

Pharmacist Clinician Practice Guidelines

Prescriptive Authority Protocol

Dr.
&
PhC

Introduction

These guidelines establish the relationship between **PhC** and his designated supervising practitioner and alternates. This protocol serves as a mechanism by which the pharmacist clinician may perform drug therapy management for designated patients. They also serve as the standing delegation order by the supervising physician for the pharmacist clinician to perform all necessary activities related to drug therapy management according to the laws and regulations of the State of New Mexico, the State of New Mexico Board of Medical Examiners and the State of New Mexico Board of Pharmacy.

The ultimate responsibility lies with the supervising physician. The pharmacist clinician may manage drug therapy for disease states listed in these guidelines. All new diagnosis will require direct consultation with the supervising physician. The pharmacist clinician is authorized to identify and treat adverse drug reactions. Direct consultation with the supervising physician will take place. These guidelines take into consideration the qualifications, education and experience of the pharmacist clinician to treat the clinical situation presented.

Monitoring Dangerous Drug Therapy

The pharmacist clinician is authorized to perform medical histories, drug histories, physical assessments and mental status assessments as indicated to monitor the safety and efficacy of any aspect of the patient drug therapy.

The pharmacist clinician is authorized to order diagnostic testing necessary to monitor the safety and efficacy of any aspect of drug therapy, as well as evaluate disease status.

The pharmacist clinician is authorized to order mental health, physical therapy, occupational therapy, speech language and dietary consults as indicated to facilitate positive drug therapy outcomes.

Types of Prescriptive Authority Permitted

The pharmacist clinician is authorized to exercise prescriptive authority for the disease states listed in these guidelines. This includes initiating orders for new medications, adjusting dosages, and discontinuing medications as clinically indicated. Evidence Based Medicine, as it emerges in published reviews, expert consensus guidelines and clinical practice guidelines will serve as the general guideline for the treatment of these disease states. These practices will be continuously updated as dictated by emerging literature and respected medical consensus. The therapeutic class of these drugs will be per appropriate clinical guidelines.

Types of Disease states for which Prescriptive Authority is Permitted

The pharmacist clinician may treat the disease categories listed below utilizing appropriate guidelines per current standards of practice. Maintaining a practice with updated Guideline review is considered part of the personal development and continuing education plan of the listed practitioners.

Lipidemia /cholesterol- National Cholesterol Education Program, Adult Treatment Panel III guidelines and update

Diabetes- American Diabetes Association's Standards of Care (2010)

Hypertension-US Dept. of Health and Human Services Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

DOCUMENTATION OF PHARMACIST CLINICIAN ACTIVITIES

The pharmacist clinician will document patient-care activities in the patient medical record. This may include, but is not limited to, documentation in the treatment plan, progress notes, physician orders, prescriptive record, and drug regimen review. A pharmaceutical plan of care will be maintained.

Pharmacist Clinician Scope of Practice

The scope of practice of **PhC(name)** as a Pharmacist Clinician will be primarily post-diagnostic, drug therapy related general medicine as outlined in the disease management protocols of this document. His role as a pharmacist clinician is multidimensional, with boundaries for accountability that interface with other members of the health care team.

Quality Improvement/Quality Assurance Peer Review

A supervising physician will review orders monthly. All conflicting findings discovered by a supervising physician will be resolved with the clinician in conference.

Charts will be randomly selected for Quality Assurance of patient care where PhC(name)is associated in their care. .

Position Statement of Supervising Physician

The pharmacist clinician and the supervising physician will meet regularly, at least monthly, to discuss and review patient care issues.

All assessment and plans of care are to be documented in the patient chart.
The supervising physician will review the pharmacist clinician's documentation as necessary.

The pharmacist clinician will notify the supervising physician of any new finding, a finding he is uncomfortable with, or is not covered in the protocol. The supervising physician will assess all.

Dr.

Date: _____

PhC(name)

References etc.