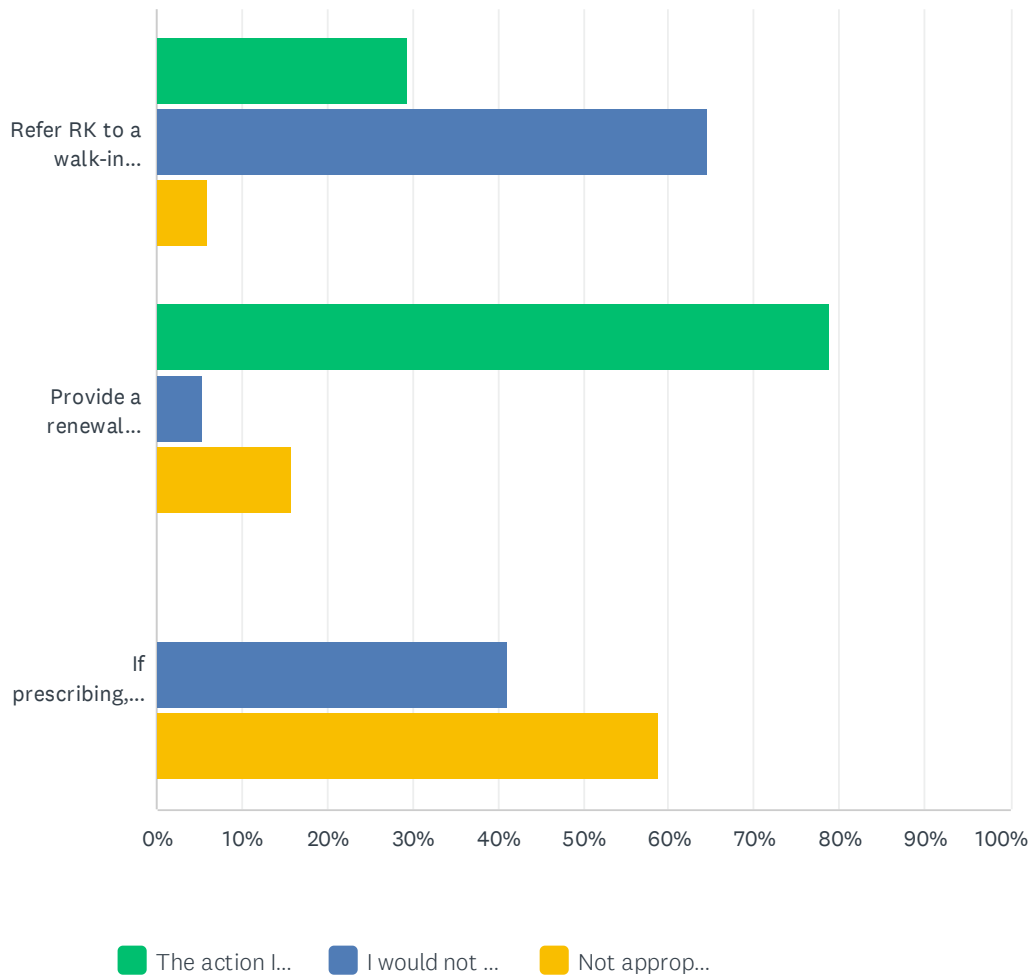


Q1 (Your submission) RK, a 37-year-old male books an appointment at your pharmacy for renewal prescribing. He does not have a primary care provider. He requests a refill for valacyclovir which he last had 2 years ago. He states that he is experiencing a recurrence of genital herpes starting last night with papules forming in the pubic area and on his genitals. He has experienced acute flares 5 times in the last 12 years for which antivirals have been filled at your pharmacy. Other than local lesions he reports no other symptoms and his medical background is not remarkable. How should a pharmacist respond? In the comment section, indicate how you think most primary care practitioners would respond to the third statement.

