

2012
ASHP Clinical Skills Competition
LOCAL COMPETITION CASE

2012 ASHP Clinical Skills Competition

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Directions to Clinical Skills Competition Participants

Identify the patient's acute and chronic medical and drug therapy problems. Recommend interventions to address the drug therapy problems using the forms supplied (Pharmacist's Patient Data Base, Drug Therapy Assessment Worksheet [DTAW], and Pharmacist's Care Plan).

IMPORTANT NOTE: Only the Pharmacist's Care Plan will be used for evaluation purposes. The Drug Therapy Assessment Worksheet is simply a tool to assist you in the decision-making process.

LOCAL CASE

ASHP CLINICAL SKILLS COMPETITION 2012
PHARMACIST'S PATIENT DATA BASE FORM

Demographic and Administrative Information

Name: Amber Leamon

Patient ID: 04062012

Date of Birth: 3/19/2000

Room & Bed: 4S – 23A

Height: 60 in; Weight: 90 lbs, Race: Caucasian

Physician: Simon

Pharmacy: Walgreens

Religion: Catholic

Prescription Coverage

Insurance: Cigna

Copay: \$5 generic, \$20 brand

Cost per month: n/a

Family's Annual Income: \$70,000

Chief Complaint: vomiting, tachypnea, recent weight loss

History of Present Illness

AL presented to the emergency department (on 8/20/2012) with vomiting, increased work of breathing, and fatigue that started several days ago. Mom reports that over the last month the patient has had increased thirst and urination and seems to have lost weight, because "her clothes are hanging off of her, even though she eats like a horse". Mom reports that at her well-child checkup a few months ago her weight was 100 pounds. AL is being admitted to the pediatrics floor for further workup.

Past Medical History

ADHD-diagnosed at age 5

Seasonal allergic rhinitis-diagnosed at age 11

Nocturnal enuresis-diagnosed one month ago (7/2012)

Allergies/Intolerances: NKDA, milk protein intolerance

Outpatient Drug Therapy

Drug Name/Dose/Strength/Route	Prescribed Schedule	Duration Start–Stop Dates
1. Loratadine 10 mg PO	1 tablet daily	2011 – present
2. Desmopressin 0.2 mg PO	1 tablet QHS	8/1/2012 – present
3. Adderall XR 20 mg PO	1 capsule daily	2005 – present

Medication History

AL takes acetaminophen for mild pain or fever. She has not required any in the last month. She was recently started on desmopressin for nocturnal enuresis. Prior to July 2012, she had not had a problem with bed-wetting. In the last month, she has experienced nocturnal enuresis several nights per week. Since starting desmopressin and limiting beverages for 1 hour prior to bedtime, bed-wetting only happens 1-2 nights per week. She experiences seasonal allergies, worse in the spring and fall; but really is never comfortable (complains of itchy eyes and nasal congestion), even with her current treatment plan. She has a difficult time focusing on her homework in the afternoon and takes her ADHD medication every day. Her difficulty with concentrating started last school year. School started back last week and she is again having problems. Mom reports that "it is a daily struggle to get homework done after school".

LOCAL CASE

Surgical History: tonsillectomy, age 4

Family History

Father: 36, alive, seasonal allergies
Mother: 30, alive, hypercholesterolemia
Brother: 8, alive, no significant history

Social History

Denies tobacco, EtOH, illicit drug, caffeine use
Attends public school, average student, started 6th grade last week

Vaccination history

Childhood immunizations: up to date through age 5, before attending kindergarten
Influenza: last received October 2011

Physical Exam (8/20/2012)

General: thin, diaphoretic, ill-appearing young female in moderate distress
HEENT: PERRLA, EOMI
Chest: CTA bilaterally; tachypneic, mild subcostal retractions
CV: tachycardia, regular rhythm, no murmurs, rubs, gallops
Abd: soft, tender, bowel sounds present
GU: menarche has not occurred
Ext: no edema, cap refill 3 seconds
Neuro: A&O x 3, CII-XII intact, (-) clonus

