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Pharmaceutical Care Plan - Hypertension

Practical 10 - Clinical pharmacy case practical

Aim

To prepare a prioritised pharmaceutical care plan for the assigned fictional disease case.

Principle

A pharmaceutical care plan links patient information to medicine-related problems, agreed goals, evidence-based actions and measurable follow-up. Urgent triage precedes routine optimisation.

Materials and Requirements

- Fictional or approved de-identified case, medicine chart and laboratory record
- Current local policy, relevant product information and clinical guidance
- Pharmaceutical-care and communication worksheet
- Approved method or teaching-data pack and a dated record sheet

Procedure

1. Define the preparation or dataset, study question and method version. Record identities, units and the criteria to be used before examining the outcome.
2. Identify the question, patient-specific information and missing data. Use the supplied fictional record; do not create a prescription or administer a preparation.
3. Summarise symptoms, diagnoses, medicines, allergies, laboratory trends, adherence and the person goals.
4. Identify safety, effectiveness, untreated-need and access problems and rank them by urgency.
5. For each problem specify the objective, evidence, proposed action, clinician responsibility and reassessment time.
6. Present the case clearly and record which changes require authorised review rather than prescribing from the exercise.
7. Document the assessment, evidence, proposed action, responsible clinician and follow-up. Separate a student recommendation from an authorised treatment decision.
8. Retain the original observations and calculations. State deviations, missing information and the limits of the conclusion; do not replace measured values with expected results.

Observations and Record

Enter actual measurements or the supplied teaching data. Record the method, material identity, conditions and units.

Problem / evidence	Goal / priority	Proposed action / owner	Monitoring / follow-up
Assessment needs	Identify urgency and information gaps	Confirm measurement quality and home/ambulatory evidence as appropriate; review adherence and medicines that raise pressure.	Document clinical review

Problem / evidence	Goal / priority	Proposed action / owner	Monitoring / follow-up
Medicine-related care	Agree an individualised clinical goal	Agree an individualised blood-pressure goal with the clinician and support a feasible authorised regimen.	Authorised team review
Continuity and response	Measure the agreed response	Document plan and responsible clinician	Track validated pressure readings, adherence, adverse effects and relevant renal/electrolyte tests.

Worked Example

Fictional case: A 58-year-old has repeated clinic readings around 148/92 mmHg and reports missed tablets.

Assigned care priorities

• Confirm measurement quality and home/ambulatory evidence as appropriate; review adherence and medicines that raise pressure.
• Agree an individualised blood-pressure goal with the clinician and support a feasible authorised regimen.
• Track validated pressure readings, adherence, adverse effects and relevant renal/electrolyte tests.

Result and Interpretation

• Deliver a complete problem-goal-action-monitoring table and explain the rationale and uncertainty for each priority.

Precautions

• Protect confidentiality and use actual units and timing.
• Check allergy, indication, organ function, interactions and the complete medicine list.
• Urgent clinical findings need timely clinical assessment; teaching notes do not replace care.

Viva Questions and Answers

What makes a goal measurable?

A defined clinical or patient-reported endpoint and review time.

Why include patient priorities?

A feasible plan must reflect the person needs and preferences.

Why distinguish proposals from orders?

Treatment changes require the responsible authorised clinical decision.

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