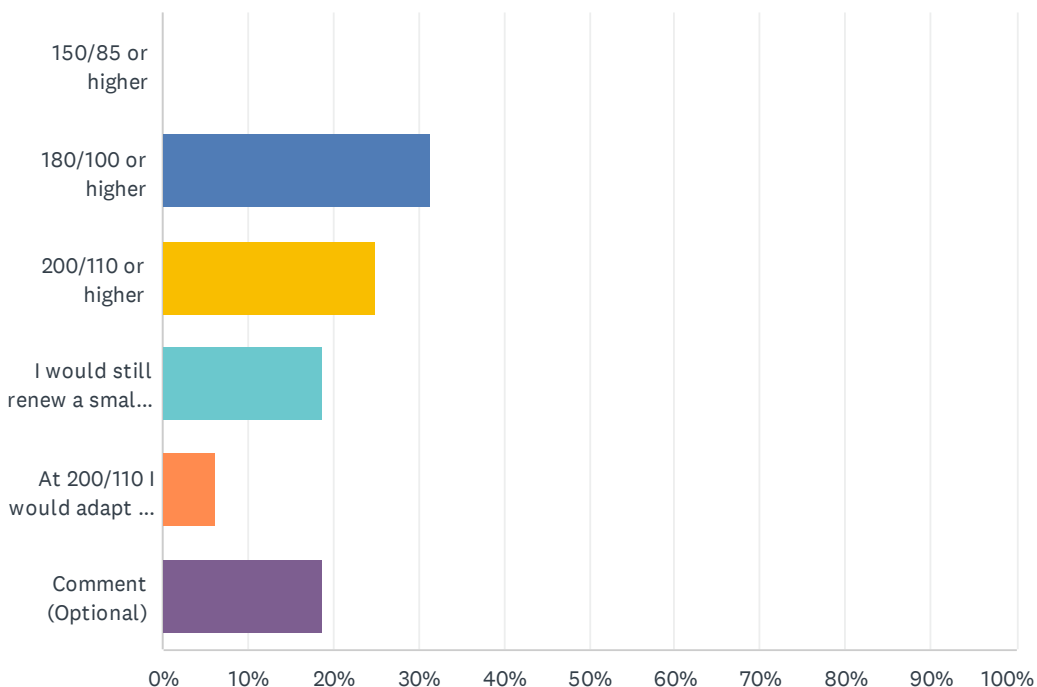


Q1 SH is a 56 yo male with HTN. He is currently taking amlodipine 10 mg od and metoprolol 50 mg bid for the past 6 months (90 days with 1 refill). He took his last amlodipine 10 mg this morning along with one metoprolol. He has one metoprolol left for this evening. He requests a refill because he can't see his doctor for 3 weeks. Would one of the following blood pressure readings cause you to not prescribe and immediately refer to the ER/walk in/911?

Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
150/85 or higher	0.00%	0
180/100 or higher	31.25%	10
200/110 or higher	25.00%	8
I would still renew a small quantity at 200/110 but still refer.	18.75%	6
At 200/110 I would adapt his night dose of metoprolol to 100 mg, renew the amlodipine and still refer.	6.25%	2
Comment (Optional)	18.75%	6
TOTAL		32



Panel of Peers – Reflections From Select Panel Members Nov 12, 2021



Question 1

- Most of the pharmacists referred without adapting or providing a smaller quantity:
 - 31% - Referred at 180/100
 - 25% - Referred at 200/110
 - 19% - Would renew with a small quantity at 200/110 but still refer
 - 6% Would adapt the dose

