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# Pharmaceutical Care Plan - Epilepsy

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 | Assess urgent features, seizure history, adherence, triggers and interactions; verify the exact antiseizure medicine. | Document clinical review |

| Problem / evidence | Goal / priority | Proposed action / owner | Monitoring / follow-up |
|---|---|---|---|
| Medicine-related care | Agree an individualised clinical goal | Arrange clinical review and an individual seizure plan; do not advise abrupt withdrawal or an improvised replacement schedule. | Authorised team review |
| Continuity and response | Measure the agreed response | Document plan and responsible clinician | Track seizures, adherence, adverse effects and patient-specific safety counselling. |

### Worked Example

Fictional case: A 24-year-old reports a breakthrough seizure after missed maintenance doses.

### Assigned care priorities

• Assess urgent features, seizure history, adherence, triggers and interactions; verify the exact antiseizure medicine.
• Arrange clinical review and an individual seizure plan; do not advise abrupt withdrawal or an improvised replacement schedule.
• Track seizures, adherence, adverse effects and patient-specific safety counselling.

## 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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