


GARIS PANDUAN KAUNSELING UBAT-UBATAN



**Bahagian Perkhidmatan Farmasi
Kementerian Kesihatan Malaysia**



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Edisi Kedua

2014



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HAK CIPTA TERPELIHARA

Tidak dibenarkan mana-mana bahagian diterbitkan semula, disimpan atau disiarkan dalam sebarang bentuk dengan apa jua cara elektronik, mekanikal, fotokopi, rakaman pita atau lain-lain tanpa kebenaran bertulis terlebih dahulu daripada Pengarah Kanan Perkhidmatan Farmasi, Kementerian Kesihatan Malaysia.

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KATA PENGANTAR



Profesion farmasi telah berkembang ke arah konsep *pharmaceutical care* di mana peningkatan *quality of life* pesakit menjadi sasaran utama. Kaunseling ubat-ubatan untuk pesakit merupakan salah satu aspek penting dalam *pharmaceutical care* dan adalah menjadi tanggungjawab Pegawai Farmasi untuk melaksanakannya.

Matlamat terapeutik (*therapeutic goal*) bagi seseorang pesakit hanya boleh dicapai dengan penggunaan ubat yang rasional dan kepatuhan pesakit kepada ubat-ubat yang dipreskrib. Kepatuhan kepada ubat-ubatan ini dapat diperolehi dengan meningkatkan pemahaman pesakit tentang rawatan farmakoterapi dan memberikan motivasi agar pesakit mempunyai persepsi yang positif tentang penyakit dan rawatan yang diterima. Matlamat ini hanya boleh dicapai dengan aktiviti kaunseling ubat-ubatan yang efektif.

Garis panduan ini adalah untuk tujuan rujukan bagi Pegawai Farmasi di fasiliti kesihatan kerajaan. Kewujudan garis panduan ini membolehkan aktiviti kaunseling dijalankan secara seragam dan memberikan gambaran tentang piawaian minimum yang harus dicapai oleh Pegawai Farmasi di fasiliti klinik kesihatan dan hospital.

Saya ingin mengucapkan terima kasih kepada Cawangan Klinikal dan Teknikal, Bahagian Amalan dan Perkembangan Farmasi di atas usaha yang telah dicurahkan bagi menerbitkan garis panduan ini.

DR. SALMAH BAHRI

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BAHAGIAN PERKHIDMATAN FARMASI
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Penghargaan

Bahagian Perkhidmatan Farmasi, Kementerian Kesihatan Malaysia
mengucapkan setinggi-tinggi penghargaan kepada
Jabatan Farmasi, Hospital Melaka dan Hospital Raja Permaisuri Bainun, Ipoh
di atas sumbangan bagi penyediaan garis panduan ini.

KANDUNGAN

| | | |
|------|--|----|
| 1.0 | Pengenalan | 1 |
| 2.0 | Polisi | 1 |
| 3.0 | Objektif | 1 |
| 4.0 | Skop perkhidmatan | 2 |
| | a. Pesakit Luar | 2 |
| | b. Pesakit Dalam | 2 |
| 5.0 | Definisi | 2 |
| 6.0 | Kriteria pesakit | 3 |
| 7.0 | Lokasi kaunseling | 4 |
| | a. Kaunseling pesakit luar | 4 |
| | b. Kaunseling pesakit dalam | 4 |
| 8.0 | Norma kerja | 4 |
| 9.0 | Prosedur kerja dan carta alir | 5 |
| | 9.1 Prosedur kerja | 5 |
| | 9.1.1 Kaunseling ubat-ubatan secara individu | 5 |
| | 9.1.2 Kaunseling ubat-ubatan secara berkumpulan | 6 |
| | 9.1.3 Kaunseling susulan | 7 |
| | 9.2 Carta alir | 8 |
| | 9.2.1 Kaunseling individu | 8 |
| | 9.2.2 Kaunseling berkumpulan | 9 |
| 10.0 | Validasi dan penilaian semula kemahiran kaunseling ubat bagi Pegawai Farmasi | 12 |
| 11.0 | Dokumentasi | 12 |
| 12.0 | Lampiran | 13 |

1.0 PENGENALAN

Kaunseling ubat-ubatan merupakan aktiviti profesional yang dijalankan oleh Pegawai Farmasi untuk menambah pengetahuan pesakit dalam rawatan farmakoterapi dan meningkatkan kepatuhan terhadap pengubatan pesakit. Antara aktiviti yang dijalankan semasa sesi kaunseling adalah memberi nasihat profesional tentang ubat-ubatan seperti indikasi setiap ubat yang dipreskrib, cara penggunaan alat perubatan (*medical device*) contohnya *inhaler* dan pen insulin, arahan penggunaan ubat termasuklah memberi alat bantuan kepada pesakit jika perlu. Terdapat dua kategori kaunseling iaitu individu dan berkumpulan.

Kaunseling yang efektif harus mengambilkira semua perkara bagi membolehkan pesakit/penjaga memahami penyakit yang dihadapi, ubat-ubatan yang perlu diambil dan cara-cara menjalani gaya hidup sihat (Beardsley 1997); (ASHP 1997).

2.0 POLISI

- i. Kaunseling ubat-ubatan hanya boleh dilakukan oleh Pegawai Farmasi atau Pegawai Farmasi Provisional (PRP) sahaja. PRP perlu menjalani proses validasi sebelum dibenarkan untuk menjalankan kaunseling.
- ii. Penilaian semula kemahiran kaunseling perlu dijalankan setiap tahun ke atas Pegawai Farmasi yang terlibat.
- iii. Setiap sesi kaunseling harus direkod menggunakan borang kaunseling.
- iv. Kesemua pesakit kronik harus diberi kaunseling sekurang-kurangnya sekali setahun.
- v. Pesakit perlu dirujuk kepada perkhidmatan MTAC berkaitan jika sesi kaunseling yang diberikan tidak dapat meningkatkan kefahaman dan kepatuhan kepada ubat-ubatan.
- vi. Mekanisme perlu diwujudkan di hospital dan klinik kesihatan supaya pesakit yang pertama kali dipreskrib dengan ubat untuk penyakit jantung, hipertensi, diabetes dan *dyslipidemia* dirujuk kepada Pegawai Farmasi untuk kaunseling.

3.0 OBJEKTIF

Garis panduan ini menerangkan tentang kategori dan proses kaunseling ubat-ubatan yang perlu dilaksanakan, maklumat yang perlu disampaikan kepada pesakit secara umum serta bagaimana sesi kaunseling susulan dijalankan.

4.0 SKOP PERKHIDMATAN

Garis panduan ini diguna pakai bagi kaunseling untuk pesakit dewasa dan kanak-kanak:

a. Pesakit Luar

- i. Kaunseling individu
- ii. Kaunseling berkumpulan
- iii. Kaunseling susulan

b. Pesakit Dalam

- i. Kaunseling individu
 - a. *Bedside*
 - b. Discaj
- ii. Kaunseling berkumpulan

5.0 DEFINISI

1. Kaunseling Individu

Kaunseling yang dijalankan ke atas seorang pesakit sahaja oleh Pegawai Farmasi atau PRP.

2. Kaunseling Berkumpulan

Kaunseling yang dijalankan kepada lebih dari seorang pesakit yang menghadapi penyakit yang sama atau yang menerima rawatan yang hampir sama.

3. Kaunseling Susulan

Kaunseling individu yang dijalankan dalam tempoh masa dua bulan daripada tarikh sesi kaunseling yang pertama.

4. Kaunseling *Bedside*

Kaunseling yang diberikan kepada pesakit di tepi katil di dalam wad.

5. Kaunseling Discaj

Kaunseling diberikan kepada pesakit semasa discaj, samada di wad atau di farmasi pesakit luar/satelit.

6. Pesakit kronik

Pesakit mempunyai penyakit yang memerlukan rawatan jangka panjang, contohnya diabetes, hipertensi, rheumatoid arthritis dan sebagainya.

7. Pesakit stabil

Pesakit yang telah mencapai tahap penyakit yang terkawal dan serasi dengan rawatan farmakoterapi semasa.

8. Pesakit warga emas

Pesakit yang berumur melebihi 60 tahun.

9. Pesakit pediatrik

Pesakit yang berumur 17 tahun ke bawah.

6.0 KRITERIA PESAKIT

Kriteria pesakit yang perlu diberi kaunseling bergantung kepada pelbagai faktor seperti berikut:

a. Jenis preskripsi

1. Ubat-ubat penyakit kronik
2. Ubat-ubat ulangan:
 - * sekiranya pesakit tidak patuh terhadap rawatan ubat-ubatan
 - * kerap kali mempunyai masalah stok ubat yang tidak cukup/berlebihan
 - * penyakit yang tidak terkawal (contohnya pesakit diabetes yang sering mengalami hipoglisemia/hiperglisemia)
3. Melebihi 5 jenis ubat
4. Preskripsi yang mengandungi ubat yang perlu penggunaan alat seperti pen insulin dan *inhaler*
5. Bentuk dosej (contoh: *patch*)

b. Kategori pesakit

1. Pesakit warga emas
2. Pesakit pediatrik (memberi kaunseling kepada penjaga, contohnya tentang cara menyediakan dos ubat dengan betul)

3. Pesakit yang dikenalpasti mempunyai masalah tertentu (contoh: buta huruf, masalah penglihatan, kecacatan)
4. Pesakit yang dikenalpasti tidak patuh kepada rawatan ubat-ubatan
5. Pesakit yang dirujuk untuk kaunseling oleh Pegawai Perubatan.

7.0 LOKASI KAUNSELING

a. Kaunseling pesakit luar

Harus mempunyai kawasan yang dikhaskan (*dedicated area*)

1. Hospital: Bilik kaunseling perlu diadakan.
2. Klinik Kesihatan: Bilik Pegawai Farmasi boleh digunakan jika mengalami masalah ruang yang terhad.
 - Jika perlu, gunakan penghadang.

b. Kaunseling pesakit dalam

1. Kaunseling *bedside* harus dijalankan di tepi katil pesakit di dalam wad.
2. Kaunseling pesakit discaj boleh dijalankan di tepi katil pesakit atau di bilik kaunseling (Farmasi Pesakit Luar/Satelit).

