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A descriptive review on patient medication history interview

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ABSTRACT

The Present descriptive review provides a detailed practical approach in conducting the effective patient medication interview. It includes four main area, 1) the process involved and goals to be achieved, 2) importance of accurate patient drug history in patient medication history interview, 3) information to be recorded during patient medication history interview and 4) how to conduct patient medication interview in effective manner. This present review further attempted to give a clear pictorial representation regarding patient medication history interview as well produced a well-documented patient medication history interview form by referring all the available sources and thorough review of all available scientific literature.

Keywords: Patient medication history interview; drug history; pictorial representation; scientific literature.

PATIENT MEDICATION HISTORY INTERVIEW:

A medication history is a detailed, accurate and complete account of all prescribed and non-prescribed medications that a patient had taken or is currently taking prior to a newly initiated institutionalized or ambulatory care. It provides valuable insights into patients' allergic tendencies, adherence to pharmacological and non-pharmacological treatments, social drug use and probable self-medication with complementary and alternative medicines. Interviewing a patient in collecting the data medical history is called medication history interview [1, 2].

Goals of Patient medication history interview:

The goal of medication history interview is to obtain information on aspects of drug use that may assist in overall care of patient [3].

The information gathered can be utilized to:

- Compare medication profiles with the medication administration record and investigate the discrepancies.
- Verify medication history taken by other staffs and provide additional information where appropriate.
- Document allergies and adverse reactions.
- Screen for drug interactions.
- Assess patient medication compliance.
- Assess the rationale for drug prescribed.
- Assess the evidence of drug abuse.
- Appraise the drug administration techniques.
- Examine the needs for medication aids.
- Document patient-initiated medication administration.

Importance of accurate Patient drug history in patient medication history interview [3]:

- Medication histories are important in preventing prescription errors and consequent risks to patients.
- Apart from preventing prescription errors, accurate medication histories are also useful in detecting drug-related pathology or changes in clinical signs that may be the result of drug therapy.
- A good medication history should encompass all currently and recently prescribed drugs, previous adverse drug reactions including hypersensitivity reactions, any over-the counter medications, including herbal or alternative medicines, and adherence to therapy for the better health care plan.
- A full medication history.
- Identifies patients' needs.
- Explores the patient's perspective of illness and its treatment (needs and concerns) What is to be documented? To review current medical treatment and identify suitable additional treatments, medical professionals will require complete and reliable medication history.

Information Recorded during patient medication history interview:

The following information is commonly recorded [4]:

- Currently or recently prescribed medicines.
- OTC medication.
- Vaccinations.
- Alternative or traditional remedies.
- Description of reaction and allergies to medicines.
- Medicines found to be ineffective.
- Adherence to past treatment courses and the use of adherence aids.

THE PATIENT & THE PHARMACISTS

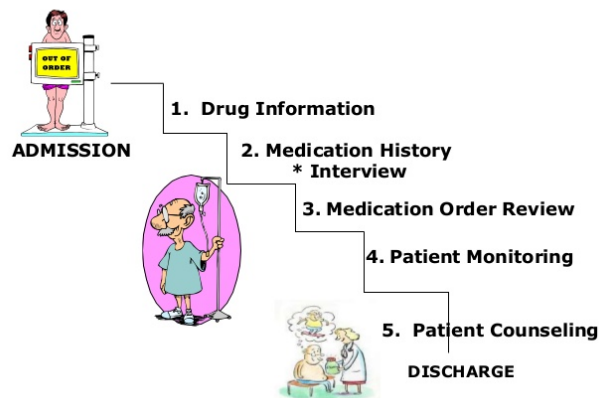


Fig 01: Representing the detailed process involved in achievement of desired therapeutic outcomes

Overview of medication reconciliation – what, where, when and how

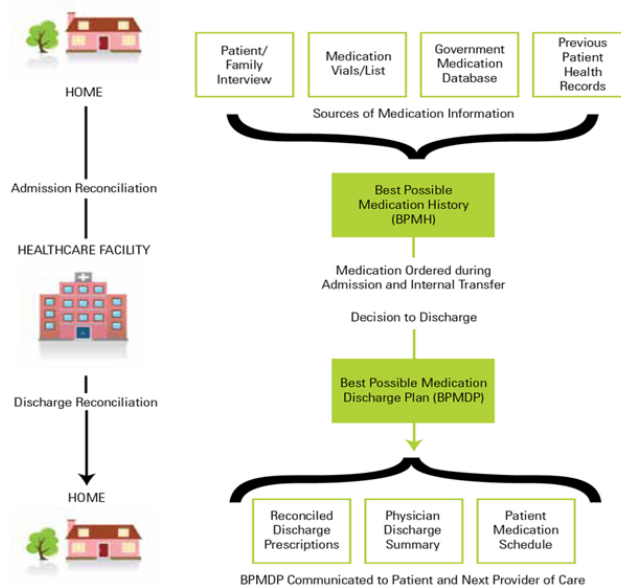


Fig 02: Representing the overview of patient medication reconciliation and its impact over patient medication history interview

Interviewing the client/ patient during medication history interview:

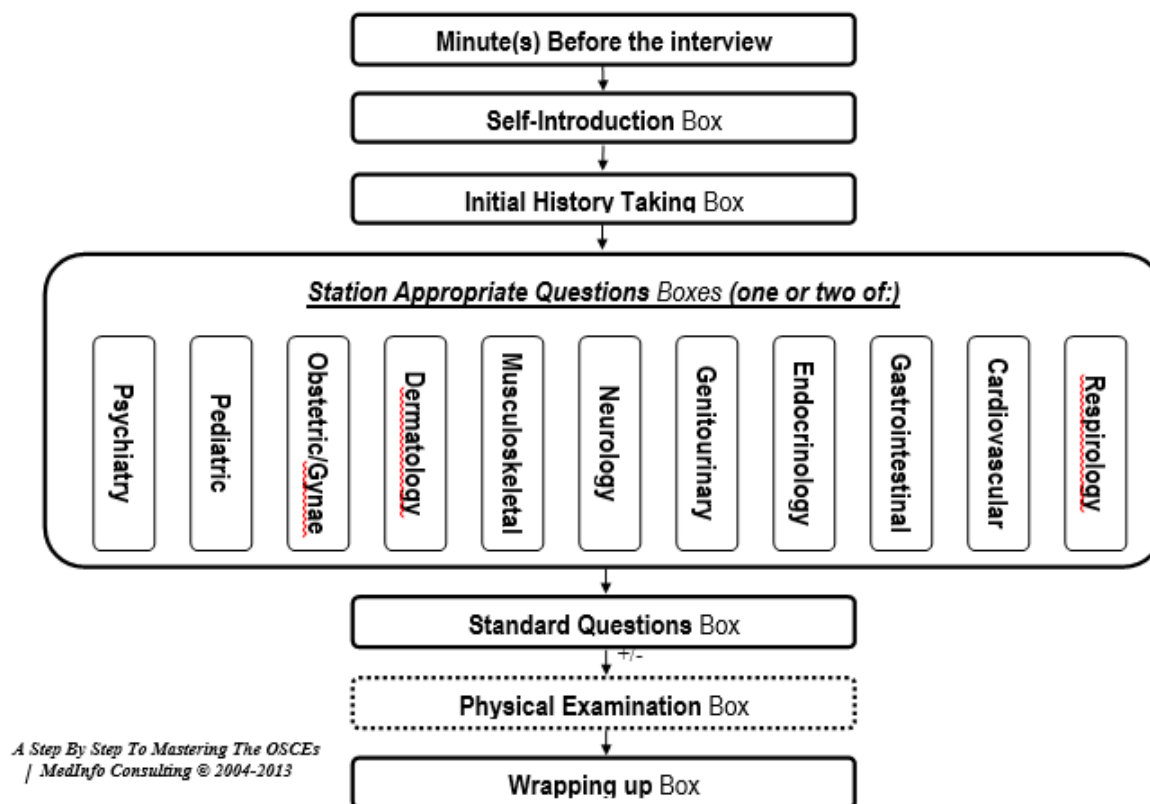
- Introduce yourself.
- Inform client of reason for you being there.
- Inform client of importance of maintaining a current medication list in chart Information sources.

QUESTIONS to ASK to patient during medication history interview [6–10]:



- Which community pharmacy do you use?
- Any allergies to medications and what was the reaction?
- Which medications are you currently taking?
- The name of the medication?
- The dosage form?

The Medical Interview Model



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Fig 03: Representing the schematic Representation of medication interview model

- The amount (specifically the dose)?
- How are they taking it (by which route)?
- How many times a day?
- Any specific times?
- For what reason (if not known or obvious)?
- What prescription medications are you taking on a regular or as needed basis?
- What over the counter (non-prescription) medications are you taking on a regular or as needed basis?
- What herbal or natural medicines are you taking on a regular or as needed basis?
- What vitamins or other supplements are you taking?

PATIENT MEDICATION HISTORY INTERVIEW FORM				
Date: ____/____/____				
NAME: _____		Birthdate: ____/____/____		
Last	First	M. I.		
Age: _____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M				
How did you hear about this clinic?				
Describe briefly your present symptoms:				
Please list the names of other practitioners you have seen for this problem:				
Psychiatric Hospitalizations (include where, when, & for what reason):				
Have you ever had ECT? _____ Have you had psychotherapy? _____				

CURRENT MEDICATIONS		
Drug allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes To _____		
Please list any medications that you are now taking. Include non-prescription medications & vitamins or supplements:		
Name of drug	Dose (include strength & number of pills per day)	How long have you been taking this?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

FAMILY HISTORY				
IF LIVING			IF DECEASED	
	Age (s)	Health & Psychiatric	Age(s) at death	Cause
Father				
Mother				
Siblings				
Children				
EXTENDED FAMILY PSYCHIATRIC PROBLEMS PAST & PRESENT:				
Maternal Relatives:				
Paternal Relatives:				

PAST MEDICAL HISTORY		
Do you now or have you ever had:		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Crohn's disease
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Colitis
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Pulmonary embolism	<input type="checkbox"/> Anemia
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Asthma	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Goiter	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Cancer (type) _____	<input type="checkbox"/> Stroke	<input type="checkbox"/> Stomach or peptic ulcer
<input type="checkbox"/> Leukemia	<input type="checkbox"/> Epilepsy (seizures)	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Cataracts	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Angina	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Heart problems	<input type="checkbox"/> Kidney stones	
Other medical conditions (please list):		

PERSONAL HISTORY	
Were there problems with your birth? (specify)	
Where were you born & raised?	
What is your highest education?	<input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Advanced degree
Marital status: <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered/significant other	
What is your current or past occupation?	
Are you currently working? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours/week _____ If not, are you <input type="checkbox"/> retired <input type="checkbox"/> disabled <input type="checkbox"/> sick leave?
Do you receive disability or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what disability & how long?
Have you ever had legal problems? (specify)	
Religion:	

CONCLUSION

The patient medication history interview is an important step that needed to be carried out in effective manner as it aids in promotion of desired therapeutic outcome in the field of therapeutic management of various disorders/diseases. We hope the present review will greatly helpful for the quick and easy reference of how to conduct the patient medication history interview and further involved in providing a clear picture of its importance in achievement of desired therapeutic outcomes.

Author Contribution

All authors Contributed Equally.

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