Vital signs

(8/20/2012 = Day 1)

HR: 122 bpm
BP: 64/42 mmHg
Temp: 99.8 °F
RR: 40 breaths/minute

(8/21/2012 = Day 2)

HR: 90 bpm
BP: 94/58 mmHg
Temp: 98.8 °F
RR: 22 breaths/minute

	8/20/2012 = Day 1	8/21/2012 = Day 2
Metabolic Panel		
Na (mEq/L)	134	136
K (mEq/L)	3.1	3.8
Cl (mEq/L)	98	102
CO ₂ (mEq/L)	10	28
BUN (mg/dL)	30	12
SCr (mg/dL)	1	0.8
Glucose (mg/dL)	432	120
Calcium (mg/dL)	9.2	9.2
Phosphorus (mg/dL)	3	4.6
Magnesium (mEq/L)	1.4	2

LOCAL CASE

	8/20/2012 = Day 1	8/21/2012 = Day 2
Albumin (g/dL)	3.8	4
AST (IU/L)	32	30
ALT (IU/L)	34	32
Total bili (mg/dL)	0.6	0.4
CBC		
WBC (million/mm ³)	10.2	
Hgb (g/dL)	13	
Hct (%)	40	
Plt (K/mm ³)	254	
MCV (fL)	90	
MCH (pg)	30	
RBC (mil/uL)	3.4	
Diabetes Screening		
Glutamic acid decarboxylase (GAD)	Pending	
Islet cell antibody	Pending	
C peptide	Pending	
HbA1c (%)	12.8	
Urinalysis		
Color	Dark yellow	Yellow
Clarity	Clear	Clear
Spec Gravity	1.03	1.22
pH	6	5.5
Glucose	4+	Negative
Ketones	3+	Negative
Protein	2+	Negative
Blood	Negative	Negative
Bili	Negative	Negative
Nitrites	Negative	Negative
LE	Negative	Negative
Urine culture (cath specimen)	pending	No growth x1 day
UCG	Negative	

Blood gas (8/20/2012)

pH: 7.26
 PaO₂: 70
 PaCO₂: 40
 HCO₃⁻:10

CXR: Unremarkable
 EKG: Normal sinus rhythm

Compliance/dosing issue
 none

LOCAL CASE

Current Drug Therapy

Drug name/dose/strength/route	Prescribed schedule	Start date	Indication
D10 ½ NS with 20 mEq/Liter KCl + 20 mEq/Liter KPhos IV	Alternate fluids with ½ NS below to maintain blood glucose in range	8/20	Hydration/ DKA
½ NS with 20 mEq/Liter KCl + 20 mEq/Liter KPhos IV	Alternate fluids with D10½NS above to maintain blood glucose in range	8/20	Hydration/ DKA
Insulin regular 1 unit/mL	Titrated to maintain blood glucose towards 150 mg/dL	8/20	DKA
Loratadine 10 mg PO	1 tablet daily	8/20	Seasonal allergies
Desmopressin 0.2 mg PO	1 tablet QHS	8/20	Nocturnal enuresis
Adderall XR 20 mg PO	1 capsule daily	8/20	ADHD

Patient Narrative

AL was diagnosed with diabetic ketoacidosis and was given a normal saline bolus and potassium for her initial hypovolemia and hypokalemia. Her DKA has resolved. She has now been diagnosed with new onset Type I Diabetes Mellitus. On evening of 8/21, Dr. Simon requests pharmacy's recommendations for medication management. AL required 20 units of insulin in the last 24 hours and has no blood ketones or urine ketones. She is tolerating oral food and medications. Dr. Simon reports that she wants to set AL's target blood glucose at 150 mg/dL and would like to start multiple daily insulin injections. In addition to new therapy recommendations, Dr. Simon requests you look at AL's current medication profile to determine if changes are needed with any medications.

