

Republic of Yemen
Ministry of Higher Education & Scientific Research
21 SEPTEMBER UMAS
Faculty of Faculty of Clinical Pharmacy
Department of Clinical Pharmacy
Unit of Development & Quality assurance



الجمهورية اليمنية
وزارة التعليم العالي والبحث العلمي
جامعة 21 سبتمبر للعلوم الطبية والتطبيقية
كلية الصيدلة السريرية
قسم الصيدلة السريرية
وحدة التطوير وضمان الجودة

دليل التدريب للحالات المرضية السريرية

Manual For Hospital Training (Formal Case Manual)

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Current Medical problems (disease type, current status, duration):

ROS:

GEN.

HEENT

CAR.

ABD.

NEURO.

PSY.

Table 2. Vital sings / lab data (initial and follow up)

Date									Normal Range	Interpretation
Vital sings										
Wt										
Temp										
Blood Pressure										
Pulse										
R.R.										
Pao ₂										
WBC									4.00-10.0	
NEU									1.63-6.96	
LYM									1.09-2.99	
MON									.240-.790	
EOS									.030-.440	
BASO									0.00-1.00	
RBC									4.00-6.00	
HGB									13.0-18.0	
HCT									42.0-54.0	
HCV									76.0-96.0	
MCHC									30.035.0	
RDW									11.5-14.5	
PLT									155.-450	
ESR									Upto 10	
PT										
INR										
HbA1c									< 6.5 %	

T. Bilirubin								Up to 18.8	
D. Bilirubin								Up to 3.4	
SGOT								Up to 42	
SGPT								Up to 42	
ALK.Phosphatase								52-171	
Urea								1.7-8.3	
Creatinine								50-106	
Albumin								50-35	
K+								3.5-5.3	
Na+								130-153	
Ca++								2.0-2.6	

HbA1c : Pre - DM (5.7-6.4 %) / DM \geq 6.5% / Normal < 6.5 %

Table 7. Evaluation

Medical Condition: _____

	Outcome Parameter	Pretreatment Baseline (Date)	First Follow-up (Date)	Second Follow-up (Date)
EFFECTIVENESS	Sign/symptom			
	Sign/symptom			
	Lab value			
	Lab value			
SAFETY	Sign/symptoms			
	Signs/symptoms			
	Lab value			
	Lab value			
	Other			
STATUS	STATUS Initial: goals being established, initiate new therapy Resolved: goals achieved, therapy completed Stable: goals achieved, continue same therapy Improved: adequate progress being made, continue same therapy Partial Improvement: progress being made, adjustments in therapy required Unimproved: no progress yet, continue same therapy Worsened: decline in health, adjust therapy Failure: goals not achieved, discontinue current therapy and replace with different therapy			
	New Drug Therapy Problems Identified		<input type="checkbox"/> none at this time <input type="checkbox"/> documented	<input type="checkbox"/> none at this time <input type="checkbox"/> documented

Date	Schedule for next follow-up	Comments

Signature _____ Date _____

DRUG THERAPY PROBLEMS TO BE RESOLVED

DRUG THERAPY PROBLEMS	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	INDICATION
		<p>Unnecessary Drug Therapy</p> <p><input type="checkbox"/> No medical indication</p> <p><input type="checkbox"/> Duplicate therapy</p> <p><input type="checkbox"/> Nondrug therapy indicated</p> <p><input type="checkbox"/> Treating avoidable ADR</p> <p><input type="checkbox"/> Addictive/recreational</p> <p>Needs Additional Drug Therapy</p> <p><input type="checkbox"/> Untreated condition</p> <p><input type="checkbox"/> Preventive/prophylactic</p> <p><input type="checkbox"/> Synergistic/potentiating</p>
	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	EFFECTIVENESS
		<p>Needs Different Drug Product</p> <p><input type="checkbox"/> More effective drug available</p> <p><input type="checkbox"/> Condition refractory to drug</p> <p><input type="checkbox"/> Dosage form inappropriate</p> <p><input type="checkbox"/> Not effective for condition</p> <p>Dosage Too Low</p> <p><input type="checkbox"/> Wrong dose</p> <p><input type="checkbox"/> Frequency inappropriate</p> <p><input type="checkbox"/> Drug interaction</p> <p><input type="checkbox"/> Duration inappropriate</p>
	MEDICAL CONDITION AND DRUG THERAPY INVOLVED	SAFETY
	<p>Adverse Drug Reaction</p> <p><input type="checkbox"/> Undesirable effect</p> <p><input type="checkbox"/> Unsafe drug for patient</p> <p><input type="checkbox"/> Drug interaction</p> <p><input type="checkbox"/> Dosage administered or changed too rapidly</p> <p><input type="checkbox"/> Allergic reaction</p> <p><input type="checkbox"/> Contraindications present</p> <p>Dosage Too High</p> <p><input type="checkbox"/> Wrong dose</p> <p><input type="checkbox"/> Frequency inappropriate</p> <p><input type="checkbox"/> Duration inappropriate</p> <p><input type="checkbox"/> Drug interaction</p> <p><input type="checkbox"/> Incorrect administration</p>	
MEDICAL CONDITION AND DRUG THERAPY INVOLVED	COMPLIANCE	
	<p>Noncompliance</p> <p><input type="checkbox"/> Directions not understood</p> <p><input type="checkbox"/> Patient prefers not to take</p> <p><input type="checkbox"/> Patient forgets to take</p> <p><input type="checkbox"/> Drug product too expensive</p> <p><input type="checkbox"/> Cannot swallow/administer</p> <p><input type="checkbox"/> Drug product not available</p>	

No Drug Therapy Problem(s) at this time