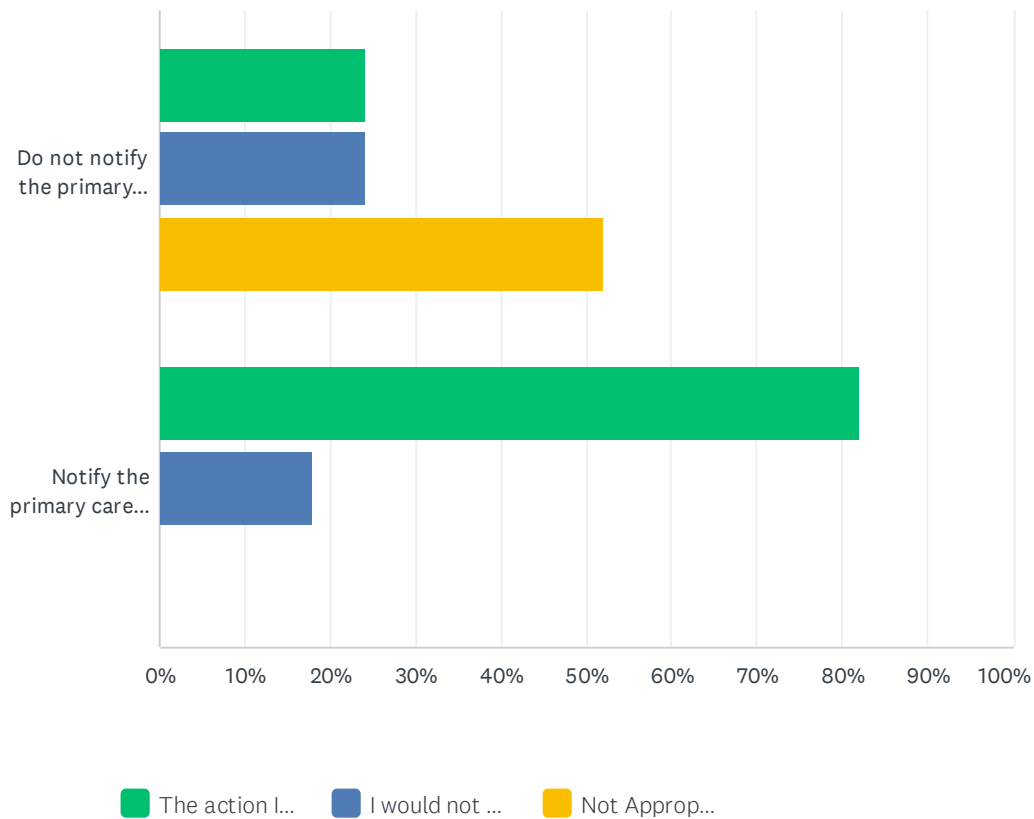


Q1 IT IS NOW 2022 AND THE NEW STANDARDS ARE IN EFFECT. PP is a 34 yo male with asthma. He runs out of refills on his Flovent. He has been taking Flovent 125mcg 2 puffs bid for the past 3 years and finds he rarely needs his salbutamol (2-3 times per month). He reports no problems with Flovent and wishes to continue using it. You renew it for 12 months.

Regarding notification of the patient's family doctor, how should a pharmacist proceed?

Answered: 29 Skipped: 0



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Do not notify the primary care provider and document why.	24.00% 6	24.00% 6	52.00% 13	25
Notify the primary care provider.	82.14% 23	17.86% 5	0.00% 0	28



