

Pharmacists Documentation Examples

Pharmacist in diabetes management clinic

Example #1:

BG monitor downloaded/report scanned. 14 day avg BG=171. A1c=10.5%. Tx includes metformin 1000mg once daily (not taking twice daily), glimepiride 4mg twice daily, Levemir 35 units twice daily and Humalog 10 units before breakfast and bedtime. One nocturnal hypoglycemia reported. Pt is confused about her insulin and when to administer. Reviewed administration of Humalog before her two main meals. Pt has been giving extra dose of metformin when her sugar is high. Provided her Humalog sliding scale when BG >200. D/c glimepiride and increase metformin dose to 1000mg twice daily. Reviewed meal planning via plate method. C/o being hungry and discussed drink a full glass of water before/after eating. Hypoglycemia prevention, symptoms and treatment (Rule of 15) reviewed. Schedule CGMS. Patient demonstrated competency of objectives and understanding of goals.

Plan:

BP controlled with no microalbuminuria. On ACEI.

LDL 86. No statin. Recommend atorvastatin 10mg daily.

Smokes 1ppd. Not ready for cessation.

No aspirin. Consider aspirin 81mg daily.

AADE self-care behavior goals (handouts and/or information provided to patient)

1. Taking Medication- give Humalog before meals (not at bedtime unless BG>200). Use insulin sliding scale PRN.
2. Taking Medication- increase metformin to 1000mg twice daily.
3. Healthy Eating- use plate method at supper time. Drink full glass of water before and after meals to curb hunger and prevent dehydration.
4. Monitoring- wear CGMS to access for nocturnal hypoglycemia.

Session lasted 60 minutes

F/U CDE 8 weeks

Example #2:

Pump downloaded/scanned. 14 days average BG=164. Some PPG hyperglycemia before supper. A1c 7.1%. Therapy included Novolog insulin via pump (TDD ~85 units daily). No hypoglycemia or ADRs reported. PPG hyperglycemia likely due to snacking in the afternoon (apple with peanut butter) without bolus. Reviewed number of carbs in snacks and when to bolus. Pt not exercising as much as she planned. Reviewed goals and prevention of hypoglycemia. Continue current pump settings. Patient demonstrated competency of objectives and understanding of goals.

Pump settings

Basal 2.3 units/hour

ICR=4

ISF=20

BG Target= 100

Previous AADE Self- Care Goal Achievement

1. Being Active- 50%

BP Controlled with no microalbuminuria. On ACEI

LDL 110. Atorvastatin 20 mg daily

Nonsmoker

Plavix 75 mg daily

AADE Self-Care Behavior Goals (handouts and/or information provided to patient)

1. Healthy Eating- bolus 20 grams CHO for apple with peanut butter snacks in the afternoon
2. Being Active- increase walking/exercise to 4 times weekly with neighbor (Shirley) or foster daughter
3. Monitoring- check BG before exercise and eat 15 grams CHO if BG < 100mg/dL before exercise.

Session lasted 30 minutes.

F/U CDE 4 months