8.0 NORMA KERJA

Bilangan pesakit yang perlu diberi kaunseling sehari (pesakit luar) mengikut jenis bagi fasiliti hospital:

| Hospital | Bilangan MINIMA pesakit yang perlu dikaunsel | |
|--|--|------------------|
| | Sehari/fasiliti | Setahun/fasiliti |
| Hospital yang mempunyai Pegawai Farmasi kaunseling sepenuh masa | | |
| Hospital Kuala Lumpur | 40 - 45 | 10 500 - 11 800 |
| Hospital lain (semua kategori) | 20 - 25 | 5 200 - 6 600 |
| Hospital yang tidak mempunyai Pegawai Farmasi kaunseling sepenuh masa | | |
| Hospital Kuala Lumpur | 40 - 45 | 10 500 - 11 800 |
| Hospital Negeri | 20 - 25 | 5 200 - 6 600 |
| Hospital Berpakar Major | 15 - 20 | 3 900 - 5 200 |
| Hospital Berpakar Minor | 10 -15 | 2 600 - 3 900 |
| Hospital Tanpa Pakar | 3 - 6 | 790 - 1 500 |
| Institusi Perubatan Khas | 3 - 6 | 790 - 1 500 |

Bilangan pesakit yang perlu diberi kaunseling sehari bagi fasiliti Klinik Kesihatan (KK):

| Bilangan Pegawai Farmasi per fasiliti | Bilangan MINIMA pesakit yang perlu dikaunsel | |
|--|--|------------------|
| | Sehari/fasiliti | Setahun/fasiliti |
| KK yang mempunyai Pegawai Farmasi kaunseling sepenuh masa | | |
| KK (semua kategori) | 10 - 15 | 2 600 – 3 900 |
| KK yang tidak mempunyai Pegawai Farmasi kaunseling sepenuh masa | | |
| >10 orang | 10 - 15 | 2 600 – 3 900 |
| 5 – 10 orang | 5 - 10 | 1 300 – 2 600 |
| 3 – 4 orang | 3 – 5 | 790 - 1 300 |
| 1 – 2 orang | 2 | 520 |

9.0 PROSEDUR KERJA DAN CARTA ALIR

9.1 PROSEDUR KERJA

9.1.1 Kaunseling ubat-ubatan secara individu

1. Terima pesakit untuk diberi kaunseling.
2. Terima preskripsi dan ubat untuk proses kaunseling.
3. Perkenalkan diri kepada pesakit dan jelaskan tujuan kaunseling.
4. Dapatkan maklumat lanjut tentang pesakit termasuk maklumat alahan ubat yang pesakit pernah alami dan merekodkan maklumat yang perlu dalam borang kaunseling (**rujuk Lampiran A**).
5. Jalankan sesi kaunseling:
 - 5.1 Maklumat-maklumat tentang ubat yang perlu disampaikan kepada pesakit/penjaga semasa sesi kaunseling:
 - i. Nama dan deskripsi ubat berkenaan serta indikasi yang berkaitan.
 - ii. Bentuk dosej, dos, cara penggunaan dan jangkamasa rawatan.
 - iii. Arahan khusus serta langkah berjaga-jaga berkaitan penyediaan dan penggunaan ubat.
 - iv. Kesan-kesan sampingan yang mungkin dihadapi.

- v. Interaksi ubat-ubat/ubat-makanan termasuk cara mengelakkan ianya daripada berlaku dan langkah yang perlu diambil jika ia berlaku.
- vi. Pemantauan yang perlu dilakukan oleh pesakit sendiri (jika ada).
- vii. Penyimpanan ubat yang betul.
- viii. Langkah yang perlu diambil jika terlupa makan ubat.
- ix. Tarikh pengisian semula ubat jika ubat dibekalkan secara bekalan separa (*'part supply'*).

*** Maklumat tambahan: sila rujuk Lampiran F.**

- 5.2 Nilai kefahaman pesakit yang telah diberi kaunseling, contohnya nama ubat, indikasi ubat, dos ubat.
- 5.3 Pastikan informasi tambahan secara bertulis disertakan bagi memperkukuhkan lagi kesan komunikasi secara lisan.
- 6. Tetapkan tarikh temujanji susulan jika perlu.
- 7. Lengkapkan Borang Kaunseling Individu setelah selesai sesi kaunseling (beri perhatian kepada pesakit semasa sesi kaunseling, digalakkan untuk mengisi borang kaunseling **selepas** selesai sesi kaunseling).
- 8. Rekodkan maklumat kaunseling untuk *prescriber* ke dalam Buku Rekod Pesakit atau *patient note* (EMR – *Electronic Medical Record*)/*Bed Head Ticket* (BHT).
- 9. Failkan Borang Kaunseling Individu yang telah direkod mengikut nombor siri/susunan abjad pesakit.

9.1.2 Kaunseling ubat-ubatan secara berkumpulan

- 1. Terima rujukan kaunseling berkumpulan secara berjadual daripada unit lain.
- 2. Perkenalkan diri kepada pesakit dan jelaskan tujuan kaunseling.
- 3. Maklumat-maklumat yang perlu disampaikan kepada pesakit/penjaga semasa sesi kaunseling: **Rujuk kaunseling ubat-ubatan secara individu.**
- 4. Lengkapkan Borang Kaunseling Berkumpulan serta Daftar Kaunseling Berkumpulan (**rujuk Lampiran B dan C**) dan failkan.

9.1.3 Kaunseling susulan

a. Persediaan sebelum sesi kaunseling susulan

1. Semak pesakit mengikut Daftar Kaunseling Susulan (**rujuk Lampiran D**).
2. Sekiranya kaunseling susulan tidak dapat dijalankan mengikut tarikh temujanji yang ditetapkan, hubungi pesakit untuk tetapkan tarikh temujanji yang baru.
3. Sekiranya pesakit tidak dapat hadir, tetapkan tarikh temujanji yang baru.

b. Semasa kaunseling susulan

1. Perkenalkan diri kepada pesakit dan jelaskan tujuan kaunseling susulan.
2. Rujuk nota kaunseling pada sesi sebelumnya untuk mengenalpasti isu/perkara yang perlu disusul.
3. Nilai semula kefahaman pesakit mengenai maklumat yang telah disampaikan pada sesi kaunseling sebelumnya.
4. Kenalpasti isu yang sedang dihadapi oleh pesakit.
5. Jalankan kaunseling dengan memberi tumpuan kepada isu yang telah dikenalpasti.
6. Rekodkan maklumat untuk *prescriber* ke dalam Buku Rekod Pesakit/*patient note (EMR – Electronic medical record)/Bed Head Ticket (BHT)*.
7. Sekiranya pesakit masih memerlukan kaunseling susulan, tetapkan tarikh temujanji yang baru.
8. Lengkapkan Borang Kaunseling Individu dan Daftar Kaunseling Susulan setelah pesakit diberi khidmat nasihat.
9. Kepilkan Borang Kaunseling Individu yang baru bersama borang kaunseling sebelumnya.
10. Failkan Borang Kaunseling Individu yang telah direkod mengikut nombor siri/susunan abjad nama pesakit.