Drug Therapy Assessment Worksheet (DTAW)

The Drug Therapy Assessment Worksheet (DTAW) will serve as a guide to identify any drug-related problems that your patient may have. You may make notes on the DTAW. **However, the Drug Therapy Assessment Worksheet will not be scored.** As you proceed through all the questions on the DTAW, you will accumulate a list of drug therapy problems. All of these problems should be assessed on your Pharmacist's Care Plan. Drug-related problems may be listed as separate items on your Pharmacist's Care Plan or addressed in your recommendations for therapy of the acute or chronic disease states that the medicines are being used to treat. Teams will be evaluated on identifying and making appropriate recommendations for drug-related problems in the following areas:

1. Correlation between drug therapy and medical problems
2. Appropriate drug selection
3. Drug regimen
4. Therapeutic duplication
5. Drug allergy or intolerance
6. Adverse drug events
7. Interactions: drug–drug, drug–disease, drug–nutrient, and drug–laboratory test
8. Social or recreational drug use
9. Failure to receive therapy
10. Financial impact
11. Patient knowledge of drug therapy

ASHP CLINICAL SKILLS COMPETITION DRUG THERAPY ASSESSMENT WORKSHEET (DTAW)

Type of Problem	Assessment	Presence of Drug-Related Problem	Comments/Notes
Correlation between Drug Therapy and Medical Problems	<p>Are there drugs without a medical indication?</p> <p>Are any medications unidentified (are any unlabeled or are any—prior to admission/clinic visit—unknown)?</p> <p>Are there untreated medical conditions? Do they require drug therapy?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Appropriate Drug Selection	<p>What is the comparative efficacy of the chosen medication(s)?</p> <p>What is the relative safety of the chosen medication(s)?</p> <p>Has the therapy been tailored to this individual patient?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Drug Regimen	<p>Are the prescribed dose and dosing frequency appropriate—within the usual therapeutic range and/or modified for patient factors?</p> <p>Is pm use appropriate for those medications either prescribed or taken that way?</p> <p>Is the route/dosage form/mode of administration appropriate, considering efficacy, safety, convenience, patient limitations, and cost?</p> <p>Are doses scheduled to maximize therapeutic effect and compliance and to minimize adverse effects, drug interactions, and regimen complexity?</p> <p>Is the length or course of therapy appropriate?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Therapeutic Duplication	<p>Are there any therapeutic duplications?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Drug Allergy or Intolerance	<p>Is the patient allergic to or intolerant of any medicines (or chemically related medications) currently being taken?</p> <p>Is the patient using any method to alert health care providers of the allergy/intolerance (or serious medical problem)?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	

ASHP CLINICAL SKILLS COMPETITION DRUG THERAPY ASSESSMENT WORKSHEET (DTAW)

Type of Problem	Assessment	Presence of Drug-Related Problem	Comments/Notes
Adverse Drug Events	Are there symptoms or medical problems that may be drug induced? What is the likelihood that the problem is drug related?	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Interactions: Drug-Drug, Drug-Disease, Drug-Nutrient, and Drug-Laboratory Test	<p>Are there drug-drug interactions? Are they clinically significant?</p> <p>Are any medications contraindicated (relatively or absolutely) given patient characteristics and current/past disease states?</p> <p>Are there drug-nutrient interactions? Are they clinically significant?</p> <p>Are there drug-laboratory test interactions? Are they clinically significant?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Social or Recreational Drug Use	<p>Is the patient's current use of social drugs problematic?</p> <p>Could the sudden decrease or discontinuation of social drugs be related to patient symptoms (e.g., withdrawal)?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Failure to Receive Therapy	<p>Has the patient failed to receive a medication due to system error or noncompliance:</p> <p>Are there factors hindering the achievement of therapeutic efficacy?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Financial Impact	<p>Is the chosen medication(s) cost effective?</p> <p>Does the cost of drug therapy represent a financial hardship for the patient?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	
Patient Knowledge of Drug Therapy	<p>Does the patient understand the purpose of his or her medication(s), how to take it, and the potential side effects of therapy?</p> <p>Would the patient benefit from education tools (e.g., written patient education sheets, wallet cards, and reminder packaging)?</p>	<ol style="list-style-type: none"> 1. A problem exists. 2. More information is needed for a determination. 3. No problem exists or an intervention is not needed. 	

