

Association of Community Pharmacists of India
Manipal College of Pharmaceutical Sciences,
Manipal

COMMUNITY PHARMACY INTERSHIP PROGRAM
REPORT



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Prescription:-

A medication order/ instruction given by the registered medical practitioner to a Registered Pharmacist to prepare and dispense that medication order.

The standard **prescription** should include the patient's name, age, sex, weight and any known drug allergy

It should include the diagnosis /clinical signs and symptoms of the disease and a complete list of drugs prescribed including the dosage, frequency, instructions for use and duration.

This **prescription** should also bear the signature and address of the prescriber

Some of the common abbreviations used during writing of the prescription:-

OD	Once daily
BD	Twice daily
TID	Thrice daily
QID	Four times daily
OC	Ointment
Tab	Tablet
Cap	Capsule
TRP	Liniment
Inj	Injection

Prescription Handling:-

The prescription handling is the first and the basic step involved in the community and the pharmacist should be very good in handling the prescription. The prescription handling involves the following steps:-

1. Receiving the prescription
2. Checking the prescription
3. Preparing the medication
4. Medication dispensing
5. Miscellaneous

Receiving the prescription:-

The prescription should not be received with astonishment or the shock on the face so that the patient should feel bad and makes him / her think that there is some thing wrong in the prescription or he /she is suffering from some serious disease.

Checking the prescription:-

The Prescription should be checked by the pharmacist completely after receiving it from the patient and before dispensing of the of the drug.

In case of any mistake in the prescription leading to the spelling of the drug or there dose or any other problem, the pharmacist to refer to prescriber who has prescribed by the prescription.

The pharmacist is not allowed to make any changes in the prescription without the order or notice of the prescriber.

Preparing the medication:-

The medication to be dispensed should be prepared by pharmacist should be done with lot of care.

The pharmacist should use the correct weight and measures to dispense the drug

The pharmacist should not prepare a medication with the guess or approximately.

The pharmacist should not dispense the sub standard or adulterated or spurious drugs.

The pharmacist should not also dispense the schedule G, H and X drugs with out the prescription to any one and should also not refill it with out the prescription.

Medication dispensing

The Pharmacist should pack all the drugs in the suitable packing material and separately to avoid any miss use.

The Pharmacist should charge right price from the patient including the taxes, prescription handling charge etc.

The pharmacist should not charge and hidden cost from the pa

Miscellaneous:-

The Pharmacist should counsel the patient for few minutes like 2-5 minutes while dispensing the drug.

The pharmacist should tell the patient about the proper administration of drug and the proper dose and time of taking of the drug.

The pharmacist should at last should verify the whole prescription before handling the drugs to the patient.

Drug Store management

The drugs in the community, hospital and bulk pharmacy are stored and managed in the different ways.

The different software's and techniques are used in the different pharmacies for the storage and management of the drugs like Hospital Gate, Clinic Gate etc.

The drugs in community pharmacy are arranged in the order of the manufacturers name like Cipla, Biocon etc.

The drugs in hospital or bulk pharmacy are arranged in the alphabetical order with their category such as antihistaminic, antitussive, cardiac etc

The expired drugs are sent back to distributor or the stockiest one week before their expiry.

List of the some of the drugs with their category:-

CARDIAC DRUGS	ANTI INFECTIVE DRUGS	DIABETIC DRUGS
Amlodipine	Amoxicillin	Acarbose
Atenolol	Amikacin	Glibenclamide
Nifedipine	Ampicilin	Glipizide
Captopril	Azithramycin	Gliclazide
Carvedilol	Cefixime	Glimepride
Clonidine	Cefpodoxine	Insulin
Diltiazem	Ceftriaxone	Metaformin
Esinopril	Ciprofloxacin	Miglitol
Losartan	Erythromycin	Pioglitazone
Propranolol	Gentamycin	Rosiglitazona

Computer Skills

The pharmacist should have the basic computer knowledge and should also have the enough knowledge about the use of the software.

The computer are used for handling the prescriptions, maitainence of stock ,billing, drug information web site search and for many more activities.

There are number of software's which are being used. Eg: - Hospital Gate, Clinic Gate etc.

These soft wares are used to maintaining the records in the pharmacy and for billing.

The computer shows the data which has been entered and maintained continuously during the purchase, stocking and sale of the drugs.

The different copies of the bills are being produce d by the computer.

For eg :- In hospital pharmacy and the community pharmacy the three copies of bills are produced in which the one copy goes to the patient , one goes to the pharmacist who is dispensing the drugs and one goes to the cashier

There are different software for the use of the drug information. For ex :- Micromedex, Micro Fish etc.

These Software's gives the complete information about the drug.

Regulatory Issues:-

The regulatory issues to start up the community pharmacy in every country vary from each other.