9.2 CARTA ALIR

9.2.1 Kaunseling individu

Carta alir bagi setiap jenis kaunseling individu termasuk kaunseling *bedside*

TANGGUNGJAWAB

CARTA ALIRAN

Pegawai Farmasi

Terima pesakit

Pegawai Farmasi

Perkenalkan diri dan jelaskan tujuan kaunseling

Pegawai Farmasi

Dapatkan maklumat pesakit dan rekod dalam borang

Pegawai Farmasi

Jalankan penilaian **MMAS** (jika berkaitan) dan beri kaunseling kepada pesakit

Pegawai Farmasi

Tetapkan temujanji susulan jika perlu

Pegawai Farmasi

Lengkapkan borang kaunseling

Pegawai Farmasi

Faillkan borang kaunseling

* *MMAS: Modified Morisky Adherence Scale*

9.2.2 Kaunseling berkumpulan

Carta alir bagi kaunseling berkumpulan

TANGGUNGJAWAB

CARTA ALIRAN

Pegawai Farmasi

Terima rujukan untuk kaunseling berkumpulan

Pegawai Farmasi

Perkenalkan diri dan jelaskan tujuan kaunseling

Pegawai Farmasi

Beri kaunseling kepada pesakit

Pegawai Farmasi

Lengkapkan Borang Kaunseling Berkumpulan serta Daftar Kaunseling Berkumpulan

Pegawai Farmasi

Failkan rekod

9.2.3 Kaunseling susulan

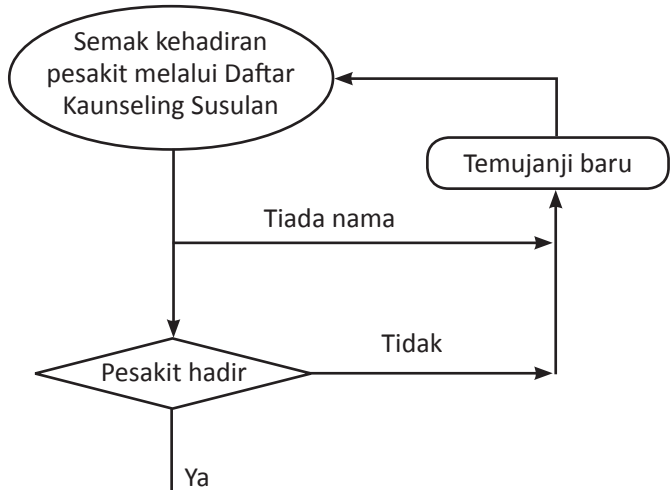
Carta alir bagi kaunseling susulan

TANGGUNGJAWAB

CARTA ALIRAN

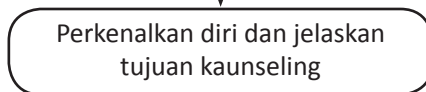
Sebelum sesi kaunseling susulan

Pegawai Farmasi

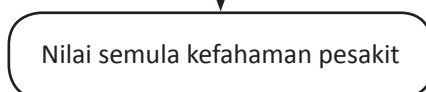


Semasa sesi kaunseling susulan

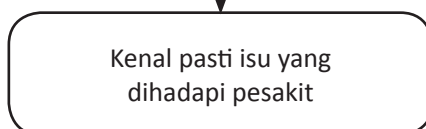
Pegawai Farmasi



Pegawai Farmasi

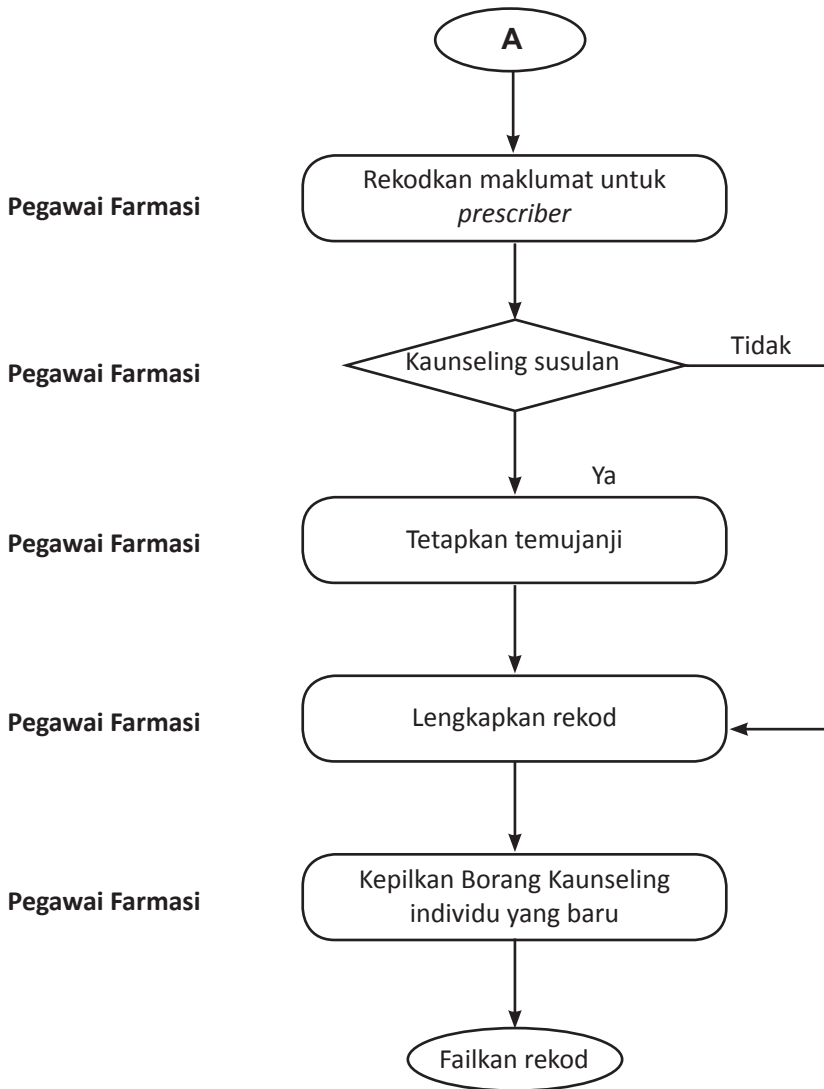


Pegawai Farmasi



Pegawai Farmasi





10.0 VALIDASI DAN PENILAIAN SEMULA KEMAHIRAN KAUNSELING UBAT-UBATAN BAGI PEGAWAI FARMASI

- Digunakan untuk:
 - o Menilai kredibiliti seseorang Pegawai Farmasi dalam kemahiran kaunseling ubat-ubatan bagi memastikan maklumat yang disampaikan adalah tepat, terkini dan seragam.
 - o Validasi dan penilaian semula kemahiran kaunseling ubat-ubatan oleh Pegawai Farmasi.
- Penilaian ini perlu dijalankan setiap tahun oleh ketua unit atau yang setara dengannya kepada semua Pegawai Farmasi yang terlibat dengan kaunseling ubat-ubatan.
- Contoh borang penilaian boleh didapati di **Lampiran E**.

11.0 DOKUMENTASI

- Setiap sesi kaunseling harus direkod dengan lengkap di dalam borang kaunseling berkaitan (**rujuk Lampiran A - D**). Ini bagi memudahkan pencarian rekod dan untuk tujuan statistik.
- Rekod kaunseling harus disimpan di tempat yang selamat demi menjaga kerahsiaan pesakit.
- Dokumen yang terlibat:
 - o Kaunseling individu
 - * Borang kaunseling individu – pesakit luar
 - * Borang kaunseling individu – pesakit dalam
 - o Kaunseling berkumpulan
 - * Borang kaunseling berkumpulan
 - * Daftar kaunseling berkumpulan
 - o Kaunseling susulan - sama seperti kaunseling individu
 - o Borang rujukan umum
 - * Borang rujukan pesakit (CP4)

12.0 LAMPIRAN

Lampiran A1: Borang Kaunseling Individu (Pesakit Luar)



BORANG KAUNSELING FARMASI PESAKIT LUAR

JABATAN FARMASI

Ref No:

Tarikh:

Nama _____

IC _____ Umur (tahun) _____

Jantina Lelaki Perempuan

Bangsa Melayu Cina India Lain-lain

Alamat _____ Tel _____

Tinggi _____ m Berat _____ kg BMI _____

Tujuan kaunseling 1. Kaunseling ubat 3. Kaunseling alat ubatan

2. Penilaian kompians 4. Lain-lain

Jenis pesakit 1. *Walk-In* 3. Dirujuk oleh preskriber

2. Kaunseling susulan

Diagnosis _____

Sejarah penyakit _____

Alergi ubat Tidak Ya Nyatakan _____

Kad alergi Tidak Ya No. kad _____

Merokok Tidak Ya Nyatakan _____

Alkohol Tidak Ya Nyatakan _____

Mengandung Tidak Ya Trimester _____

Menyusu Tidak Ya

OTC Tidak Ya Nyatakan _____

Sejarah pengubatan (jika ada)

| <i>Nama ubat</i> | <i>Dos</i> | <i>Frekuensi</i> |
|------------------|------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Senarai ubat terkini

| <i>Nama ubat</i> | <i>Dos</i> | <i>Frekuensi</i> |
|------------------|------------|------------------|
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |

'8-ITEMS MORISKY MEDICATION ADHERENCE SCALE'

Anda menyatakan bahawa anda mengambil ubat untuk merawat penyakit anda. Beberapa isu telah dikenalpasti oleh sesetengah individu berkenaan tabiat pengambilan ubatan mereka. Oleh yang demikian, kami berminat untuk mengetahui pengalaman anda. Soalan berikut adalah tinjauan semata-mata. Tiada jawapan yang betul atau salah. Sila jawab berdasarkan pengalaman peribadi anda **(sila bulatkan pada jawapan yang berkenaan).**

| No. | Soalan | Jawapan | |
|---------------|---|--|----------|
| | | Ya(0) | Tidak(1) |
| 1 | Pernahkah anda terlupa untuk mengambil ubat anda? | Ya(0) | Tidak(1) |
| 2 | Selain terlupa, terdapat juga alasan-alasan lain yang menyebabkan pesakit tidak dapat atau terlepas mengambil ubat mereka. Sejak dua minggu yang lepas, pernahkah anda terlepas atau tidak dapat mengambil ubatan anda? | Ya(0) | Tidak(1) |
| 3 | Adakah anda pernah berhenti atau mengurangkan pengambilan ubat tanpa memberitahu doktor terlebih dahulu jika anda mendapati ubat itu memberi kesan yang tidak diingini selepas menggunakannya? | Ya(0) | Tidak(1) |
| 4 | Apabila anda melancong atau keluar dari rumah, pernahkah anda terlupa untuk membawa bersama ubat anda? | Ya(0) | Tidak(1) |
| 5 | Adakah anda mengambil ubat anda semalam? | Ya(1) | Tidak(0) |
| 6 | Apabila anda merasakan penyakit anda terkawal, adakah kadang kala anda akan berhenti mengambil ubat? | Ya(0) | Tidak(1) |
| 7 | Pengambilan ubat setiap hari menyebabkan kesulitan terhadap sesetengah pesakit. Pernahkah anda mengalami kesulitan untuk mengikut jadual pengambilan ubatan anda? | Ya(0) | Tidak(1) |
| 8 | Berapa kerapkah anda mengalami kesukaran dalam mengingati pengambilan semua ubat anda? | Tidak pernah (1) Jarang-jarang (0.75) Kadang-kadang (0.5) Selalu/sering kali (0.25) Sepanjang masa (0) | |
| MARKAH | | | |

< 6: Low adherence, 6 to <8: Medium adherence, 8: High adherence

MAKLUMBALAS SELEPAS KAUNSELING

| | Tahap kefahaman | | |
|-------------------------|-----------------|-----------|-------|
| | Baik | Sederhana | Lemah |
| Komplians | | | |
| Ubat-ubatan/alat ubatan | | | |

ULASAN PEGAWAI FARMASI

Perlu kaunseling susulan Tidak Ya Tarikh _____

Tandatangan
Nama & Cop Pegawai Farmasi

Lampiran A2: Borang Kaunseling Individu (Pesakit Dalam)



BORANG KAUNSELING FARMASI PESAKIT DALAM

JABATAN FARMASI

Ref. No.:

| | | | | | | | |
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 Tarikh:

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Nama _____
 IC _____ Umur (tahun) _____
 Jantina Lelaki Perempuan
 Bangsa Melayu Cina India Lain-lain
 Alamat _____ Tel _____
 Tinggi _____ m Berat _____ kg BMI _____
 Tujuan kaunseling 1. Discaj 2. *Bedside*
 Diagnosis _____
 Sejarah penyakit _____
 Alergi ubat Tidak Ya Nyatakan _____
 Kad alergi Tidak Ya No kad _____
 Merokok Tidak Ya Nyatakan _____
 Alkohol Tidak Ya Nyatakan _____
 Mengandung Tidak Ya Trimester _____
 Menyusu Tidak Ya _____
 OTC Tidak Ya Nyatakan _____

| Senarai ubat terkini | | |
|----------------------|------------|------------------|
| <i>Nama ubat</i> | <i>Dos</i> | <i>Frekuensi</i> |
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MAKLUMBALAS SELEPAS KAUNSELING

| | Tahap kefahaman | | |
|-------------------------|-----------------|-----------|-------|
| | Baik | Sederhana | Lemah |
| Ubat-ubatan/alat ubatan | | | |

ULASAN PEGAWAI FARMASI

Perlu kaunseling susulan Tidak Ya Tarikh _____

 Tandatangan
 (Nama & Cop Pegawai Farmasi)

Lampiran E: Borang Penilaian Kemahiran Kaunseling Pegawai Farmasi

Borang Penilaian Kemahiran Kaunseling Pegawai Farmasi

Bahagian Perkhidmatan Farmasi, KKM

CARDIAC REHABILITATION PROGRAM

Name :

Unit:

| Task 1 | Education on pathophysiology and Cardiac Rehabilitation medicines | Yes (1) | No (0) | Remarks |
|----------|---|---------|--------|---------|
| A | PREPARATION PHASE | | | |
| | Check patient's case note and medication chart for medicine(s) prescribed. | | | |
| | Check prescribed dose & frequency. | | | |
| | Check expiry date and follow the 5 Rights of administration of medication (Know Your Medicine). | | | |
| | Prepare Streptokinase Card, give to the patient and explain the instruction on how to use it (ONLY for patients with streptokinase). | | | |
| B | EDUCATION PHASE (CARDIAC REHABILITATION) | | | |
| 1 | Introduce yourself and the purpose of counselling | | | |
| 2 | Pathophysiology of myocardial infarction Occurs when one of the coronary arteries is blocked by an obstruction, such as a blood clot that has formed on plaque due to atherosclerosis. This will lead to an acute reduction of blood supply to a portion of the heart muscle (the myocardium) | | | |
| 3 | Indication of cardiac rehabilitation Acute Myocardial Infarction (AMI) or heart attack. | | | |
| 4 | Symptoms of myocardial infarction Chest pain/discomfort, usually retrosternal, central or in the left chest, may radiate to jaw or down to upper limb. May be crushing, pressing or burning in nature. Typical presentation: shortness of breath, nausea, vomiting. Atypical presentation: unexplained fatigue, epigastric discomfort. | | | |
| 5 | The dosage and administration Drug and dosage based on prescription. Must be taken at the same time every day. Missed dose: take the dose as soon as the patient remembers if it is on the same day (<8 hours). If missed a dose for more than 8 hours, to skip the dose and take the next dose (do not double the dose). | | | |
| 6 | Medications | | | |
| | a) Aspirin Long-term treatment of aspirin 75mg/150mg daily. Indication: Antiplatelet- platelet aggregation inhibition, prevent further cardiovascular disease event. Administer after meals, or with food. If dispersible tablet, please dissolve in a small amount of water. To inform healthcare professionals (dentist, surgeon, doctor, pharmacist) if the patient is planning to get a tooth extraction, or when consulting for medication review and buying supplement or herbal remedies. Side effects: bronchospasm, unusual bleeding, bruising, or persistent gastrointestinal pain. | | | |
| | b) Clopidogrel 75 mg daily. Given at least for 1 month (STEMI) or 12 months (NSTEMI). Indication: Prevention of myocardial infarct, stroke or established peripheral arterial disease. As second/third line treatment in patients who are sensitive to acetylsalicylic acid & intolerant to ticlopidine. Inhibits platelet aggregation. With or without food. To inform healthcare professionals (dentist, surgeon, doctor, pharmacist) if they are planning to get a tooth extraction, or when consulting for medication review and buying supplement or herbal remedies. Side effects: dyspepsia, abdominal pain, diarrhoea, bleeding disorder (GI and intracranial). | | | |
| | c) β-blocker (aim for a target heart rate of 50-60 beats per minute) e.g. metoprolol, atenolol, carvedilol, bisoprolol. Reduce myocardial oxygen demand, affecting cardiovascular system (decreases heart rate, decreases contractility, decreases BP). Reduced short-term and long-term mortality rates. Report these symptoms to physician: breathing difficulty, night cough or edema, pulse is <50 bpm, cold extremities. Give drug at the same time consistently with or without meals. Food slightly enhances drug bioavailability. | | | |
| | d) ACE Inhibitor (anterior infarct, pulmonary congestion or LVEF<40%) e.g. perindopril, ramipril, captopril, enalapril. ACE inhibitors stop the conversion of angiotensin I to angiotensin II & the inactivation of bradykinin. These causes blood vessels dilatation, reduced sodium reabsorption, reduced blood volume (as a result of reduced water reabsorption) and causes potassium retention which results in reduced blood pressure. | | | |

