Therapy Monitoring and Follow-up

Experiment 4 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To evaluate response, adverse effects and changes in an allocated case.

Principle

Monitoring compares time-linked findings with a predefined goal and identifies whether the treatment remains appropriate.

Requirements

- Allocated clinical notes or fictional case, current approved medicine information and local clinical policy.
- Case-record form, calculator where needed and supervising pharmacist.

Procedure

1. Prepare the case

Use the allocated clinical record or a fictional teaching case. Record a case code, setting and date; exclude names and personal identifiers.

2. Assess the required information

Confirm baseline and later findings with dates; medicine changes and their reasons; response endpoint; adverse-effect and adherence information. Note missing information explicitly.

3. Develop the pharmacy assessment

Choose a response endpoint and a safety endpoint relevant to the case. Build a dated trend table, relate changes to treatment and other clinical events, and state whether further assessment or escalation is needed. Record actual outcomes rather than expected ones.

4. Discuss and document

Present the assessment to the supervising pharmacist or treating team. Record the accepted action, responsible person and intended follow-up.

5. Evaluate the outcome

Review the agreed clinical or process endpoint. Record what changed, what remained unresolved and the next step.

Observations and Record

Record component	Student entry
Coded case and date	_____
Presenting problem and diagnosis	_____
Allergies / previous medicines	_____
Relevant clinical and laboratory findings	_____
Pharmacy problem and priority	_____
Proposed plan and monitoring	_____
Supervisor decision and follow-up	_____

Result

Assessment: ____. Proposed action: ____. Supervisor decision: ____. Follow-up outcome: ____.

Precautions

- Use the treating team and current patient-specific information for all actual medicine decisions.
- Maintain confidentiality and confirm allergy, medicine and timing information.
- Do not invent patient observations, acceptance of an intervention or follow-up outcomes.

Viva Questions and Answers

1. Why record measurement dates?

Timing determines whether a finding precedes or follows a treatment change.

2. Does a change after treatment prove causation?

No. Other events and the clinical context must be considered.

Disease-area Checklist

Area	Topics	Assessment focus
Gastrointestinal / liver	Peptic ulcer, reflux, inflammatory bowel disease, alcoholic/viral liver disease, jaundice and drug-induced liver disorders.	Symptoms, liver-function context, bleeding risk, interacting medicines and monitoring.
Haematology	Anaemia, venous thromboembolism and drug-induced blood disorders.	Blood-count trend, bleeding/thrombosis context and medicine-related risks.
Neurology	Epilepsy, Parkinsonism, stroke and Alzheimer disease.	Functional status, adherence, adverse effects, swallowing/device needs and relevant monitoring.
Psychiatry	Schizophrenia, affective/anxiety/sleep disorders and obsessive-compulsive disorder.	Treatment goal, mental/functional status, adverse effects, interactions and safe follow-up.
Pain / evidence	Pain pathways, neuralgias and headaches; evidence-based medicine.	Pain and function goals, cause, medicine exposure, patient preferences and quality of evidence.

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