Answered: 19 Skipped: 0



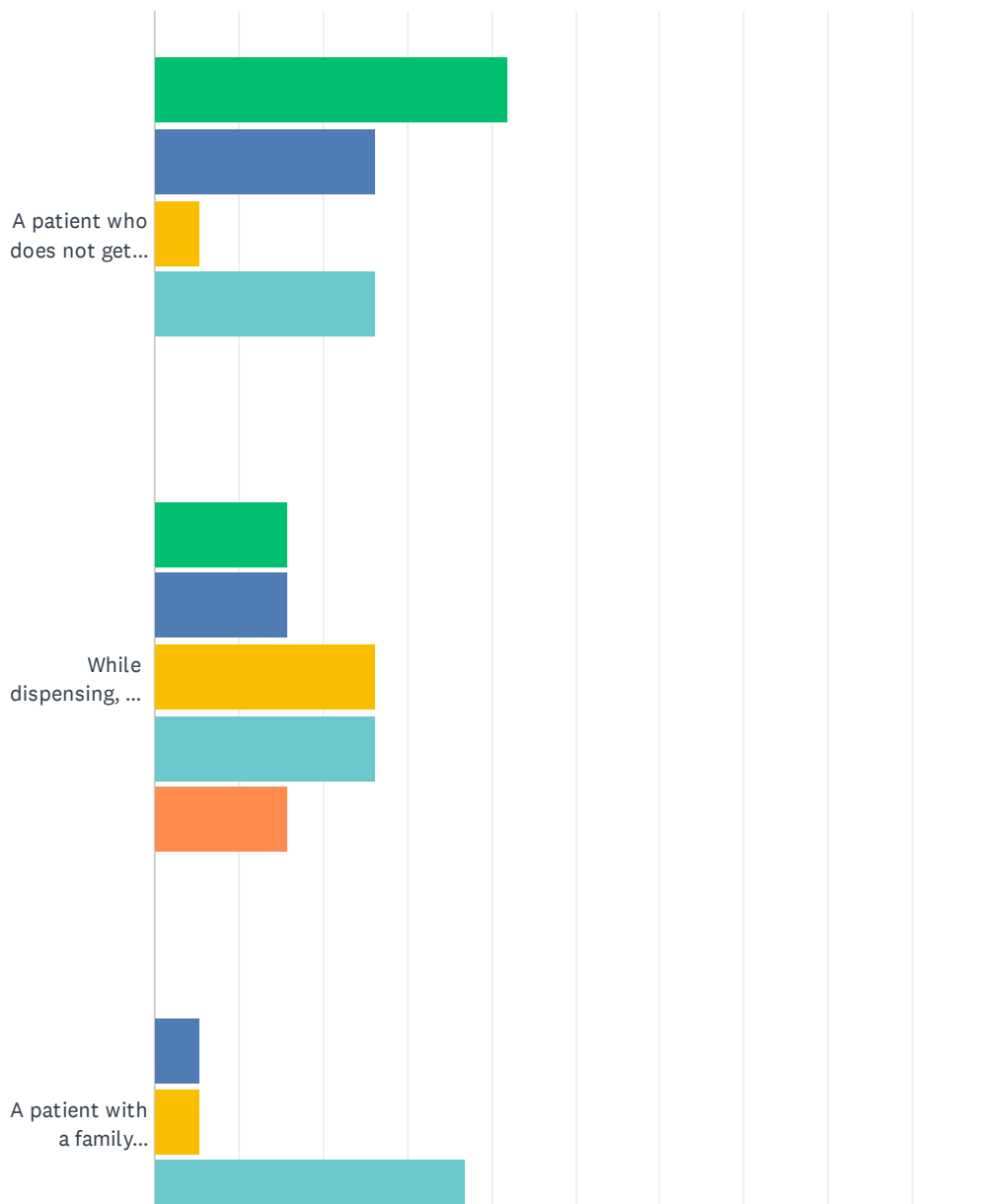
Panel of Peers Survey - Oct 19, 2023

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Refer RK to a walk-in clinic/virtual care for assessment and antiviral therapy.	29.41% 5	64.71% 11	5.88% 1	17
Provide a renewal prescription for valacyclovir.	78.95% 15	5.26% 1	15.79% 3	19
If prescribing, establish visual confirmation of the lesions rather than rely on patient self-reporting.	0.00% 0	41.18% 7	58.82% 10	17