CARDIAC REHABILITATION PROGRAM

Name :

Unit:

| | | | | |
|---|---|--|--|--|
| | In heart failure, ACE inhibitors help to reduce the amount of fluid circulating in the blood vessels. They also have some forms of protective effect on the heart and slow the progression of heart failure (by slowing the progression of myocardial remodelling). | | | |
| | Take after food except for captopril and perindopril. | | | |
| | Explain to patient that chronic cough may occur. | | | |
| | Warn patient that inadequate fluid intake, excessive perspiration, diarrhoea, or vomiting, results in reduced fluid volume, which may lead to an excessive reduction in BP, causing lightheadedness and possibly fainting. | | | |
| | ARB is an alternative if ACEi is not tolerated. | | | |
| | e) Statin (Target LDL <1.8 mmol/l) e.g. simvastatin 40 mg, atorvastatin 10 mg. | | | |
| | Reducing elevated total cholesterol and LDL cholesterol level. Have pleiotropic effects (cholesterol-independent effects); will exert early and lasting cardiovascular protective effects. | | | |
| | Indication: To reduce the risk of stroke or transient ischemic attack, preventing recurrent coronary event. | | | |
| | Administer at bedtime for best results. Hepatic cholesterol production highest at night. | | | |
| | Instruct patient to report to health care provider if: any unexplained muscle pain, tenderness, or weakness, especially if accompanied by fever or malaise; yellowing of skin or eyes and dark coloured urine. | | | |
| | Avoid alcoholic beverages. | | | |
| | f) Sublingual GTN | | | |
| | Widen the arteries that carry blood to the heart muscle and relaxed the veins that return blood from the body to the heart (relaxation of smooth muscle). | | | |
| | Indications: For acute angina or as angina prophylaxis (take 1 tablet 5 to 10 minutes before exercise or exertion to prevent an attack). | | | |
| | Place one tablet under the tongue when needed, allow it to dissolve. Do not swallow. | | | |
| | If pain remains, remove the undissolved tablet and place a new tablet under the tongue. The dose may be repeated every 5 minutes for a maximum of 3 times. If pain persists or becomes more intense, patient should call the ambulance or go to the hospital. | | | |
| | During administration for an acute angina attack, the patient should rest, preferably in the sitting position. | | | |
| | Advise patient to discard the tablets 2 months after first opening of the bottle (mark the date on the bottle). | | | |
| | Report these symptoms to physician: Severe headache, blurred vision, dry mouth, dizziness or flushing. | | | |
| | Store at room temperature in original, brown glass container and aluminium foiled cap. If cotton is in the bottle, remove and discard the cotton after opening. Protect from moisture and direct sunlight. | | | |
| 7 | Patient will be followed-up at cardiology clinic. Advice patient to bring all medications during follow-up appointment. | | | |

Remarks:

Review by: Name & Signature (ASSESSOR)

Date:

Results : (pass/fail)

ENOXAPARIN

Name :

Unit:

| Task 1 | Education on pathophysiology | | | |
|----------|--|----------------|---------------|----------------|
| A | PREPARATION PHASE | Yes (1) | No (0) | Remarks |
| | Check patient's case note and medication chart for medicine(s) prescribed. | | | |
| | Check prescribed dose & frequency. | | | |
| | Check expiry date and follow the 5 Rights of administration of medication (Know Your Medicine). | | | |
| B | EDUCATION PHASE (ENOXAPARIN) | Yes (1) | No (0) | Remarks |
| 1 | Introduce yourself and the purpose of counselling | | | |
| 2 | Pathophysiology of blood clotting Blood clots occur when blood thickens and clumps together. Blood clots usually form in the deep veins in the body (examples: lower leg and thigh) The blood clots can break off to form emboli (i.e: loose clots). The emboli will then travel through the bloodstream and subsequently may lead to the blockage of other veins in the body. This will disrupts the blood flow to the blocked area. Thus, enoxaparin (LMWH) is indicated to prevent the formation of blood clots in the vein. | | | |
| 3 | Indication of enoxaparin Deep vein thrombosis or pulmonary embolism treatment. Prophylaxis of venous thromboembolic disease, in particular, those which may be associated with orthopaedic or general surgery; prophylaxis of venous thromboembolic disease in medical patients bedridden due to acute illnesses; prevention of thrombus formation in extracorporeal circulation during haemodialysis. Changing from warfarin therapy for pregnant mother. Unstable angina/non-ST elevation myocardial infarction. | | | |
| 4 | The strength of enoxaparin 20 mg 40 mg 60 mg | | | |
| 5 | The dosage and administration Dose, frequency & duration based on the indication. Use at the same time every day. If missed a dose for more than 8 hours, to skip the dose and take the next dose (do not double the dose). To inform healthcare professionals (dentist, surgeon, doctor, pharmacist) if the patient is planning to get a tooth extraction, or when consulting for medication, supplement or herbal remedies. | | | |
| 6 | Side effects of medication Educate patient on symptoms of bleeding such as bruises with unknown cause, blood in urine/dark coloured urine, black stools, gum bleeding or heavy menstrual bleeding. Report to doctor and pharmacist if any sign or symptoms of bleeding occurs. | | | |
| 7 | Injection technique Wash hands with soap and water and dry it. Sit or lie in a comfortable position where the injection area (abdominal) is clearly viewed, ideally on a lounge chair, recliner, or bed (propped up with pillows). Select an area on the right or left side of the abdominal, at least 2 inches from the navel and out toward the sides. Do not inject less than 2 inches of the navel or near scars or bruises. Administration should be alternated between the left and right anterolateral and left and right posterolateral abdominal walls. Clean the injection area with the alcohol swab. Allow the area to dry. Carefully pull off the needle cap from the enoxaparin sodium syringe and discard cap. Bubble from the syringe should not be expelled before the injection because medicine may be lost and to reduce the risk of local bruising. Fold the skin by squeezing the skin between thumb and forefinger. The total length of the needle should be introduced vertically (90°), into the thick part of a skin fold. The skin fold should be held throughout the procedure. Push the plunger until all contents of the syringe has finished. Hold for 10 seconds and removed the needle from the skin fold. Do not rub the injection site after administration. Drop the used syringe, needle first, into an empty thick plastic container such as empty liquid laundry detergent bottle, empty bleach bottle or something similar. When the container is full, cap tightly, wrap in a trash bag and throw in your household trash. Caution: May develop hematoma (a localised swelling that is filled with blood). | | | |
| 8 | Storage Store at 25°C, do not freeze. | | | |

Remarks:

Review by: Name & Signature (ASSESSOR)

Date:

Results : (pass/fail)

FONDAPARINUX

Name :

Unit:

| Task 1 Education on pathophysiology | | | | |
|-------------------------------------|--|---------|--------|---------|
| A | PREPARATION PHASE | Yes (1) | No (0) | Remarks |
| | Check patient's case note and medication chart for medicine(s) prescribed. | | | |
| | Check prescribed dose & frequency. | | | |
| | Check expiry date and follow the 5 Rights of administration of medication (Know Your Medicine). | | | |
| B | EDUCATION PHASE (FONDAPARINUX) | Yes (1) | No (0) | Remarks |
| 1 | Introduce yourself and the purpose of counselling | | | |
| 2 | Pathophysiology of blood clotting. | | | |
| | Blood clots occur when blood thickens and clumps together. | | | |
| | Blood clots usually form in the deep vein in the body (examples: lower leg and thigh). | | | |
| | The blood clots can break off to form emboli (i.e. loose clots). | | | |
| | The emboli will then travel through the bloodstream and subsequently may lead to the blockage of other veins in the body. | | | |
| | This will disrupts the blood flow to the blocked area. | | | |
| | Thus, fondaparinux is indicated to prevent the formation of blood clots in the vein. | | | |
| 3 | Indication of fondaparinux | | | |
| | Deep vein thrombosis or pulmonary embolism treatment. | | | |
| | Deep vein thrombosis or pulmonary embolism prophylaxis (bedridden or surgery). | | | |
| | Unstable angina/non-ST elevation myocardial infarction. | | | |
| 4 | The strength of fondaparinux | | | |
| | 2.5mg, 7.5mg | | | |
| 5 | The dosage and administration | | | |
| | Dose, frequency & duration based on the indication. | | | |
| | Use at the same time every day. | | | |
| | If missed a dose for more than 8 hours, to skip the dose and take the next dose (do not double the dose). | | | |
| | To inform healthcare professionals (dentist, surgeon, doctor, pharmacist) if the patient is planning to get a tooth extraction, or when consulting for medication, supplement or herbal remedies. | | | |
| 6 | Side effects of medication | | | |
| | Educate patient on symptoms of bleeding such as bruises with unknown cause, blood in urine/dark coloured urine, black stools, gum bleeding or heavy menstrual bleeding. | | | |
| | Report to doctor and pharmacist if any sign or symptom of bleeding occurs. | | | |
| 7 | Injection technique | | | |
| | Wash your hands with soap and water. Dry your hands. | | | |
| | Remove the syringe from the carton and check that: (a) the expiry date has not passed (b) the solution is clear and colourless and does not contain particles (c) the syringe has not been opened or damaged. | | | |
| | Sit in a comfortable position so you can easily see the area of their stomach where you will be injecting. A lounge chair, recliner, or bed (propped up with pillows) is ideal. | | | |
| | Clean the area you have selected for your injection with soap and water or with alcohol swab. Allow the area to dry. | | | |
| | Select an area on the right or left side of your stomach, at least 2 inches below your navel and alternate the left and right side of the lower abdominal area at each injection. Do not inject yourself within about 2 inches of your belly button, near scars, bruises or stretch mark. | | | |
| | Hold the security sleeve firmly in one hand. Pull off the cap that protects the plunger. Discard the plunger cap. | | | |
| | Remove the needle guard by first twisting it and then pulling it in a straight line away from the body of the syringe. Discard the needle guard. | | | |
| | To prevent infection, do not touch the needle or let it come in contact with any surface before the injection. A small air bubble in the syringe is normal. To be sure that you do not lose any medicine from the syringe, do not try to remove air bubbles from the syringe before giving the injection. | | | |
| | Gently pinch the skin that has been cleaned to make a fold. Hold the fold between the thumb and the forefinger of one hand during the entire injection Hold the syringe firmly in your other hand using the finger grip. Insert the full length of the needle (at an angle of 90°) into the skin fold. | | | |
| | Inject all of the medicine in the syringe by pressing down on the plunger as far as it goes. This will activate the automatic needle protection system . | | | |
| | For syringe with automatic needle protection system: Release the plunger. The needle will withdraw automatically from the skin, and pull back (retract) into the security sleeve where it will be locked. For syringe with manual needle protection system: After the injection, hold the syringe in one hand by gripping the security sleeve. Use the other hand to hold the finger grip and pull firmly back. This unlocks the sleeve. Slide the sleeve up the body of the syringe until it locks into position over the needle. Do not rub the injection site after administration. | | | |
| | Drop the used syringe, needle first, into an empty thick plastic container such as empty liquid laundry detergent bottle, empty bleach bottle or something similar. When the container is full, cap tightly, wrap in a trash bag and throw in your household trash. | | | |
| | Caution: May develop hematoma (a localised swelling that is filled with blood). | | | |

Remarks:

Review by: Name & Signature (ASSESSOR)

Date:

Results : (pass/fail)

WARFARIN

Name :

Unit:

| Task | Education on pathophysiology and anticoagulation medicines | | | |
|----------------|---|----------------|---------------|----------------|
| A | PREPARATION PHASE | Yes (1) | No (0) | Remarks |
| | Check patient's case note and medication chart for medicine(s) prescribed. | | | |
| | Check prescribed dose & frequency. | | | |
| | Check expiry date and follow the 5 Rights of administration of medication (Know Your Medicine). | | | |
| B | EDUCATION PHASE (WARFARIN) | Yes (1) | No (0) | Remarks |
| 1 | Introduce yourself and the purpose of counselling | | | |
| 2 | Pathophysiology of blood clotting | | | |
| | Blood clots occurs when blood thickens and clumps together. | | | |
| | Blood clots usually form in the deep vein in the body (examples: lower leg and thigh). | | | |
| | The blood clots can break off to form emboli (i.e.: loose clots). | | | |
| | The emboli will then travel trough the bloodstream and subsequently may lead to the blockage in other veins in the body (e.g.: brain, lungs, lower leg and thigh). | | | |
| | This will disrupt the blood flow to the blocked area. | | | |
| | Thus, warfarin is indicated to prevent the formation of new blood clots and prevent existing blood clots from getting larger. | | | |
| | Mode of action of warfarin: Interferes with the synthesis of vitamin K-dependent clotting factors. | | | |
| 3 | Indication of warfarin | | | |
| | Deep veen thrombosis or pulmonary embolism. | | | |
| | Atrial fibrillation. | | | |
| | Heart valve replacement. | | | |
| | Others such as cardiomyopathy, antiphospholipid syndrome, post MI etc. | | | |
| 4 | The strength and colour of the tablet | | | |
| | 1 mg - Apo-Warfarin (brown), Coumadin (pink) | | | |
| | 2 mg - Apo-Warfarin (lavender), Coumadin (purple) | | | |
| | 3 mg - Orfarin (blue). | | | |
| | 5 mg - Apo-Warfarin (peach), Coumadin (peach), Orfarin (pink). | | | |
| | Remind the patient not to remember the colour, remember the dose prescribed instead. | | | |
| 5 | The dosage and administration | | | |
| | Dose & duration based on indication and international normalised ratio (INR) target. | | | |
| | Must be taken at the same time every day. | | | |
| | If missed a dose for more than 8 hours, skip the dose and take the next dose (do not double the dose). | | | |
| | To inform healthcare professionals (dentist, surgeon, doctor, pharmacist) if patient is planning to get pregnant, tooth extraction, or when getting consultation for medication, supplement or herbal remedies. | | | |
| 6 | INR | | | |
| | To check how long it takes for your blood to clot. The higher your INR is, the longer it takes for your blood to clot. | | | |
| 7 | Target INR | | | |
| | The targeted INR is 2-3 except for stroke prophylaxis in patients with mechanical heart valves such as mitral valves (INR of 2.5-3.5). | | | |
| | Follow the scheduled blood test and the counselling appointment made to achieve targeted INR as suggested by the doctor. | | | |
| | Bring along anticoagulant booklet and all medications during the doctor/pharmacist appointment. | | | |
| 8 | Side effects of medication | | | |
| | Educate patient on symptoms of bleeding such as bruises of unknown cause, blood in urine/dark-coloured urine, black stools, gum bleeding or heavy menstrual bleeding. | | | |
| | Report to doctor and pharmacist if any sign or symptom of bleeding occurs. | | | |
| 9 | Drug-drug/food interactions | | | |
| | Consult doctor and pharmacist before starting, stopping or changing dose of any medication/supplement, irregardless of whether it is a prescription or over-the-counter medication including traditional medicines. | | | |
| | Monitor the intake of food which are rich in vitamin K such as green, leafy vegetables. Have consistent intake of vegetables and food with high content of high vitamin K. | | | |
| | Follow a balanced and consistent diet. | | | |
| | Review patient's lifestyle such as alcohol consumption, smoking and stress. Advice to only consume small quantity of alcohol, stop smoking and manage stress as these will affect the therapy. | | | |
| 10 | Pregnancy and breastfeeding | | | |
| | Advise women with childbearing age that warfarin can have adverse effects on fetal development (first trimester), therefore, need to inform doctor if planning to get pregnant. | | | |
| | Very little warfarin gets into the breast milk, therefore, it is safe to be taken if the mother is breastfeeding. | | | |
| Others: | Avoid hazardous activities that could result in serious lacerations or blunt trauma. | | | |

Remarks:

Review by: Name & Signature (ASSESSOR)

Date:

Results : (pass/fail)

DIABETES MELLITUS

Name :

Unit:

| Task 1 Education on pathophysiology and diabetes medicines | | | | |
|--|--|---------|--------|---------|
| A | PREPARATION PHASE | Yes (1) | No (0) | Remarks |
| | Check patient's case note and medication chart for medicine(s) prescribed. | | | |
| | Check prescribed dose & frequency. | | | |
| | Check expiry date and follow the 5 Rights of administration of medication (Know Your Medicine). | | | |
| B | EDUCATION PHASE (DIABETES MELLITUS) | Yes (1) | No (0) | Remarks |
| 1 | Introduce yourself and the purpose of counselling | | | |
| 2 | Pathophysiology of diabetes mellitus (DM) DM is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot utilise it properly. DM occurs when the pancreas produces too little or stop producing insulin, or when cells in the body are resistant to insulin. Your body uses insulin to move the sugar (glucose) obtained from food, from the bloodstream into cells throughout the body, which then use the sugar for energy. The level of sugar in the bloodstream falls as the sugar passes into the cells. There are 2 categories of DM: type 1 and type 2. Type 1 DM results from autoimmune destruction of the β cells of the pancreas. It usually occurs in children and adolescents but can occur at any age. Type 2 DM is characterised by insulin resistance and a relative lack of insulin secretion, with progressively lower insulin secretion over time. Most individuals with type 2 DM exhibit abdominal obesity, which itself causes insulin resistance. Type 2 DM has a strong genetic predisposition. If the glucose level is high (hyperglycemia), it will cause complications such as proteinuria, gangrene/amputation, stroke, neuropathy/numbness, blindness or myocardial infarction. Signs and symptoms of DM include polyuria (frequent urination), polydipsia (thirsty), fatigue, loss of weight, dry skin, blurring of vision, nausea and weakness. | | | |
| 3 | Differentiate the short- and intermediate-acting insulin at first counselling session (where applicable) A. SHORT-ACTING INSULIN = YELLOW = COLOURLESS Actrapid or Humulin R, Novorapid. To control the glucose level between the meals. Novorapid has faster onset and shorter duration of action than Actrapid or Humulin R. B. INTERMEDIATE-ACTING INSULIN = GREEN = CLOUDY Insulatard or Humulin N. To control the glucose level during fasting/sleep time. C. COMBINATION OF SHORT- AND INTERMEDIATE-ACTING INSULIN = CLOUDY Mixtard or Humulin 30/70 (BROWN), Novomix (BLUE). Combination of short- and intermediate-acting insulin. D. LONG-ACTING INSULIN = COLOURLESS Lantus - glargine (PURPLE), Levemir - detemir (GREEN). Lantus and Levemir work continuously to control blood sugar for 24 hours (between meals and while you are sleeping). | | | |
| 4 | Adherence to insulin injection Importance of insulin injection and adherence. Initially, insulin dose will be adjusted at least weekly to achieve blood glucose target. | | | |
| 5 | Site of administration Abdomen (inject at any place 3 fingers width away from the navel). Arm (inject between 4 fingers width away from the shoulder and 4 fingers width away from the elbow). Not advisable to inject in the arm if the insulin injection is being self-administered. Thigh (inject between 5 fingers width away from the knee and 5 fingers width away from groin). Rotate the injection site between 2 fingers width away from previous site of injection. Advice to rotate injection sites within the same part of body, not to change the injection part of body too frequent due to different absorption of insulin at different parts of body. | | | |
| 6 | Administration time For Mixtard/Humulin 30/70 and Actrapid/Humulin R, inject 30 minutes before meal. For Novorapid, inject immediately before meals or when necessary, shortly after meals. For Insulatard/Humulin N, inject before sleep (normally 1 hour before bed). For Glargine, inject once daily at any time of the day but at the same time everyday. For Detemir, inject with evening meal or at bedtime if patient is treated with once daily regimen. For patients who need twice daily dosing, evening dose can be administered either with evening meal or at bedtime or 12 hours after morning dose. For Novomix, inject up to 10 minutes before or soon after a meal. | | | |
| 7 | Storage and expiry of Insulin Store the new (unopened) insulin cartridge in the fridge, not at the door side of fridge. Do not put inside the freezer. Insulin will expire as on the printed expiry date if it is refrigerated and not opened. An insulin vial is considered open if its seal has been punctured. Write the date when the vial is opened. Once opened, the vial could be kept at room temperature and should be used within 28 days. Do not store insulin pen in the fridge. Do not remove insulin cartridge from the insulin pen while in use. | | | |
| 8 | Glucose monitoring at home Encourage patient to buy a glucometer and do home monitoring blood glucose. Advice patient to omit insulin injection if glucose level below 4.0 mmol/l. Remember to record each reading & type of meals in a diary and show it to the doctor on the next appointment. | | | |
| 9 | Symptoms of hypoglycemia and its correction Glucose level below 3.9 mmol/l. It may happen if the patient did not take a meal after injection or if he/she has a sudden change in diet, alcohol consumption, excessive physical activity, excessive dose, ill-timing or wrong type of insulin. Sign and symptoms: shivering, palpitation, sweating, dizziness, hungry, paraesthesia. If symptoms appear, advise patient to take sugary drinks (i.e. 2 teaspoons of sugar in 1/2 glass of water), orange juice or other fruit juice or sweets. | | | |

| | | | | |
|------------------------|--|----------------|---------------|----------------|
| 10 | <p>Supply of insulin, pen and needle</p> <p>Insulin cartridges will be supplied to the patient by the pharmacy. Pen will be given free for first time users. If the pen is damaged after the first supply, patient has to get their own replacement.</p> <p>Change the needle after each use (using a needle more than once is at patient's own risk). Needle can be bought from retail pharmacies.</p> <p>Dispose the needles safely (e.g. inside one container) before being discarded.</p> | | | |
| 11 | <p>Foot care in the 'at risk' foot</p> <p>Diabetes can cause nerve damage and poor circulation in your feet.</p> <p>Nerve damage means patient has poor pain sensation and is unaware of any injury to the feet.</p> <p>Poor circulation means the injury or ulcer may be slow to heal.</p> <p>Check the feet everyday.</p> <p>Check carefully between the toes, the soles and top of the feet and heels. If patient is unable to do on his/her own, ask for assistance.</p> | | | |
| 12 | <p>Sick day management</p> <p>ALWAYS TAKE your diabetes pills unless you have vomiting.</p> <p>ALWAYS TAKE your insulin. Your insulin dose may be decreased or increased. Seek advice from your doctor/pharmacist for insulin dose adjustment.</p> <p>Test your blood sugar level more often. Test before and two hours after each meal. If you are not able to eat your regular meals, you should check your blood sugar levels every 2-4 hours. Record readings with date and time.</p> <p>Try to eat the same amount of food as usual.</p> <p>Drink plenty of fluids: drink at least every hour or take small sips every 10-15 minutes.</p> | | | |
| Task 2 | Teach and assess injection technique at every counselling session (Performance Phase) | | | |
| HUMAPEN/NOVOPEN | Humapen/Novopen Drug: _____ | Yes (1) | No (0) | Remarks |
| | <p>1. Roll insulin cartridge between palms gently to warm it (for Mixtard/Humulin 30/70 and Humulin N/Insulatard, invert the cartridge to mix the insulin until uniformly cloudy).</p> <p>2. Push the piston rod down using the finger until the piston rod is completely inside the pen body (Humapen), or turn the pen body anti-clockwise until it is completely inside the pen body (Novopen).</p> <p>3. Insert the cartridge into the cartridge holder.</p> <p>4. Screw the cartridge holder to the pen body tightly.</p> <p>5. Remove the paper tab, screw the needle to the pen and remove inner and outer cap (do not keep inner cap).</p> <p>6. Priming: Dial 2 units. Hold insulin pen with the needle upwards. Flick the cartridge holder gently. If Novopen 4 is used, priming should use 4 units with new penfill cartridge and 1 unit with a cartridge already in use. Pull the injection button before dialling any unit.</p> <p>7. Push the injection button. Look for a stream of insulin at the needle tip. A new cartridge may need to be primed several times to get a stream of insulin.</p> <p>8. Dial the appropriate dose for injection by turning the dose knob.</p> <p>9. If overdial:</p> <p>a) For Humapen, dial backwards.</p> <p>b) For Novopen never dial the unit backward. Pull the cartridge holder from the pen body. Hold and press the injection button back until the figure returns to 0 and release grip.</p> <p>10. Gently pinch the skin that has been cleaned to make a fold. Hold the fold between the thumb and the forefinger of one hand during the entire injection. Hold the syringe firmly in your other hand using the finger grip. Insert the full length of the needle (at an angle of 90°) into the skin fold.</p> <p>11. Press the injection button until the figure in the dose window return to 0.</p> <p>12. Hold the needle for 10 seconds, then remove the needle from your skin.</p> <p>13. If a slight bleeding occurs after injection, gently press the injection site with the alcohol swab.</p> <p>14. Put the outer needle cap on and unscrew the needle.</p> <p>15. Replace the pen cap.</p> <p>16. The cartridge scale on the penfill cartridge holder shows the approximate number of insulin units left in the cartridge. Do not try to inject an insulin suspension (cloudy-looking insulin) if the rubber stopper is below the white line on the cartridge holder. If more insulin is needed than the amount left in the penfill cartridge, either (a) inject the insulin left in the cartridge, then inject the balance needed using new cartridge, or (b) inject the full dose with a new cartridge.</p> | | | |
| SYRINGE | Insulin type: _____ | Yes (1) | No (0) | Remarks |
| | <p>1. Take out the insulin vial from the fridge.</p> <p>2. Roll insulin cartridge between palms gently to warm it and invert it until mixed evenly.</p> <p>3. Pull the syringe plunger to draw air according to the dose prescribed.</p> <p>4. Insert the needle into the vial and press the plunger to introduce air into the vial.</p> <p>5. Turn the vial upside down.</p> <p>6. Withdraw the insulin by pulling the plunger according to the units prescribed (extra 1 or 2 units of insulin can be withdrawn for removing air bubbles).</p> <p>7. If air bubble is present, tap the syringe until the air bubble move to the neck of the syringe and push the plunger slowly to remove the air.</p> <p>8. Push the plunger until it reaches the required unit of insulin.</p> <p>9. Gently pinch the skin that has been cleaned to make a fold. Hold the fold between the thumb and the forefinger of one hand during the entire injection.</p> <p>10. Inject the insulin on any 1 of 3 parts of the body below:</p> <p>a) Arms (not advisable for self-injection, requires the help of family member to inject)</p> <p>b) Abdomen (2 fingers away from the navel)</p> <p>c) Thigh</p> <p>Inject the insulin at an angle of 90° into body part with more fat. If injecting into area of the body with less fat, inject at less than 45° to avoid injecting a muscle.</p> <p>11. Hold the needle for 10 seconds before pulling the syringe out.</p> <p>12. If a slight bleeding occurs after injection, gently press the injection site with alcohol swab.</p> <p>13. Cap the needle carefully.</p> <p>14. Do not inject at the same site for the next injection (i.e. 2 fingers away from the previous injection site).</p> | | | |

Remarks:

Review by: Name & Signature (ASSESSOR)

Date:

Results : (pass/fail)

RESPIRATORY

Name :

Unit:

| Task 1 | Education on pathophysiology and asthma medicines | Yes (1) | No (0) | Remarks |
|--------------------------|---|----------------|---------------|----------------|
| A | PREPARATION PHASE | | | |
| | Check patient's case note and medication chart for medicine(s) prescribed. | | | |
| | Check prescribed dose & frequency. | | | |
| | Check expiry date and follow the 5 Rights of administration of medication (Know Your Medicine). | | | |
| B | EDUCATION PHASE (ASTHMA) | Yes (1) | No (0) | Remarks |
| 1 | Introduce yourself and the purpose of counselling | | | |
| 2 | Pathophysiology of asthma Chronic inflammatory diseases of the airways. Tightening of muscles around airways (narrowed), swelling (inflamed) and thick mucus is produced and clogs up the airways (obstructed). Hyper-responsiveness = very sensitive. Sign and symptoms of asthma are shortness of breath, wheezing, chest tightness and cough. | | | |
| 3 | Differentiate the reliever and controller medicines at first counselling session A. BLUE = RELIEVER Salbutamol or terbutaline MDI (short acting β_2 -agonist). Reverse the airway bronchoconstriction. To relieve asthma symptoms: shortness of breath and wheezing. B. BROWN/MAROON = CONTROLLER/PREVENTER Inhaled corticosteroid (budesonide or beclomethasone) or corticosteroid + long acting beta agonist (SERETIDE/SYMBICORT). Reduce inflammation in the airways. Must be used regularly as directed by your doctor in order to prevent asthma attacks. Emphasize on importance of adherence for controller/preventer MDI. | | | |
| 4 | Medication delivery devices The inhaler device is the preferred route for the delivery of asthma medication. It allows direct and faster delivery of the medication into the airways compared to oral medication. The likelihood of drug side effects is also reduced. The types of inhalers are metered-dose inhaler (MDI - hand-breath coordination) and powdered inhaler (breath-activated). | | | |
| 5 | Trigger factors Know the trigger factors. How to avoid the known trigger factors. | | | |
| 6 | Adherence to inhaled corticosteroids The importance of inhaled corticosteroids and to be adherent. Minimum time to observe the effect is at least 2 - 3 weeks of use. | | | |
| 7 | Side effects of medicines A. Inhaled corticosteroids Oral thrush and hoarseness of voice. Rinse mouth and throat after using inhaled corticosteroids, for at least 20 seconds. Recommend the use of spacer for patients with persistent side effect. B. Inhaled β_2-agonists Tachycardia. Tremor. Headache. To bring rescue/reliever medicine (salbutamol MDI) everywhere they go. | | | |
| 8 | Note: COPD Long-term condition. Symptoms: shortness of breath, cough, chest discomfort and COUGHING UP PHLEGM. Due to tightening of airway muscles, swelling and irritation of airways. | | | |
| Task 2 | Teach and assess inhaler technique at every counselling session (Performance Phase) | | | |
| MDI | Metered-Dose Inhaler (MDI) Drug: _____ | Yes (1) | No (0) | Remarks |
| Shake | 1. Remove cap and shake MDI for 3 - 5 shakes (1 shake = up and down). 2. Priming - new MDI or not used > 2 weeks : Shake and give a trial actuation to ensure that visible mist is propelled. | | | |
| Exhale | 3. Exhale slowly and completely through mouth away from inhaler. | | | |
| Press | 4. Hold MDI upright, place between lips and tilt the head back slightly. Ensure the lips are tightly sealed to the mouthpiece. 5. Actuate MDI and start inhalation simultaneously, breathe in slowly and deeply through the mouth. Continue inhalation for about 3 - 5 seconds until the lungs are full. | | | |
| Inhale & hold | 6. Keep the MDI inhaler in the mouth and hold breath for 4 - 10 seconds or as long as the patient can hold. | | | |
| Exhale | 7. Breathe out gently through the nose and ensure no visible mist is escaping from the mouth. | | | |
| Repeat | 8. If additional puff is ordered, wait for 30 seconds to 1 minute before the second puff. Repeat steps 1 to 7. | | | |
| Close | 9. Replace the cap on the mouthpiece after using. | | | |
| Gargle | 10. Gargle and rinse mouth and throat after using inhaled corticosteroids, for at least 20 seconds. 11. If both preventer and reliever inhalers are required, use the reliever inhaler first, followed by the preventer inhaler after 5 minutes gap. | | | |
| Hygiene | 12. Clean up the MDI: a) ONCE A WEEK. b) Remove the canister. Clean the plastic parts of the inhaler by rinsing it under running tap water for about 30 seconds. Do not wash or put the canister in the water. c) Air-dry the plastic parts overnight (do not wipe!). d) Reassemble the inhaler and recap the mouthpiece. | | | |