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Pharmacist's Care Plan

Using the patient's data and the DTAW, you will be able to develop an effective care plan for your patient. Clearly define the health care problems. Health care problems include treatment of all acute and chronic medical problems, resolution of all actual or potential drug-related problems, and identification of any other health care services from which your patient may benefit.

Remember to think about potential medical problems for which your patient may be at risk and disease prevention and disease screening activities that may be appropriate to recommend. Also, don't forget to consider specific patient factors that may influence your goals and recommendations for therapy (e.g., physical, psychological, spiritual, social, economic, cultural, and environmental).

To complete your care plan, specify all of your patient's health care problems that need to be addressed. Then prioritize the problems into one of three categories: (1) Most urgent problem, (2) Other problems that must be addressed immediately (or during this clinical encounter), OR (3) Problems that can be addressed later (e.g. a week or more later/at discharge or next follow up visit). Please note that only **one** problem should be identified as the "most urgent problem."

Then **for each problem** describe the (1) therapeutic goals, (2) recommendations for therapy, and (3) monitoring parameters and endpoints. Your monitoring parameters should include the frequency of follow-up and endpoints should be measurable by clinical, laboratory, quality of life, and/or other defined parameters (e.g., target HDL is greater than 50 mg/dL within 6 months).

ASHP Clinical Skills Competition - Pharmacist's Care Plan

Evaluated for
competition

Problem Identification and Prioritization with Pharmacist's Care Plan

Team # _____

- A. List all health care problems that need to be addressed in this patient using the table below.
- B. Prioritize the problems by indicating the appropriate number in the "Priority" column below:
- 1 = Most urgent problem (Note: There can only be one most urgent problem)
 - 2 = Other problems that must be addressed immediately or during this clinical encounter; **OR**
 - 3 = Problems that can be addressed later (e.g. a week or more later/at discharge or next follow up visit)

**Please note, there should be only a "1", "2", or "3" listed in the priority column, and the number "1" should only be used once.*

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints

ASHP Clinical Skills Competition - Pharmacist's Care Plan

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Problem Identification and Prioritization with Pharmacist's Care Plan

Team # _____

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints

ASHP Clinical Skills Competition - Pharmacist's Care Plan

Evaluated for competition

Problem Identification and Prioritization with Pharmacist's Care Plan

Team # _____

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints

ASHP Clinical Skills Competition - Pharmacist's Care Plan

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Problem Identification and Prioritization with Pharmacist's Care Plan

Team # _____

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints

ASHP Clinical Skills Competition - Pharmacist's Care Plan

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Problem Identification and Prioritization with Pharmacist's Care Plan

Team # _____

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints

ASHP Clinical Skills Competition - Pharmacist's Care Plan

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Problem Identification and Prioritization with Pharmacist's Care Plan

Team # _____

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints

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Problem Identification and Prioritization with Pharmacist's Care Plan

Team # _____

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints

2012
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LOCAL CASE ANSWER KEY

Problem Identification and Prioritization with Pharmacist's Care Plan

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**Please note, there should be only a "1", "2", or "3" listed in the priority column, and the number "1" should only be used once.*

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
New onset type 1 diabetes	1	<ul style="list-style-type: none"> Resolution of ketoacidosis Prevention of morbidities Establish multiple daily injection (MDI) insulin regimen to control blood glucose Prevent hypoglycemia Prevent neurologic morbidities Education on type I DM 	<ul style="list-style-type: none"> Discontinue IV fluids as patient is tolerating PO Transition IV insulin drip to subQ injections <ul style="list-style-type: none"> -Begin rapid acting insulin 15-30 minutes prior to stopping insulin drip -Patient required 20 units of insulin over last 24 hours; <i>using 1800 rule and 500 rule or weight based rule, calculate long-acting and rapid acting mealtime insulin regimen</i> Target blood glucose per physician = 150 mg/dL Calculations based on total insulin requirement from last 24 hours: <ul style="list-style-type: none"> -Long-acting insulin = ½ of total daily insulin = 10 units of insulin detemir or insulin glargine -(Bonus)If insulin detemir is chosen, student can divide the dose into twice daily injections (dose is <0.4 units/kg/day) 1800 and 500 rule: <ul style="list-style-type: none"> -Correction ratio [insulin sensitivity factor (ISF)] = 1800/20 = 1:90 (one unit of fast acting insulin will lower 	<ul style="list-style-type: none"> Monitor blood glucose multiple times per day <ul style="list-style-type: none"> -Before each meal to calculate insulin requirement using insulin sensitivity factor (ISF) and insulin:carb ratio (I:C) -Before snacks, at bedtime, possibly an overnight check, and at wake up -Reassess insulin regimen based on BG trends and make adjustments Maintain fasting BG within range of 90-180 as much as possible to avoid hypoglycemia and hyperglycemia Monitor trends with low BG and high BG for insulin adjustment Monitor for skin hypertrophy (appear as lumps under skin from not rotating injection sites); if this is observed, the site should be avoided until healed and sites should be continuously rotated Monitor growth and weight gain Monitor HbA1c every 3 months <ul style="list-style-type: none"> -Patient's goal HbA1c is <8%

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
			<p>BG 90 mg/dL) -Insulin to carb ratio (I:C) = 500/20 = 25, 1:25 (one unit of insulin will cover 25 carbohydrates) <u>OR</u></p> <ul style="list-style-type: none"> • Weight based insulin regimen = 0.3-0.5 units/kg/day -Long-acting insulin =6-10 units -Mealtime rapid acting insulin = 2-3 units at mealtimes • Educate patient and caregiver(s) on managing T1DM -Finger sticks, use of glucometer, injection technique, sites for injections, rotation of injection sites, insulin storage, how different insulins work, how to measure doses, teach carb counting and dose adjustment -How to manage low blood sugars (BG<70 – give 15 grams fast acting sugar; recheck in 15 minutes; if not above 70, give 15 grams fast acting sugar; recheck in 15 minutes; if above 70, give 15 gram snack with protein) -When to measure for urine ketones with high BG (usually >350), push fluids to clear ketones, correct with insulin, rest, seek medical attention if not clearing or patient decompensates • Patient should eat a well balanced diet with complex carbs, healthy fats, and protein for growth and development • Unacceptable therapies: -NPH (neutral protamine Hagedorn) regimen 	<p>based on age</p> <ul style="list-style-type: none"> • Monitor for urine ketones if BG >350 • Additional acceptable monitoring: -Can recommend to monitor estimated average blood glucose