The minimum requirements to start a community pharmacy in India are as follows:-

1. The license application form should be fully filled and submitted with the required documents and the respective fees at the licensing authority.
2. The person should have diploma or degree in pharmaceutical sciences.
3. Minimum area of about 1000 square feet.
4. The refrigerator for the cold storage of drugs like vaccines, blood products.
5. The qualified staff members
6. The Vat or CST number from the local tax number.
7. The registered pharmacist should be present during the inspection
8. The inspection book should be maintained.
9. The expiry register should be maintained.
10. The drugs sold or purchased should be filed in separate files and records should be maintained.

Ethical Issues:-

The pharmacist should maintain the laws and rules related to his profession in the country.

The pharmacist should maintain the code of ethics like

1. Name and address of the patient should be maintained
2. The pharmacist should not sell schedule G, H and X drugs without the prescription of registered medical practitioner.
3. The license of the pharmacy should be displayed at the prominent place so that it's visible.
4. The prescriptions are to be preserved and the sold drugs should be filed.
5. The Expiry register should be maintained.

The pharmacist should not have the cut throat competition with his fellow pharmacist.

The pharmacist should not sell the sub standard, adulterated or spurious drugs.

The pharmacist should not do the hawking of the drugs.

The pharmacist should tell the patient about the side effects of the self medication.

The pharmacist should not give any advertisements in wrappers, news paper or journals about the efficacy of its pharmacy.

The pharmacist should not do anything which hinders the profession of pharmacy.

The Pharmacist should adapt the better regulation such as:-Good Manufacturing Practice(GMP), Good Laboratory Practice(GLP), Good Regulatory Practice (GRP)

Pharmaceutical Care :-

The pharmaceutical care is one of the major requirements of the society in 21st century era.

The application of unique knowledge and skills of the pharmacist to improve the health of the people is called pharmacy practice. It includes hospital, clinical and community pharmacy. A practicing pharmacist shares responsibilities with other healthcare professionals (doctors, nurses etc) and with patients for the outcome of therapy. The patient and the community are the primary beneficiaries of the pharmacist's actions.

Pharmaceutical care is a component of pharmacy practice that entails the direct interaction of the pharmacist with the patient for the purpose of caring the patient's medication-related needs. Translated into everyday practice, pharmaceutical care is what an individual pharmacist does when he or she:

- Evaluates a patient's drug-related needs
- Determines whether the patient has any actual or potential drug-related problems,
- Works with the patient and other healthcare professionals to design, implement and monitor a pharmacotherapeutic plan that will resolve/prevent the problem

Effective collaborations among healthcare team : - pharmacist, patient and healthcare provider helps in the improving patient outcomes. This increased engagement in the medication use process requires pharmacists to undertake the assessment and evaluation of medication regimens, monitor regimens to ensure desired outcomes, counsel to ensure optimal use of medications, interact with healthcare providers and document care.

Principles of pharmacy practice :-

Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. The outcomes of treatment are:

- Cure of disease
- Elimination or reduction of symptoms
- Arresting/slowing disease process
- Preventing a disease or symptoms.

Areas:-

- Disease state management
 - Clinical interventions (refusal to dispense a drug, recommendation to change and/or add a drug to patient's pharmacotherapy, dosage adjustments, etc)
 - Professional development
 - Pharmaceutical care
 - Extemporaneous pharmaceutical compounding
 - Communication skills
 - Health psychology

 - Patient care
 - Drug abuse prevention
 - Prevention of drug interaction, including drug-drug interactions or drug-food interactions
 - Prevention (or minimization) of adverse events
 - Incompatibility
 - Drug discovery and evaluation
 - Detect pharmacotherapy-related problems, such as
- 1) patient is taking a drug which he/she does not need
 - 2) patient is taking a drug for a specific disease, other than one affliction the patient
 - 3) patient needs a drug for a specific disease, but is not receiving it
 - 4) patient is taking a drug under dose
 - 5) patient is taking drug overdose
 - 6) patient is having an adverse effect to a specific drug
 - 7) patient is suffering from a drug interaction

Drawbacks in existing pharmacy practice system are:

- The profession is restricted only to the hospitals linked to a pharmacy practice school.
- Regulatory framework does not recognise the need for clinical pharmacist at the national level: There are no regulatory guidelines for having qualified clinical pharmacists in an Indian hospital
- Exodus of trained clinical pharmacists toward industry as there is almost no opportunity in the hospital setting: As there is no recognition of the job done by the clinical pharmacist at the regulatory level, the profession failed to create job opportunities in hospitals for qualified clinical pharmacy postgraduates. Students are forced to either seek jobs in industries (clinical research) or continue in academics at times teaching subjects which are out of scope of clinical pharmacy (as not many university hospitals have pharmacy practice school). The last option is to move to countries where the pharmacy profession is well recognised.
- The need for adding industry relevant topics in course curriculum - Dilemma of dilution Vs evolution: There is a widening gap between the number of students graduating from pharmacy practice institutions and the number actually employed as pharmacy practitioners. There is a need to take key steps to either create a niche for clinical pharmacy professionals in the hospital or make them competent to take up other challenging jobs in the industry.

Patient Counseling :-

The pharmacist is the right professional to handle the drug related matters.