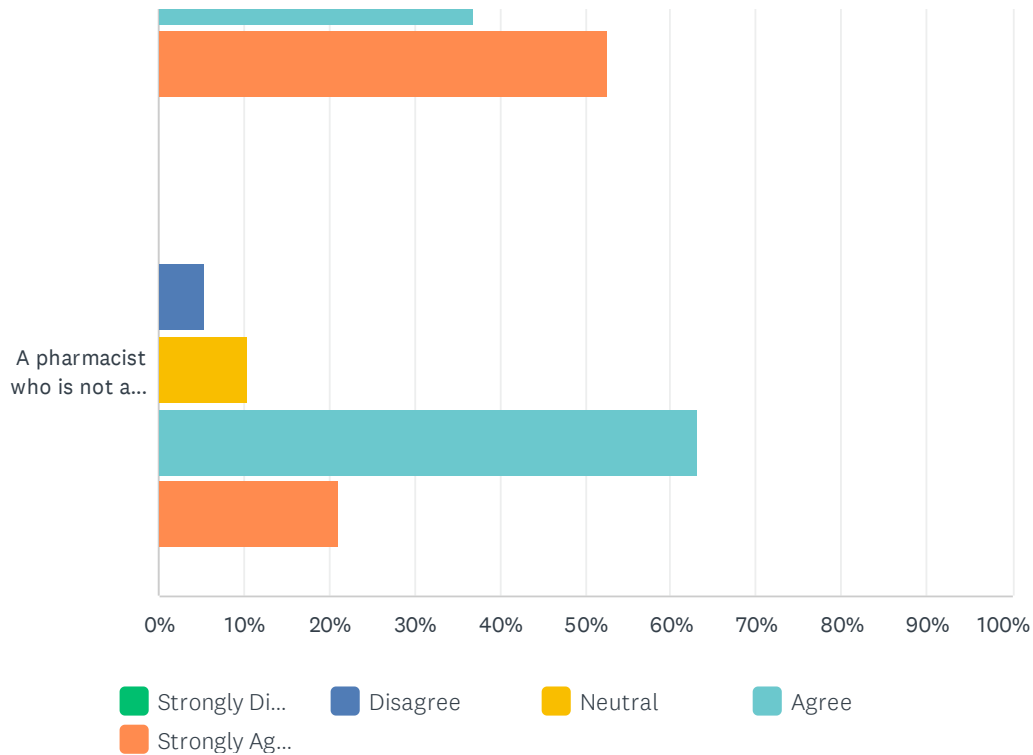
#	PHYSICAL ASSESSMENT COMMENT	DATE
1	I feel this is like a UTI assessment. There is minimal risk in causing harm and more risk for not treating. I would feel comfortable to trust that the patient knows what he is experiencing.	10/25/2023 11:32 PM
2	Treatment initiation during prodrome is most effective, but tx may be initiated early after lesion onset in some sources. Like UTI and cold sore prodrome, I would feel comfortable with patient experience and interview to support a diagnosis with recurrent infection. Physical exam performed in the pharmacy would not be likely to be any more helpful than patient interview.	10/25/2023 9:44 AM
3	Pt has had many times before would prescribe and refer	10/24/2023 12:33 PM

Q2 Pharmacists often refer patients to other healthcare providers. This may include non-urgent issues that require medical attention, semi-urgent issues or even a trip to the Emergency Department. For funded prescribing by protocol (e.g. Uncomplicated Cystitis) there is clear documentation for the referral. As care has been provided to a patient and referral is an important part of that care, do you document referrals in other situations? Indicate your agreement with whether you document referrals in the following. Use the comments to indicate specific situations where you would almost always document or send direct communication to another provider (and do you have a record of that communication).

Answered: 19 Skipped: 0



Panel of Peers Survey - Oct 19, 2023



	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
A patient who does not get prescriptions at your pharmacy is looking for topical OTC antibiotics, appears to have cellulitis.	42.11% 8	26.32% 5	5.26% 1	26.32% 5	0.00% 0	19	2.16
While dispensing, a patient with a family doctor checks his blood pressure at your pharmacy and the result is 160/98.	15.79% 3	15.79% 3	26.32% 5	26.32% 5	15.79% 3	19	3.11
A patient with a family doctor, picking up a refill for an antidepressant comments that they are having thoughts of self-harm.	0.00% 0	5.26% 1	5.26% 1	36.84% 7	52.63% 10	19	4.37
A pharmacist who is not able to order labs, is told by a patient that they have muscle aches/pains after starting a statin.	0.00% 0	5.26% 1	10.53% 2	63.16% 12	21.05% 4	19	4.00

#	I GENERALLY REFER OR SEND AN ADVISORY TO ANOTHER CARE PROVIDER WHEN...	DATE
1	If the patient has a family Dr and the concern is urgent or on going I fax a note. If I am leaving it up to the patient to bring it up, I'll add a care note to the file.	11/3/2023 6:12 AM
2	There is an immediate risk of harm within the next 1-7 days if not acted upon, and the patient does not fully grasp the urgency	10/31/2023 3:06 PM
3	In store A1C not at target, hypertensive urgency, HF decompensation, mental health crisis (along with offering other supports). In a perfect world I would be able to do this is way more instances but unfortunately there is not enough time to do so :(10/26/2023 10:37 AM
4	If a lab value is extremely out of range, ie TSH/Free T4, if a patient is experiencing a severe side effect from a medication, if a patient is non-adherent to an important medication (DOAC).	10/25/2023 11:32 PM

5 Providing care for a CPPCC patient in-clinic, as the setting and existence of a profile helps to make this more practical and feasible, and improves quality of care and collaboration, compared to many similar interactions in the dispensary.

10/25/2023 9:44 AM

Q3 If you have a situation you would like included in a future survey please enter it below. Please make sure that none of the information provided could in any way identify possible patients or the pharmacy involved.

Answered: 0 Skipped: 19

#	RESPONSES	DATE
	There are no responses.	