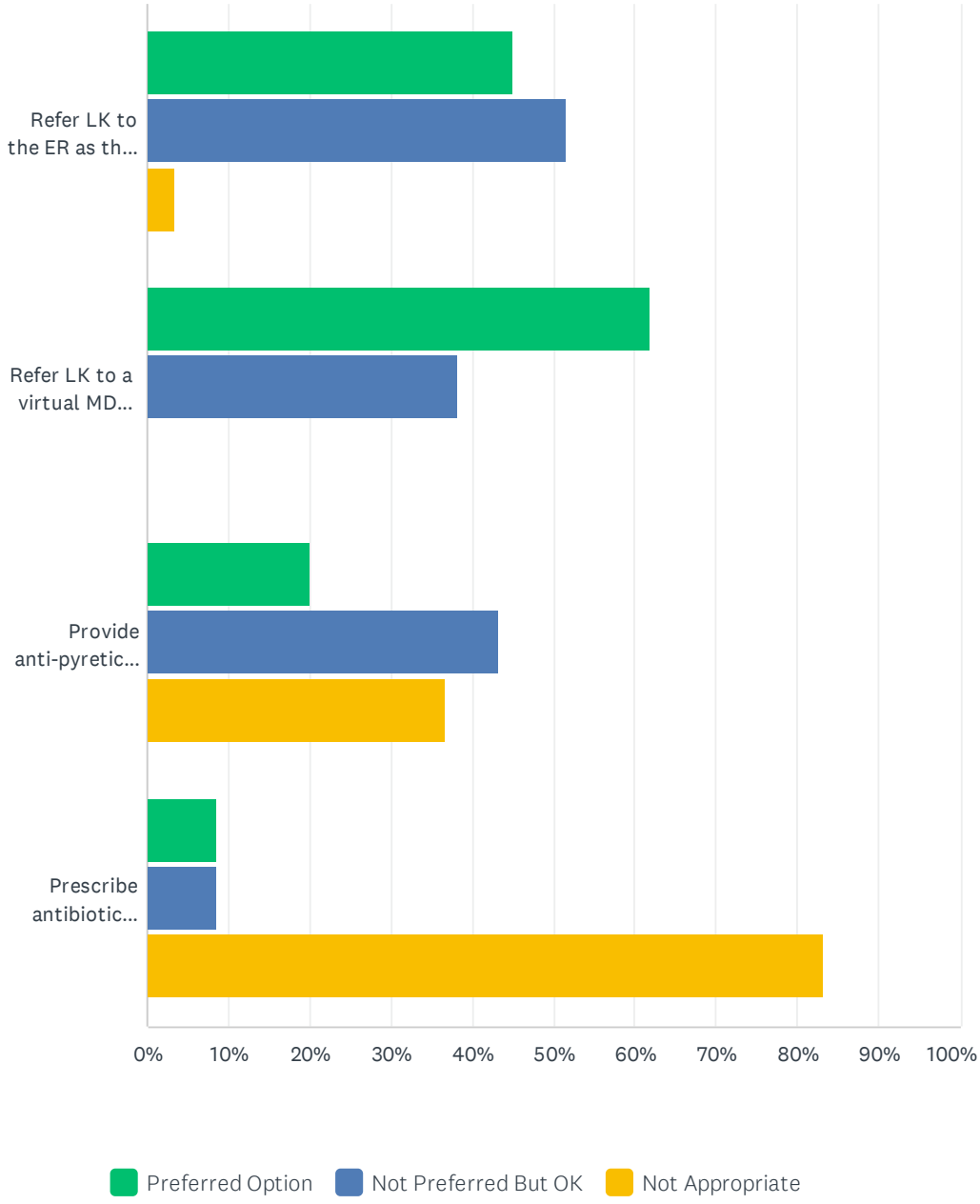
Q1 LK is a 38 yo male who presents with a sore throat, fever and fatigue for the past 2 days. He had strep throat 2 years earlier treated effectively with penicillin, so he asked his neighbour, a nurse, to take a look. She told him his throat is inflamed with white patches, and she thought it was strep throat. Since he lives in rural Nova Scotia, cannot get an appointment with his family doctor for 2 weeks, would have a 45-minute drive to the nearest ER (with a likely prolonged wait) and has been referred to the pharmacy by the ER in the past, he approaches the pharmacist to see if she could help. The pharmacist can confirm his fever and see the inflammation and exudate on the back of his throat. The rest of his medical history is not remarkable. How should the pharmacist respond?

Answered: 64 Skipped: 0



	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer LK to the ER as this does not fall within the pharmacist's scope of practice.	45.00% 27	51.67% 31	3.33% 2	60
Refer LK to a virtual MD service, even if it is fee for service.	61.90% 39	38.10% 24	0.00% 0	63
Provide anti-pyretic, analgesic recommendations and suggest watch and wait.	20.00% 12	43.33% 26	36.67% 22	60
Prescribe antibiotic therapy for sore throat (a minor ailment) as the patient cannot readily access primary care and it would be in the best interest of the patient.	8.47% 5	8.47% 5	83.05% 49	59

Panel of Peers – Reflections From Select Panel Members Nov 19, 2021

Question 1

- Most respondents indicated that they would refer with some suggesting watch and wait. A few suggested prescribing antibiotics however a substantial majority stated that this was not appropriate.
    - Refer to the ER – 45% preferred option
    - Refer to a virtual MD service even if there is a fee – 62% preferred option, 0% Not appropriate
    - Anti-pyretic/analgesic recommendation and watch and wait – 20% preferred option, 43% not preferred but ok, 37% not appropriate
    - Prescribe antibiotics for sore throat (minor ailment) – 8% preferred option, 8% not preferred but ok, 83% - not appropriate

Comments

- Strep throat should not be diagnosed based on the symptoms provided in the case. Someone should do a swab, check for swollen lymph nodes, cough.
- I think in this situation where you also have another health care provider weighing in and a past history of successful treatment with penicillin, you could provide him the same course he had 2 years ago, document, fax his family MD and follow up to ensure he is improving. It doesn't quite fall under Appendix F (as the nurse is not a primary care provider or specialist) or a minor ailment although it straddles both.
- Strep throat cannot be prescribed as a "minor ailment" for sore throat. It was made clear when the standards were first established. If there was a collaborative prescribing agreement between a nurse practitioner who provided a written diagnosis after a formal assessment there may be an opportunity to prescribe but this wasn't the case.
- Antibiotic therapy would be my preferred option, but this is not within our scope.
- Strep is not a minor sore throat.

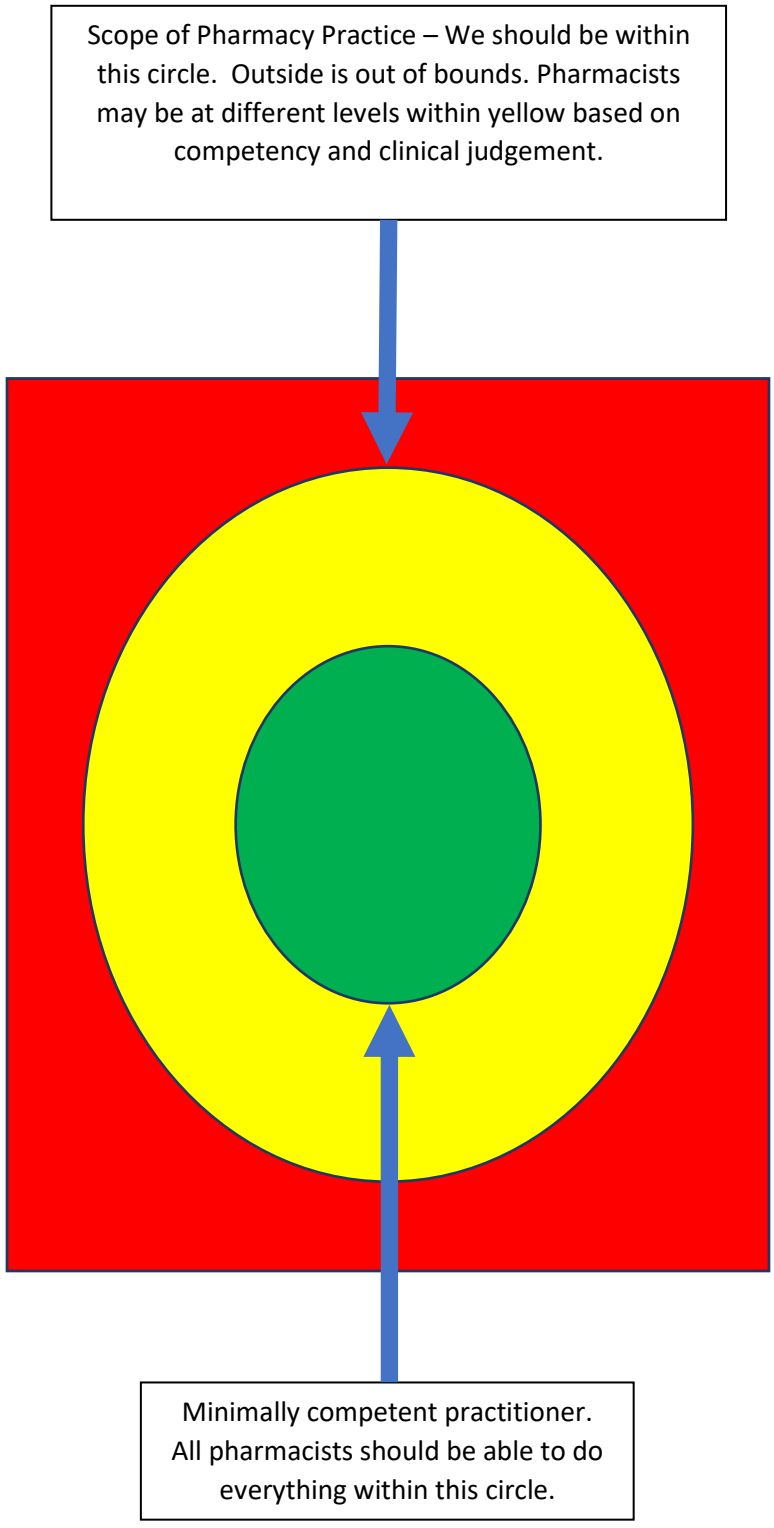
The framework on the following page was provided to pharmacists in Prescription to Thrive and included for your consideration.

Defining Scope of Practice – Prescribing – Panel of Peers

Two issues Panel of Peers is hoping to help define is the boundaries of the inner and outer circle. Some pharmacists may prescribe in the red because 1) they don't know the boundary or 2) they know the boundary but they will use the patient's lack of access to care as justification to prescribe. The latter is dangerous because you could use that to justify almost anything. If the patient faces an IMMEDIATE health risk if they waited to go the ER because you didn't prescribe (e.g., salbutamol, NTG spray, epinephrine), then this would fall in the category of Emergency Prescribing and would still be in the green. Being inconvenienced by waiting in the ER or thinking it is a poor use of health care resources is not grounds to prescribe in the red.

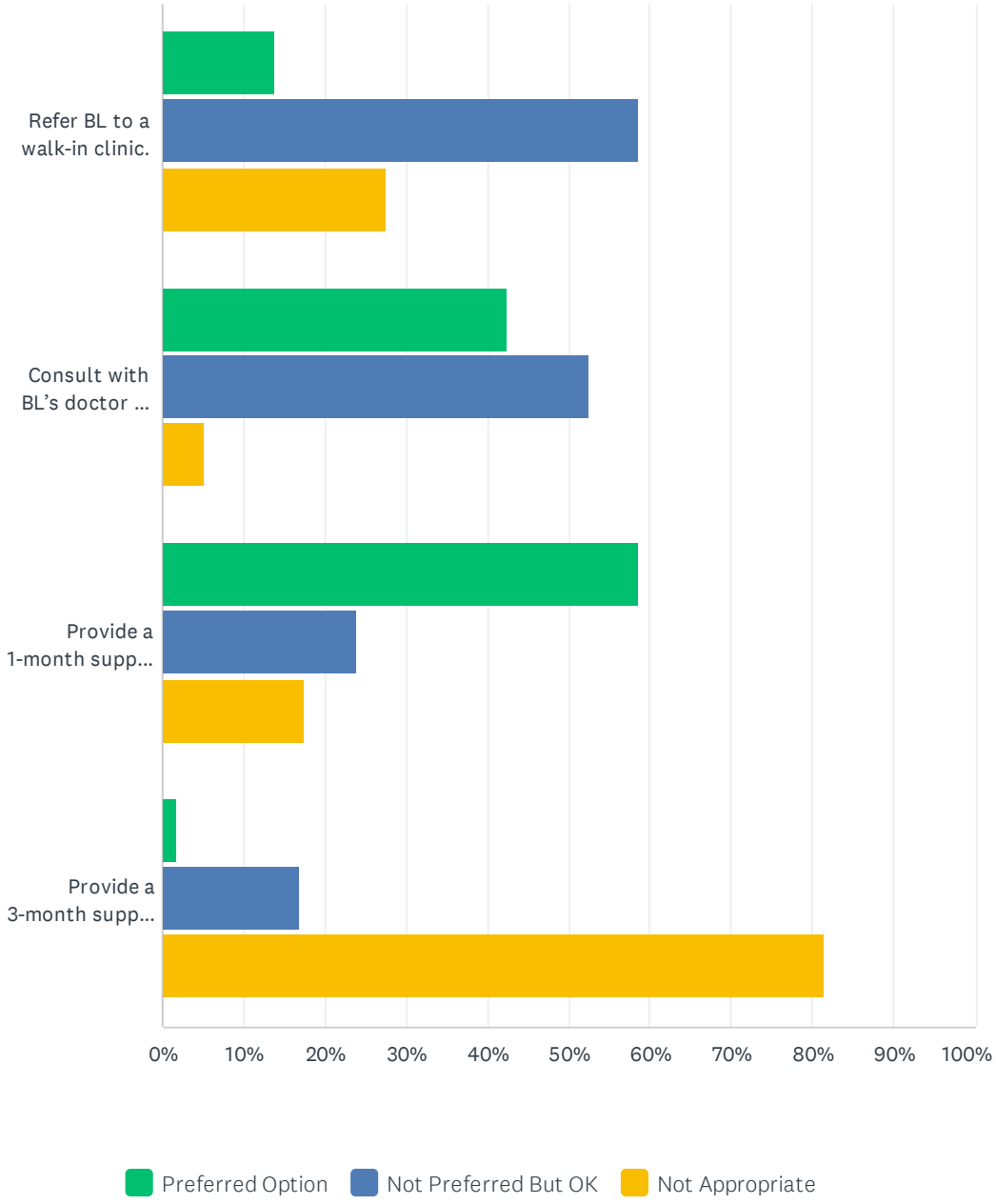
Some pharmacists have a prescribing circle that is smaller than the green circle. They are not providing basic services expected for a pharmacist.

Many scenarios fall in the yellow. Some, based on their clinical knowledge of the disease, ability and skills to assess the disease and detailed knowledge of the patient's history may be able to prescribe at the outer edges of the yellow with documentation to support the decision. Others will think it inappropriate. There tend to be no hard right or wrong answers for this category. We will try to present prescribing situations in the red, the yellow and the green throughout the year. I strongly advise everyone in Rx2Thrive to participate in Panel of Peers.