The doctors are experts in the diagnosis and treatment of disease and their efforts need to be constantly supplemented by contributions from all the healthcare professionals.

One of the ways to supplement this role is by providing current, reliable and authentic information on medicines and their use.

As the drug use is increasing, there is increased risk of drug morbidity and mortality.

Expenditure on the health care has also increased due to irresponsible use of medication

In India, the level of self medication is very high as one can buy any drug across the counter.

The pharmacist practice the fundamentals of patients care such as patient history taking, conducting basic physical assessment (i.e., vital signs) and assessing therapeutic marker for the purpose of monitoring medication safety and efficacy.

The ultimate end product of the process is the avoidance of the medication related problems, thereby ensuing more positive patient outcome.

The complete filled patient counseling form has been attached with it.

Pharmaceutical educational material for patients:-

The educational material for the patients is very useful as well as help for the patient so it should be in such a format that it should provide the useful information of drug in all respects best possible use of drug.

The pamphlets and recently audiotapes and videos have become a usual, visible and promoted source of information for patients in general practice, in specialist consulting rooms, and in outpatient clinics.

Steps in using insulin pen :-

Remove Pen Cap

Be sure to check your insulin:

- Correct Type
- Within Expiry Date
- Appearance (see reverse side)



For Cloudy Insulin:

- Roll the Pen gently 10 times
- Also, gently turn the Pen up and down 10 times until the insulin is evenly mixed

Attach Needle:

- Clean the rubber seal with alcohol swab
- Push capped needle straight onto Pen
- Screw on shielded needle until secure



Set the Prime Dose

- Turn the dose knob clockwise (to the right) until you see an arrow (→) in the center of the window and the raised notches on the Pen and dose knob are in line
- Pull out the dose knob in the direction of the arrow until a "0" is seen in the dose window
- Turn the dose knob clockwise until a "2" is seen in the dose window



Prime the Pen

With the needle pointed up:

- Tap the clear cartridge holder gently with your finger so that any air bubbles collect near the tip
- Push in the injection button completely. Keep pressing and continue to hold **firmly** while counting **slowly** to "5". You should see either a drop or a stream of insulin come out of the tip of the needle
- If insulin does not come out of the tip of the needle repeat the priming steps
- Priming is complete when the insulin flow appears at the needle tip and a diamond (◆) is seen centered in the dose window



Injecting

Do not inject a dose unless the Pen is primed just before the injection or you may get too much or too little insulin

- Prepare the skin and use the injection technique recommended by your healthcare professional
- Insert the Needle
- Place your thumb on the injection button and push **firmly** until the dose knob is pushed in completely
- Hold the injection button in and count **slowly** to "5" to deliver the full dose
- Make sure that you received a full dose by checking that the injection button has been completely pushed in and you can see a diamond (◆) or an arrow (→) in the center of the dose window



Use of an Inhaler



- Administration steps: *student should:*
 - Remove mouthpiece cover
 - Shake inhaler well for 2 to 5 seconds
 - Place inhaler in mouth
 - Take a deep breath and exhale completely
 - Inhale slowly and deeply through mouth, depress medication canister fully
 - Hold his/her breath for 10 seconds

Pouring Liquid Medication



- Hold bottle with label facing away from you
- Shake the bottle before use.
- Pour medication at eye level into dispensing spoon.
- Administer medication.

Dispensing Pills



- Take the strip .
- Identify the correct medicine.
- Take the pill from strip without breaking it, or dropping it down.
- Swallow the pill with glass full of water.

Patient Data:-

Patient Name	Disease	Completely Satisfied	Satisfied	Unsatisfied
Mr. Shantappa	Diabetic	Yes	No	No
Mr.Nagaarjuna	Hypertension	No	No	Yes
Mr.Shantaprassad	Diabetic	Yes	No	No
Ms.Neelima	Asthma	Yes	No	No
Mr.Qassim	Infection	No	Yes	No
Mr.Satya	Asthma	No	Yes	No
Mrs.Kalyani	Diabetic	Yes	No	No
Ms.Aisha	Hypertension	No	Yes	No
Dr.Rajesh	Viral fever, cough	Yes	No	No
Mr. Soumik	Asthma	Yes	NO	No

REPORT:-

After counseling ten patients the data generated shows that 60% of the patients are completely satisfied, 30% of patients are satisfied and 10% patients are unsatisfied .

Therefore, according to the survey done it shows that there is need to patient counseling and education material for the better use of drug by the patient and the healthy world.

Schedule of posting:-

Day 1 to 7 :- Community Pharmacy (Manipal drug Store)

Day 8 to 15 :- Hospital Pharmacy

Day 16 to 24 :- Department of Pharmacy Practice

Observations :-

Community pharmacy : Made me compatible for prescription handling and dispensing

Hospital Pharmacy:- Learned about Inventory control , hospital formulary, legal aspects of hospital pharmacy and Drug distribution

Department of Pharmacy Practice :- Learned about

Drug information services.

Adverse drug reaction reporting.

Patient counseling.

Ward patient data collection and counseling.

Use of Patient counseling aids