| | | | | |
|-------------------------|---|---------|--------|---------|
| Dose checking | 13. Check MDI for remaining content: a) By marking on the box to indicate how many puff has been used. | | | |
| | b) Shake the canister to check whether there are any liquid inside. | | | |
| | c) Press the canister to check if there is any mist coming out. | | | |
| Exercise-induced asthma | 14. Patient with exercise-induced asthma needs to: a) Use the reliever 15 - 20 minutes before exercise. | | | |
| | b) Do warm-ups before starting strenuous activity and also cool down after exercise. | | | |
| | c) Exercise regularly as long as your asthma is well-controlled. | | | |
| MDI + SPACER | Metered-dose Inhaler with SPACER Drug: _____ | Yes (1) | No (0) | Remarks |
| | a. BI Tube | | | |
| Open | 1. Remove the cap of the MDI. | | | |
| Attach | 2. Attach the large end of the BI Tube to the mouthpiece of the MDI. | | | |
| Shake | 3. Shake the MDI 5 times in an up-down motion before use. | | | |
| Exhale | 4. Exhale slowly and completely through mouth away from inhaler and spacer. DO NOT exhale into the BI Tube. | | | |
| Press | 5. Place the mouthpiece between the teeth and close your lips around it. Slightly tilt the head back. Ensure the lips are tightly sealed to the mouthpiece. | | | |
| | 6. Press the inhaler canister to release 1 puff . | | | |
| Inhale & hold | 7. Inhale the nebulised aerosol and hold breath for 5 -10 seconds. | | | |
| Repeat | 8. If additional puff is ordered, wait for 30 seconds to 1 minute before the second puff. Repeat steps 3 to 7. | | | |
| Close | 9. Detached the MDI from the BI Tube and recap the inhaler. | | | |
| Gargle | 10. Gargle and rinse mouth and throat after using inhaled corticosteroids, for at least 20 seconds. | | | |
| | NOTE: If both preventer and reliever inhalers are required, use the reliever inhaler first, followed by the preventer inhaler after 5 minutes gap. | | | |
| Hygiene | 11. Clean up the MDI: ONCE A WEEK. | | | |
| | 12. Clean up the BI Tube: a) ONCE A MONTH. | | | |
| | b) Wash with lukewarm/cold water, do not scrub. | | | |
| | c) Air-dry the BI Tube . | | | |
| | b. Chamber with mouthpiece | Yes (1) | No (0) | Remarks |
| Check | 1. Visually check the chamber for foreign objects before each use. | | | |
| Open | 2. Remove the cap of the MDI. | | | |
| | 3. Remove the mouthpiece cover of the chamber. | | | |
| Attach | 4. Insert the MDI into the adaptor of the mouthpiece. | | | |
| Shake | 5. While holding the mouthpiece with MDI firmly, shake the unit 5 times in an up-down motion. | | | |
| Press, inhale & hold | 6. Place the mouthpiece between the teeth and close lips around it. Slightly tilt the head back. Ensure the lips are tightly sealed to the mouthpiece. | | | |
| | 7. Simultaneously press the MDI ONCE at the beginning of a slow and deep inhalation. | | | |
| | 8. Hold breath as long as possible, between 4 - 10 seconds before breathing out through the nose. ALTERNATIVELY, inhale slowly through the mouth and exhale through the nose for 5 times after pressing the MDI. | | | |
| | NOTE: Slow down inhalation if a WHISTLE sound is heard. | | | |
| Repeat | 9. If additional puff is ordered, wait for 30 seconds to 1 minute before the second puff. Repeat steps 5 to 8. NOTE: If both preventer and reliever inhalers are required, use the reliever inhaler first, followed by the preventer inhaler after 5 minutes gap. | | | |
| Hygiene | 11. Clean up the MDI: ONCE A WEEK. | | | |
| | 12. Clean up the chamber: a) ONCE A WEEK. | | | |
| | b) Remove the backpiece (DO NOT remove the mouthpiece or valve assembly). Soak both parts for 15 minutes in a mild solution of liquid dish detergent and warm water. | | | |
| | NOTE: Do not rinse chamber under running tap water. If potential for contact dermatitis is a concern, rinse only the mouthpiece portion in water. | | | |
| | c) Agitate gently | | | |
| | d) Shake out excess water and air-dry in a vertical position. DO NOT wipe to dry. | | | |
| Reassemble | To reassemble, centre the alignment feature on the backpiece. | | | |
| | c. Chamber with facemask | Yes (1) | No (0) | Remarks |
| Check | 1. Visually check the chamber for foreign objects before each use. | | | |
| Open | 2. Remove the cap of the MDI. | | | |
| Attach | 3. Insert the MDI into the adaptor of the chamber. | | | |
| Shake | 4. While holding the chamber with MDI firmly, shake the unit 5 times in an up-down motion before use. | | | |
| Apply | 5. Apply mask to face and ensure a good seal. | | | |
| Press, inhale & hold | 6. Press MDI ONCE at the beginning of normal breath. Breath normally between 5-10 breaths while holding the mask firmly to your face. NOTE: Slow down inhalation if a WHISTLE sound is heard. | | | |
| Repeat | 7. If additional puff is ordered, wait for 30 seconds to 1 minute before the 2nd puff. Repeat steps 4 to 6. | | | |
| Hygiene | 8. Cleanup the MDI: ONCE A WEEK.* | | | |
| | 9. Cleanup the chamber: a) ONCE A WEEK.* | | | |
| | b) Remove the backpiece (DO NOT remove the facemask or valve assembly). Soak both parts for 15 minutes in a mild solution of liquid dish detergent and warm water. | | | |
| | NOTE: Do not rinse chamber under running tap water. If potential for contact dermatitis is a concern, rinse only the facemask portion in water. | | | |
| | c) Agitate gently. | | | |
| | d) Shake out excess water and air-dry in a vertical position. DO NOT wipe to dry. | | | |
| Reassemble | To reassemble, centre the alignment feature on the back piece. | | | |
| TURBUHALER | Turbuhaler (TH) Drug : _____ | Yes (1) | No (0) | Remarks |
| Open | 1. Unscrew and remove cover of TH. | | | |
| | 2. Hold the TH upright. | | | |
| Priming | 3. For NEW TH, turn the grip as far as it will go and then turn it back as far as it will go in the opposite direction until a "click" sound is heard. Perform this procedure TWICE (You should only prime each new TH ONCE!) | | | |

| | | | | |
|-------------------------|--|----------------|---------------|----------------|
| Loading | 4. To load the TH with a dose, turn the grip as far as it will go in one direction. Do not hold the mouthpiece when turning the grip. | | | |
| | 5. Then turn it back again as far as it will go in the opposite direction until a "click" sound is heard. The TH is now loaded with the desired dose and is ready for use. NOTE: If TH is accidentally dropped, a new dose should be loaded. | | | |
| | 6. Breathe out away from the mouthpiece. | | | |
| Exhale | | | | |
| Inhale | 7. Place the mouthpiece gently between the lips (ensure tight seal around it), then, breathe in forcefully and deeply through the mouth for approximately 5 seconds (do not chew or bite on the mouthpiece). | | | |
| Hold | 8. Remove the TH from mouth and hold breath for 10 seconds or as long as the patient can hold (optional), and then breathe out gently through the nose away from TH. | | | |
| Repeat | 9. If additional dose is ordered, repeat steps 4 to 8. | | | |
| Close | 10. Replace the cover after use. | | | |
| Gargle | 11. Gargle and rinse mouth and throat after using inhaled corticosteroids, for at least 20 seconds. NOTE: If patient was prescribed with two types of TH (steroid & bronchodilator), it is recommended to use the bronchodilator first and wait for 5 minutes before using the steroid TH. | | | |
| Hygiene | 12. Clean up the turbuhaler: a) ONCE A WEEK. | | | |
| | b) Wipe outside the mouthpiece using dry cloth only. | | | |
| Dose checking | 13. Check TH for remaining dose: a) For Budesonide: When red mark appears in the window, only 20 puffs left. If the whole window is red, there is no more medicine left. | | | |
| | b) For Symbicort: When red mark appears in the window, only 10 puffs left. If the whole window is red and zero reaches the middle of the window, there is no more medicine left. The sound upon shaking the turbuhaler is produced by a drying agent, not the medication. | | | |
| SMART | 14. SMART regime will be implemented when using Symbicort TH alone (without combination other ICS and salbutamol MDI). When asthma attacks happened, use Symbicort TH as reliever with maximum dose of 12 doses/day (including maintenance). | | | |
| EASYHALER | Easyhaler Drug : _____ | Yes (1) | No (0) | Remarks |
| Prime | 1. Remove the powder inhaler from the aluminium pouch. | | | |
| | 2. Insert the powder inhaler into the protective cover. The dust cap on the mouthpiece prevents accidental actuation of the inhaler when inserting it into the protective cover. | | | |
| Shake | 3. Remove the dust cap. | | | |
| | 4. Shake the device prior to each dose. After shaking, hold the device in the upright position. | | | |
| Press | 5. Press the device only ONCE between the thumb and forefinger until a "click" sound is heard. Keep holding the device in the upright position. | | | |
| | 6. If more than one dose is accidentally released, remove the powder from the mouthpiece by tapping it on the palm of the hand. Then, press once for the dose. | | | |
| Exhale | 7. Breathe out normally, away from the mouthpiece. | | | |
| Inhale | 8. Place the mouthpiece between lips and close tightly around the mouthpiece, then, breathe in forcefully and deeply through the mouth (do not chew or bite on the mouthpiece). | | | |
| Hold & exhale | 9. Remove the easyhaler from mouth and hold breath for 10 seconds or as long as the patient can hold, then breathe out gently through the nose. | | | |
| Repeat | 10. If additional puff is ordered, repeat steps 4 to 8. | | | |
| Close | 11. Replace the dust cap. | | | |
| Gargle | 12. Gargle and rinse mouth and throat after using inhaled corticosteroids for at least 20 seconds. | | | |
| | 13. If using both preventer and reliever inhalers, use the reliever inhaler first, followed by the preventer inhaler after 5 minutes gap. | | | |
| Hygiene | 14. Clean up the easyhaler: a) ONCE A WEEK. | | | |
| | b) Wipe outside of mouthpiece, using dry cloth only. | | | |
| Dose checking | 15. Check Easyhaler for remaining dose: a) Easyhaler has a dose counter which indicates the number of remaining doses. | | | |
| | b) The counter turns after every five actuations. | | | |
| | c) The counter turns red when there are 20 doses left. | | | |
| | d) A clear window on the back of the inhaler allows viewing of the powder. | | | |
| Exercise-induced asthma | 16. Patient with exercise-induced asthma needs to: a) Use the reliever 15 - 20 minutes before exercise. | | | |
| | b) Do warm-ups before starting strenuous activity and also cool down after exercise. | | | |
| | c) Exercise regularly as long as your asthma is well-controlled. | | | |
| ACCUHALER | Accuhaler Drug : _____ | Yes (1) | No (0) | Remarks |
| Open | 1. Hold the outer case in one hand and place the thumb of the other hand on the thumb grip of accuhaler to slide open the cover until a "click" sound is heard. | | | |
| Slide | 2. Hold the accuhaler horizontally (must always be in this position) and slide the lever as far as it will go till it clicks. | | | |
| Exhale | 3. Breathe out and away from the mouthpiece. | | | |
| Inhale | 4. Close lips around the mouthpiece and ensure a good seal. Breathe in forcefully and deeply through the mouth (do not chew or bite on the mouthpiece). | | | |
| Hold & exhale | 5. Remove the accuhaler from mouth and hold breath for 10 seconds or as long as the patient can hold, then breathe out gently through the nose. | | | |
| | 6. If poor effort of suction, repeat steps 4 to 5 to get a full dose. | | | |
| Close | 7. Close the device by sliding the thumb grip back to the original position until a click sound is heard. Always close accuhaler when not in use. | | | |
| Repeat | 8. If additional puff is ordered, repeat steps 2 to 7. | | | |
| Gargle | 9. Gargle and rinse mouth and throat after using inhaled corticosteroids for at least 20 seconds. | | | |
| Hygiene | 10. Clean up the accuhaler: a) ONCE A WEEK. | | | |
| | b) Wipe the mouthpiece using dry cloth only. | | | |
| Dose checking | 11. Check accuhaler for remaining dose: a) There is a counter on the device (total 6 doses). | | | |
| | b) When left with 5 doses, the counter will show "5" (red in color), the subsequent count i.e. 4, 3, 2, 1, 0 are all red in colour. | | | |