Q2 (Your submission) BL is a 68 yo female seeking a renewal for ramipril and furosemide for HTN and CHF. Her blood work was last completed 1 year ago (1 month after starting furosemide) and her K+ was slightly low (3.4). Other labs are within normal limits. BP – 140/80. BL reports dizziness and polyuria. BL took her last dose this morning. She has an appointment with her family doctor in 2 weeks. The rest of her medical background is not remarkable. Her last prescription was for 3 months and 1 refill. How should a pharmacist respond?

Answered: 63 Skipped: 1



	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer BL to a walk-in clinic.	13.79% 8	58.62% 34	27.59% 16	58
Consult with BL's doctor by fax to describe possible concerns listed above.	42.37% 25	52.54% 31	5.08% 3	59
Provide a 1-month supply with NR.	58.73% 37	23.81% 15	17.46% 11	63
Provide a 3-month supply with 1 refill.	1.69% 1	16.95% 10	81.36% 48	59

Panel of Peers – Reflections From Select Panel Members Nov 19, 2021

Question 2

- Most of the respondents would provide enough until the patient could see their doctor in 2 weeks or would reach out to the doctor due to the presentation. Most thought it was not appropriate to extend it for 6 months.
    - Refer to a walk-in clinic – 8% preferred option. 28% - not appropriate
    - Consult with the physician by fax due the concerns above – 42% preferred option, 53% not preferred but ok
    - Provide 1 month with NR – 59% preferred option. 24% - not preferred but ok, 17% - not appropriate
    - Provide 3 month and refill – 81% not appropriate

Comments

- Symptoms are concerning and lack of blood work as well
- I would prescribe the 1 month but reach out the physician, notify of the assessment and prescription and refer for blood work (immediately to be reassessed next appointment)
- I would prescribe for 1-month and possibly recommend holding doses to see if dizziness and polyuria subside.
- I would prescribe a 1-month refill and fax the doctor at the same time.