Panel of Peers – Reflections From Select Panel Members Dec 17, 2021



Question 1

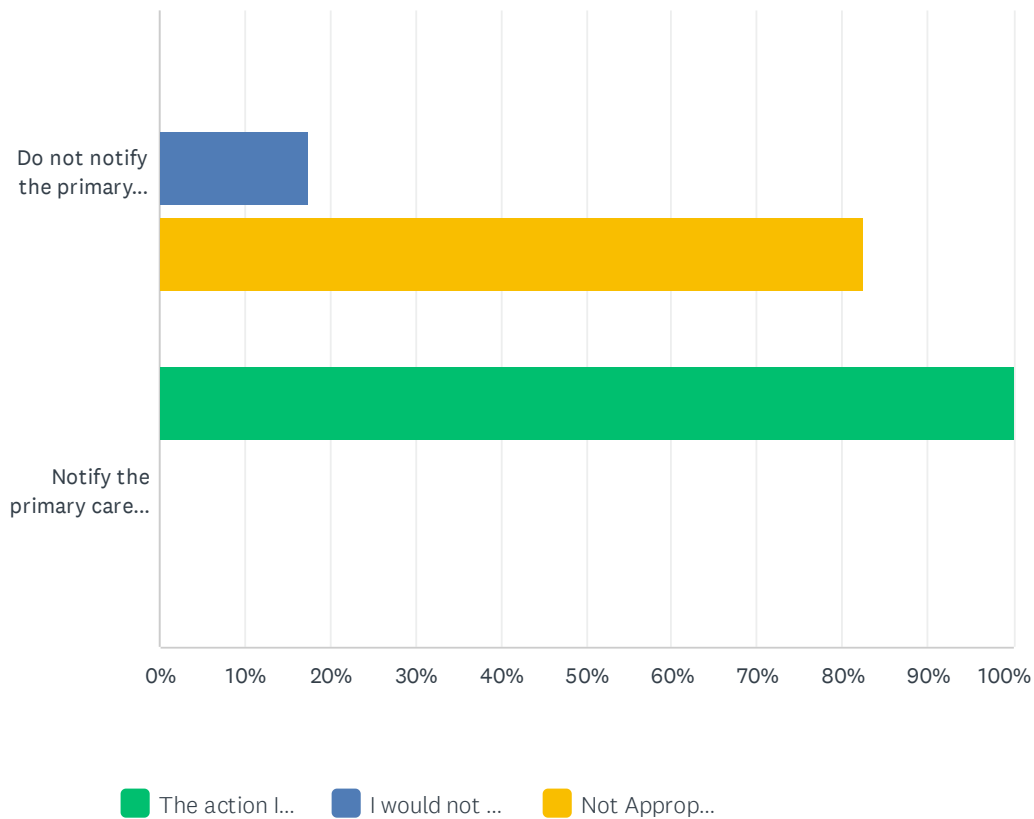
- There was a split on notification:
 - Do not notify and document why – 6% Action I would take, 52% Not appropriate
 - Notify primary care provider – 82% Action I would take

Comments

- There is not substantial change to the patient's course of therapy that would impact future decisions. No need to notify.
- I would notify. Although I think it could go either way. On the surface it appears that the rx may not have an impact on future care, it could be useful information if he presented to his family physician with an asthma exacerbation.
- While the standards do not require notification, it could be done as a courtesy as prescriber access to DIS is like pharmacist access to SHARE.
- As a prescriber I would like a complete record. If we did not notify the doctor they may question why it has been so long since his Flovent was prescribed. Having our record on his chart would quell that question

Q2 IT IS NOW 2022 AND THE NEW STANDARDS ARE IN EFFECT. MJ is a 34 yo female who presents with uncomplicated cystitis. She has two diagnosed UTIs in the past, 5 and 9 years ago. Both were treated with Macrobid. Her symptoms are consistent with uncomplicated cystitis, and you have no reason to refer. There are no alarm symptoms. You prescribe Macrobid. Regarding notification of the patient's family doctor, how should a pharmacist proceed?

Answered: 29 Skipped: 0



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Do not notify the primary care provider and document why.	0.00% 0	17.39% 4	82.61% 19	23
Notify the primary care provider.	100.00% 29	0.00% 0	0.00% 0	29



Panel of Peers – Reflections From Select Panel Members Dec 17, 2021



Question 2

- Unanimous support for notification:
 - **Notify the prescriber – 100% - The action I would take**

Comments

- In this case, given the infrequency of infection I would tend to think notification would be warranted. Despite this being her usual course of treatment, it is a new diagnosis and treatment therefore notify.
- This one is a little more crucial I believe. If she presents to her family doc in the next little bit with another UTI, it would be important for the physician to know so that a determination can be made for the need for culture, etc.
- Until OPOR is in full effect the primary care chart should be complete with all medical conditions and treatments there for I would notify the doctor
- If the patient presents to her family doctor in 3 weeks or 3 months with another UTI, knowing that she already one would help characterize relapse or recurrent infection and would justify cultures. The primary care provider needs to know this was prescribed.