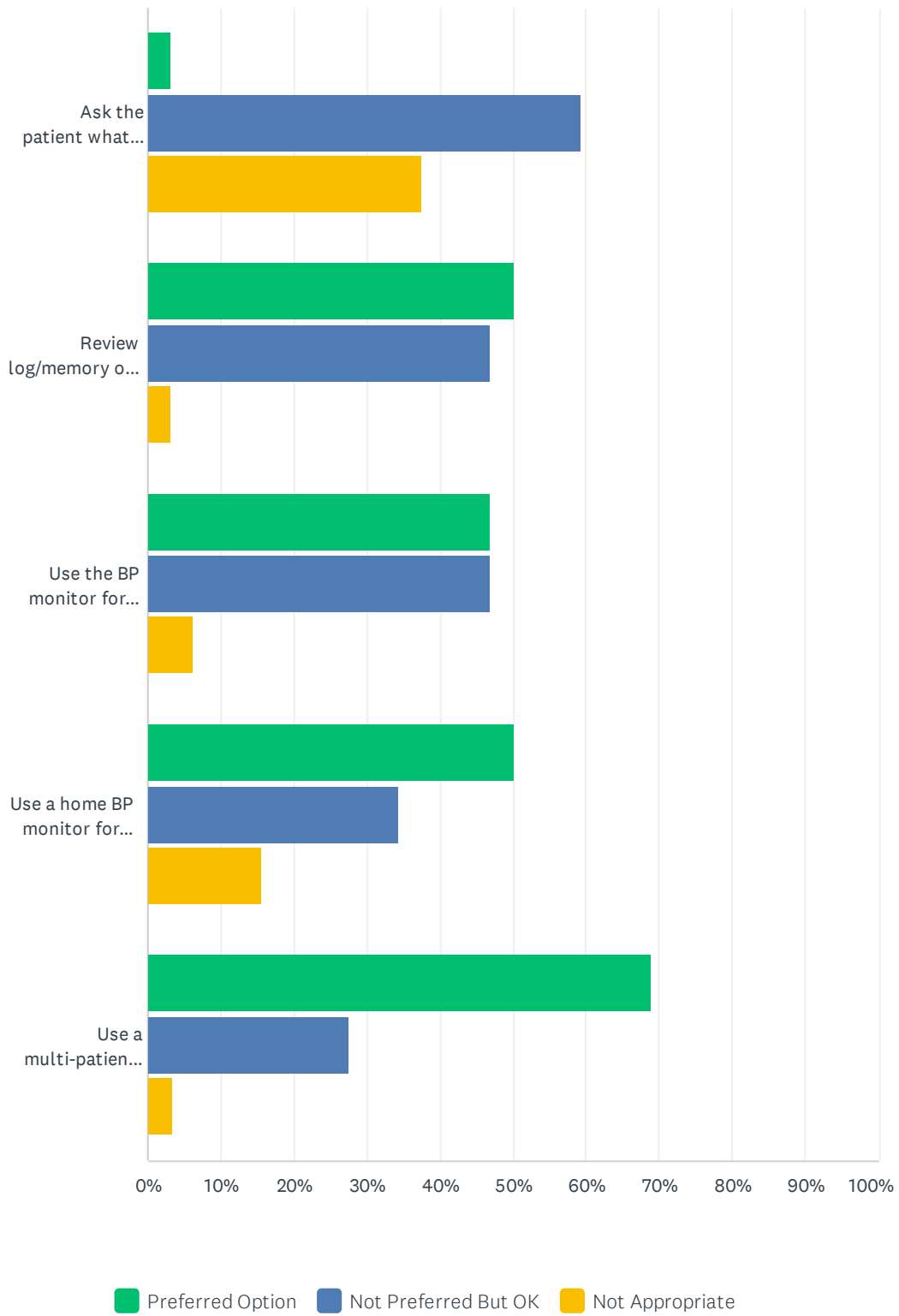
Comments

- There were many comments about this actually happening in practice and the patient being referred to the ER. Many times the patient was monitored and discharged with no intervention at ER. In one case the pharmacist had to intervene to lower BP.
- I would check for symptoms headache/dizziness as well and refer.
- Would also want to know what his normal values are.
- Would also want to know if the patient presented with symptoms.
- Would be hesitant to prescribe as the patient as they may be less inclined to go to the ER.

Q2 When assessing a patient for hypertension for renewing their amlodipine, how should a pharmacist assess blood pressure? ASSUME A NON-COVID SETTING.

Answered: 32 Skipped: 0

Panel of Peers Survey - Nov 12, 2021



Panel of Peers Survey - Nov 12, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Ask the patient what their blood pressure normally is.	3.13% 1	59.38% 19	37.50% 12	32
Review log/memory of home BP readings.	50.00% 16	46.88% 15	3.13% 1	32
Use the BP monitor for public use in the pharmacy.	46.88% 15	46.88% 15	6.25% 2	32
Use a home BP monitor for sale in the pharmacy. (for store use)	50.00% 16	34.38% 11	15.63% 5	32
Use a multi-patient blood pressure meter according to policy/procedure manual in accordance with testing standards.	68.97% 20	27.59% 8	3.45% 1	29



Panel of Peers – Reflections From Select Panel Members Nov 12, 2021



Question 2

- Most pharmacists wanted objective measurements of the patient's BP:
 - Only 3% said Preferred Option of asking the patient, 38% indicated it was not appropriate.
 - 50% wanted to see the patient's home blood pressure readings from their meter or log book
 - 47% and 50% - Chose to use the pharmacy meter out front for public use or a home meter sold in the pharmacy as their preferred choice respectively.
 - 69% indicated their preference to use a machine that met the standards of practice for testing. 3.4% indicated this was Not appropriate.

Comments

- I would want to check both home and in-pharmacy readings for comparison.
- We use the standardized Omron machine that meets the Testing Standards.
- I would want to compare both home and in-pharmacy readings.
- Standards of Practice for Testing would apply to blood pressure machines. Pharmacy testing should be a multi-patient device that is calibrated on an appropriate schedule and adheres to the site's Policy and Procedure Manual.

**Manuals are available for specific BP devices through PANS.*