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
Nocturnal enuresis	2	<ul style="list-style-type: none"> Prevent bed-wetting 	<ul style="list-style-type: none"> Trial off desmopressin <ul style="list-style-type: none"> -Hyperglycemia from AL's diabetes could have lead to the new onset nocturnal enuresis -No specified timeframe for trialing off, the antidiuretic hormone effect works for 12 hours in the body; therefore, a trial off of 1-2 weeks with close counting of bedwetting nights would be acceptable Continue to limit fluid intake one hour before bedtime and practice regular voiding Acceptable therapy: <ul style="list-style-type: none"> -Can recommend bedwetting alarm 	<ul style="list-style-type: none"> Monitor for bed-wetting Monitor if symptoms correlate with high BG If nocturnal enuresis continues, restart desmopressin as it was working
ADHD	3	<ul style="list-style-type: none"> Control ADHD symptoms Improve quality of life 	<ul style="list-style-type: none"> Patient isn't able to focus on homework in the afternoons Behavior therapy should be recommended <u>Can bring patient back in a few weeks or address now.</u> Any of the following are appropriate options: <ul style="list-style-type: none"> ○ Add an immediate release dexamphetamine or methylphenidate to AL's regimen when gets home from school or right before school gets out. This should help focus on homework and shouldn't affect sleep <u>OR</u> ○ Change from oral therapy to transdermal patch <u>OR</u> ○ Switch to methylphenidate containing extended release product, as some 	<ul style="list-style-type: none"> Monitor to see if AL's focus improves during homework times If symptoms improve, continue with therapy If symptoms don't improve, consider alternate agents Monitor stimulants' affect on blood glucose control Monitor heart rate, blood pressure, and growth

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
			<p>patients respond better to one stimulant type over another</p> <p>OR</p> <ul style="list-style-type: none"> ○ Increase Adderall XR to 30 mg/day <p>• Unacceptable therapies: -Guanfacine and clonidine <u>should not be used</u> as this patient doesn't have tics</p>	
Seasonal allergic rhinitis	3	<ul style="list-style-type: none"> • Relieve current symptoms of seasonal allergic rhinitis • Prevent the future occurrence of symptoms and comorbidities associated with seasonal allergic rhinitis • Provide optimal pharmacotherapy with minimal or no adverse effects • Improve patient quality of life 	<ul style="list-style-type: none"> • Avoid allergen exposure • Continue loratadine 10 mg PO daily (less sedating) or change to cetirizine 5-10 mg PO daily (may cause sedation at recommended doses) • Add intranasal corticosteroid for daily use and/or breakthrough nasal symptoms if not controlled <ul style="list-style-type: none"> • Fluticasone 50 mcg/actuation 1 spray in each nostril once daily; • Mometasone 50 mcg/actuation 2 sprays in each nostril once daily; • Budesonide 32 mcg/actuation 2 to 4 sprays in each nostril once daily; • Beclomethasone 42 mcg/actuation 1 to 2 sprays in each nostril once daily; • Or another intranasal steroid • Acceptable additional therapy: -Intranasal antihistamine such as azelastine 1-2 sprays in each nostril twice daily 	<ul style="list-style-type: none"> • Counsel on bitter taste, if intranasal steroid recommended • Return to the clinic in 2 to 4 weeks for reassessment of symptoms (sneezing, rhinorrhea, congestion, watery eyes) • Monitor for adverse effects of pharmacotherapy, in particular epistaxis or ulceration of the nasal mucosa
Disease prevention and health promotion	3	<ul style="list-style-type: none"> • Catch up on immunization schedule • Maintain healthy behaviors 	<ul style="list-style-type: none"> • Patient should receive Meningococcal Conjugate Vaccine (MCV4) • Inactivated influenza vaccine 	<ul style="list-style-type: none"> • Monitor for injection reactions • Follow up on healthy behaviors

Health Care Problem	Priority	Therapeutic Goals	Recommendations for Therapy	Monitoring Parameters and Endpoints
			<p>yearly</p> <ul style="list-style-type: none"> • Counsel and encouragement for Human Papillomavirus (HPV) vaccination series • Provide education on vaccination schedules • Vaccine information sheet (VIS) and appropriate documentation required by federal law should be provided for each vaccine administered • Should counsel on at least 3 health promotion issues: <ul style="list-style-type: none"> -Exercise -Healthy diet -Avoid smoking -Abstinence -Wear seatbelt • Acceptable answers (Bonus): <ul style="list-style-type: none"> -Varicella if only received one dose as recommendation have changed to include second dose at age 4-6 years or catch up during 11-12 year old range -Hepatitis A if high-risk area • Unacceptable recommendation: <ul style="list-style-type: none"> -Live attenuated influenza vaccine 	

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