials: _______ DOB: _________ RX #: ___________ Site: _________

Date: ________________

Category: □ Adverse drug reaction
□ Calculation error/decimal point
□ Compliance
□ Dose too high
□ Dose too low
□ Drug-Disease interaction
□ Drug-Drug interaction
□ Drug-nutrient interaction
□ Drug information
□ Drug without indication
□ Failure to receive drug
□ Illegible RX
□ Inappropriate indication
□ Incomplete order
□ Indication without drug
□ Patient Allergy
□ Rx violates legal requirements
□ Suboptimal or unavailable dose form
□ Suboptimal therapy
□ Therapeutic duplication
□ Wrong dosing frequency
□ Wrong patient

Drug Involved: ________________ Disease Involved: ____________________ Prescriber Type: ________________

Brief Description: ________________________________  (MD/DO, PA, NP, DDS)

__________________________________________________________________________

Status:
□ Resolved  □ Unresolved

Type of RX:
□ Computer generated  □ Faxed  □ Preprinted  □ Telephoned by MD  □ Telephone by other  □ Written

INTERVENTION
Recommendation:
□ D/C Drug  □ Add/initiate drug/device  □ Increase Dose  □ Decrease dose
□ Change dosage form/route  □ Change frequency  □ Recommend labs/monitoring
□ Other: ________________

Pharmacist Action:
□ Contact MD by phone  □ Patient education  □ Contact MD by fax
□ Contact nurse/secretary  □ Patient interview  □ Other: ________________
**Resulting Action:**
- Clarified and dispensed
- Drug therapy added
- Form/route changed
- Educated prescriber
- Unknown

- Counseled caregiver
- Dose increased
- Lab/monitoring ordered
- Recommendation not followed
- Rx dispensed as written
- Counseled patient
- Drug stopped
- Dose decreased
- OTC rec.
- No action require/info only
- Rx dispensed as written

**Patient Outcomes:**
- Patient responded
- ADR not resolved
- Requires follow-up (Follow-up date: ____________)

- Patient did not respond
- Rec. not followed
- No response/no complications
- Unable to document
- ADR resolved

**Impact:**
- Info only
- Decreased drug cost
- Perceived impact on patient care
- Prevent ADR
- Increased drug cost
- Resolved ADR

**Recommendation Accepted?**
- Yes
- No
- Not known

**Time Required:** ____________

**Clinical Significance:**
- Adverse significance
- Neutral (depends on clinical interpretation)
- Very significant (averts organ dysfunction)
- Not significant (info only)
- Significant (improved/increased quality of care)
- Extremely significant (potentially lifesaving)