| HANDIHALER | HandiHaler Drug: _____ | Yes (1) | No (0) | Remarks |
|------------------|--|---------|--------|---------|
| Blister handling | 1. Open the dust cap by pressing the green piercing button. Some HandiHaler devices may require the dust cap to be manually opened upward. | | | |
| | 2. Pull the dust cap upwards to expose the mouthpiece. | | | |
| | 3. Open the mouthpiece by pulling it upwards. | | | |
| | 4. The blister cards are perforated in the middle. Tear the card along the perforation. | | | |
| | 5. Carefully open the blister cavity by peeling back the aluminum foil until ONE capsule is fully visible. DO NOT exceed the STOP line. | | | |
| | 6. In case a second capsule is exposed to air accidentally, it has to be discarded. The capsule should be removed from the blister pack just before using it. | | | |
| | 7. Remove the capsule from the blister pack. | | | |
| | 8. Place the capsule in the centre of the chamber. | | | |
| | 9. Close the mouthpiece firmly until a "click" sound is heard. Hold the HandiHaler device with the mouthpiece pointing upright. | | | |
| Holes | 10. Press the green piercing button completely before releasing it. This will make holes in the capsule to allow the medication to be delivered when inhaled. | | | |
| Exhale | 11. Breathe out completely and away from the mouthpiece | | | |
| Inhale | 12. Place the HandiHaler horizontally to the mouth and close the lips tightly around the mouthpiece. Breathe in slowly and deeply at a rate sufficient to hear the CAPSULE VIBRATES. | | | |
| Exhale | 13. Remove the HandiHaler from the mouth and hold breath for 5 - 10 seconds or as long as the patient can hold, then breathe out gently through the nose. | | | |
| | 14. If poor effort of suction, repeat steps 12 to 13 to get the full dose. | | | |
| Dispose | 15. Open the mouthpiece and dispose the empty capsule immediately. | | | |
| Close | 16. Close the mouthpiece and dust cap for storage. | | | |
| Hygiene | 17. Clean up the Handihaler: a) ONCE A MONTH. | | | |
| | b) Open the dust cap and mouthpiece | | | |
| | c) Open the base by lifting the green piercing button | | | |
| | d) Rinse all parts of the HandiHaler with warm water to remove any powder. Do not use cleaning agents or detergents | | | |
| | e) Dry the HandiHaler thoroughly by tipping the excess water out on a paper towel and air-dry afterwards, leaving the dust cap, mouthpiece and base open. | | | |
| | f) It takes 24 hours to air-dry, so clean it immediately after use and it will be ready for the next dose | | | |
| | g) Do not use the HandiHaler device when it is wet. If needed, the outside of the mouthpiece may be cleaned with a moist, but not wet, tissue. | | | |
| | | Yes (1) | No (0) | Remarks |
| PEAK FLOW METER | 1. Place the mouthpiece on the peak flow meter. Alternatively, the originally supplied plastic mouthpiece may be detached and replaced with a disposable mouthpiece. | | | |
| | 2. Reset the marker to the bottom of the scale (zero or the lowest number on the scale). | | | |
| | 3. Hold the peak flow meter in a way that the scale and marker is not obstructed by the fingers of the patient. | | | |
| | 4. Stand in an upright position and breathe in as deep as possible. | | | |
| | 5. Place the peak flow meter in the mouth and maintain horizontally. Close the lips around the mouthpiece. | | | |
| | 6. Make sure the opening of the mouthpiece is not blocked by the tongue. | | | |
| | 7. Blow as hard and as fast as possible. DO NOT tilt the head forward while blowing. | | | |
| | 8. Record the measurement and reset the marker to its original position at the bottom of the scale. | | | |
| | 9. Breathe normally and repeat steps 3 to 8 two more times. | | | |
| | 10. Note down the date, time and highest value of the 3 peak flow measurements. DO NOT average the numbers. | | | |
| | 11. The highest of the 3 readings will be used to assess patient's PEFR. | | | |

Remarks:

Review by: Name & Signature (ASSESSOR)

Date:

Results : (pass/fail)

BOWEL CLEANSING PROCEDURE

Name :

Unit:

| Task 1 | Counselling POINTS | Yes (1) | No (0) | Remarks |
|--|---|--|---------------|----------------|
| A | PREPARATION PHASE | | | |
| | Check patient's case note and medication chart for medicine(s) prescribed. | | | |
| | Confirm the date & time for colonoscopy | | | |
| | Check expiry date and follow the 5 Rights of administration of medication (Know Your Medicine). | | | |
| B | EDUCATION PHASE | Yes (1) | No (0) | Remarks |
| | 1 | Introduce yourself and the purpose of counselling | | |
| 2 | Indication | | | |
| | This medicine is used as part of a bowel cleansing procedure before x-ray of the bowel or colonoscopy or before a bowel operation. | | | |
| | It works by producing bowel motions. It usually works within 30 minutes, however, it may take as long as 6 hours to produce the effect. Expect frequent liquid stools. | | | |
| | The patient needs to stay close to a toilet until the cleansing effect is complete. | | | |
| 3 | General | | | |
| | 7 days before procedure | | | |
| | Stop taking iron preparation. | | | |
| | Persons taking antiplatelet agents, e.g. aspirin, ticlopidine, should discontinue them upon a prior consultation with the prescribing physician. | | | |
| | Persons taking anticoagulants, e.g. warfarin, should contact their attending physician and change the drugs to low-molecular-weight heparin. | | | |
| | 2 days before procedure | | | |
| | Eat a low residue and low fiber diet. Avoid fruits and vegetables, particularly those with fine seeds, red meat, high fibre breads or high fibre cereals. | | | |
| | On the day of procedure | | | |
| | ONE day before procedure: Patient should only take clear liquids for breakfast, lunch and dinner and between doses. | | | |
| | NO solid food, milk or milk products should be taken or red/purple-coloured drink or meal. Do not drink or eat after midnight. | | | |
| | Do not drink or eat other than the third dose of the bowel cleansing preparation. | | | |
| | 2 types of preparation | | | |
| | A. FLEET PHOSPHO SODA | | | |
| | DOSING TIME: | | | |
| | Early morning procedure: First dose taken at 7 a.m. one day before the procedure. Second dose at 7 p.m. in the evening before procedure | | | |
| | Mid-morning (or later) procedure: First dose taken at 7 p.m. on the evening before procedure. Second dose taken at 7 a.m. on the day of procedure or at least 3 hours before leaving for the appointment. | | | |
| | DOSING: Dilute 45 ml in half a glass (120 ml) of cold water. Drink this solution followed by one full glass (240 ml) of cold water, more if desired. Drink as much extra liquids as possible to replace the fluid lost during bowel movement. | | | |
| CLEAR LIQUID LIST: | | | | |
| Water, tea or coffee (no milk or non dairy creamer), sweeteners are acceptable. Carbonated or non-carbonated soft drinks (not red- or purple-coloured). Fruit flavoured cordial (not red- or purple-coloured). Strained fruit juices without pulp. Do not drink any alcoholic beverages. Clear soups. Strained low-sodium chicken or beef soup without solid material. | | | | |
| B. FORTRANS | | | | |
| Each Fortrans sachet (THREE in total) should be dissolved in 1 litre of water (3 litres in total). This should be drunk within 5-6 hours. | | | | |
| To improve the flavour, the solution may be chilled or lemon juice added | | | | |
| DOSING TIME: | | | | |
| Early morning procedure: First dose (1 litre) taken at 4 p.m., second dose (1 litre) at 6 p.m. and third dose (1 litre) at 8 p.m. one day before the procedure. | | | | |
| Mid-morning (or later) procedure: First dose (1 litre) taken at 6 p.m. and second dose (1 litre) at 8 p.m. in the evening before procedure. Third dose taken at 6 a.m. on the day of procedure. | | | | |

Remarks:

Review by: Name & Signature (ASSESSOR)

Date:

Results : (pass/fail)



TIPS KAUNSELING

A. Umum

Cara menjalani gaya hidup sihat

- i. Diet
- ii. Senaman dan aktiviti fizikal
- iii. Pengambilan alkohol dan merokok

Jika pesakit merokok, nasihatkan untuk berhenti segera dan cadangkan untuk menyertai Klinik Berhenti Merokok

B. Penyakit Diabetes

- a. Penerangan tentang:
 - i. Penyakit diabetes
 - ii. Simptom hipoglisemia dan hiperglisemia
 - iii. Komplikasi (contohnya *diabetic retinopathy*, *diabetic neuropathy* dan *diabetic nephropathy*)
- b. Ubat-ubatan (agen hipoglisemia oral dan insulin)
 - i. Cara-cara menggunakan ubat dengan betul
 - ii. Kepentingan *adherence* kepada ubat-ubatan dan jalankan penilaian MMAS
 - iii. Kaedah penyimpanan ubat
- c. Cara-cara mencegah dan menangani komplikasi akut
 - i. Hipoglisemia
 - ii. *Diabetic ketoacidosis* (DKA)
 - iii. *Non-ketotic hyperosmolar syndrome* (NKHS)
- d. Cara-cara dan kebaikan menjalankan *self-monitoring blood glucose* (SMBG)

C. Penyakit kardiovaskular/hipertensi

- a. Penerangan tentang penyakit kardiovaskular/hipertensi, kesan terhadap gaya hidup dan komplikasi
- b. Penerangan tentang ubat-ubatan *beta blocker*, *calcium channel blocker*, *alpha blocker*, *ACE inhibitor*, *angiotensin receptor blocker*) yang sedang diambil oleh pesakit dan kepentingannya
- c. Penerangan tentang kepentingan *adherence* kepada ubat-ubatan dan jalankan penilaian MMAS.

D. Penyakit asma/COPD

- a. Penerangan tentang penyakit asma/COPD, kesan terhadap gaya hidup dan komplikasi
- b. Ubat-ubatan (*beta₂ agonist*, *corticosteroid*, *leukotriene receptor modifying agonist*, *anticholinergic*)
 - i. Cara-cara menggunakan *inhaler* dengan betul
 - ii. Perbezaan antara pelega (*reliever*) dan pencegah (*preventer*), kepentingannya dan waktu penggunaan ubat tersebut
 - iii. Kepentingan *adherence* kepada ubat-ubatan dan jalankan penilaian MMAS.