PHYSICIAN ACTION REPORT - DRUG REGIMEN REVIEW

INSTRUCTIONS: The pharmacist will identify and make recommendations to correct any irregularity. Keep a copy in resident's chart until physician returns comments and signature. Replace copy with completed review.

PHARMACIST REPORT

After reviewing the drug regimen on _____ (Date) for _____ (Resident Name),

residing at _____ (Facility), I have the following concern(s) that need to be addressed:

❑ **This is a clinically significant issue and requires urgent attention**

❑ Adverse effect
❑ Possible drug allergy
❑ Drug indication not clear/no diagnosis
❑ Gradual dose reduction
❑ Potential drug interaction
❑ Duplicate drug therapy/excessive dose
❑ Other (specify) _____
❑ Excessive duration
❑ Monitoring

Drug: _____ Current dose: _____ Frequency: _____ Route: _____

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DETAILED DESCRIPTION OF IRREGULARITY AND RECOMMENDATION(S)

Pharmacist Signature: _____ Date: _____ Time: _____ ❍ AM ❍ PM

PHYSICIAN COMMENTS

Please comment and return immediately for placement in resident's chart.

Physician Signature: _____ Date: _____ Time: _____ ❍ AM ❍ PM

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed