

Annual Health Assessment – Pharmacy Care Record Guide

Initial assessment

At the point of registration, or as soon as practical afterwards, the pharmacist/ technician should create or open a PCR and annotate that the patient has registered for the Gluten Free Food Service (GFFS) within the initial assessment page.

Use the drop down option to indicate if the patient has confirmed Coeliac Disease or Dermatitis Herpetiformis.

| Guideline units | | | |
|-------------------|----|-------------------------|----|
| Child 1-3 years | 10 | Male 19-59 years | 18 |
| Child 4-6 years | 11 | Male 60-74 years | 16 |
| Child 7-10 years | 13 | Male 75+ years | 14 |
| Child 11-14 years | 15 | | |
| Child 15-18 years | 16 | | |
| | | Female 19-74 years | 14 |
| | | Female 75+ years | 12 |
| | | Breastfeeding | +4 |
| | | 3rd trimester pregnancy | +1 |

You can then complete the initial assessment and save:

Click on the Support Tool tab across the top to access the actual assessment and the start support tool assessment, selecting the Gluten Free option from the drop down.

Print Care Issues Edit

Pharmaceutical care plan High risk medicine assessments New medicine interventions **Support tools**

Support tool assessments

| Type | Number of care issues | Status | Last modified on | Last modified by | Assessment completed on | Assessment completed by |
|------------------------|-----------------------|--------|------------------|------------------|-------------------------|-------------------------|
| No records to display. | | | | | | |

Smoking cessation assessments

| Quit date | Status | MDS | Last recorded contact | Quit attempt in |
|------------------------|--------|-----|-----------------------|-----------------|
| No records to display. | | | | |

Start support tool assessment

Address Phone and email

Support tool assessment

Please select the support tool

Gluten-free

Start Cancel

Complete each of the four sections of the assessment, either in one or spread over several consultations.

SHORTBREAD, sally Born 01-May-1955 (60y) Gender Female CHI No. 555555555
Patient Details Last Modified On 22-Mar-2016 By 1100957

Address Phone and email

Gluten free assessment **Concordance** > Interactions & precautions > Adverse effects > Monitoring > Review

Concordance

Is the patient adhering to their gluten-free diet? Yes No

Does the patient understand how to identify foods that may contain gluten? Yes No

Does the patient have information that will support their concordance with a gluten-free diet? Yes No

Coeliac Disease is an autoimmune condition. Ingesting gluten causes the villi of the small intestine to react by flattening. This reduces the absorptive capacity of the intestine.

Actions:

- Check the patient's feelings about how they are managing with their diet.
- Check if the patient is confident that they can identify foods that contain gluten.
- Enquire if the patient is aware of the symptoms caused by eating gluten. There is wide variation in the severity of symptoms; some patients do not experience any symptoms.
- Signpost the patient to Coeliac UK (www.coeliac.org.uk).
- Record any care issues in the patient's care plan and agree desired outcomes and actions.
- Refer to the community dietitian, patient's GP, or as per healthboard guidelines.

Next - Interactions & precautions Save & Review

Gluten free assessment - Concordance > **Interactions & precautions** > Adverse effects > Monitoring > Review

Interactions & precautions

Is the patient prescribed folic acid, iron or calcium and Vitamin D supplements? Yes No

Is the patient aware of how to take these medicines properly, if indicated? Yes No

Health risks associated with non-compliance with a gluten-free diet include osteoporosis, chronic malabsorption, and gut lymphoma.

Actions:

- Provide advice on how to take the medicines properly.
- Record any care issues in the patient's care plan and agree desired outcomes and actions.

Back - Concordance Next - Adverse effects Save & Review

[return to Gluten-free Review Page](#)

Address Phone and email

Gluten-free assessment > Concordance > Interactions & precautions > Adverse effects > Monitoring > Review

Adverse effects

Is the patient aware of the common symptoms that are caused by not following a gluten-free diet? Yes No

Does the patient have any symptoms that may suggest that they are consuming foods that contain gluten? Yes No

Is the patient aware that adverse effects should be reported? Yes No

Patients who do not adhere strictly to their diet may experience a decreased appetite, weight loss, diarrhoea, anaemia, mouth ulcers, abdominal bloating, lethargy, nausea and blood in stools.

Actions:

- Keep a record of any problems that the patient describes.
- Refer them to their GP if symptoms appear severe.
- Record any care issues in the patient's care plan and agree desired outcomes and actions.

Back - Interactions & precautions Next - Monitoring Save & Review

[return to Gluten-free Review Page](#)

The patient's height and weight can also be recorded and the calculator used to provide the Body Mass Index (BMI). However, patients may decline this part of the assessment, so tick the not available box.

Also, use this part of the assessment to add the date for the next assessment.

Address Phone and email

Gluten-free assessment > Concordance > Interactions & precautions > Adverse effects > Monitoring > Review

Monitoring

Is the patient aware of how many gluten-free units they are able to order each month? Yes No

Gluten-free annual health check not completed in pharmacy

What date is the patient due to receive their gluten-free annual health check at the pharmacy?

Height or weight or both not available

Height (m)

Weight (kg)

BMI

There are national recommendations for the number of monthly gluten-free units; these vary by age and gender. The amount of gluten-free units patients are given should meet their dietary needs.

Patients should be monitored periodically to ensure that they maintain a healthy weight. Some patients may have a blood test at intervals by their general practitioner to ensure that the patient is not showing signs of malabsorption

Actions:

- Communicate the information gained from the annual health check to the patient's general practitioner.
- Record any care issues in the patient's care plan and agree desired outcome and actions.

Back - Adverse effects Save & Review

The next screen will then provide a summary of the assessment and allow the pharmacist/ technician to add any care issues or actions required.

Gluten-free assessment summary

| | |
|---|---|
| <p>Concordance</p> <p>Is the patient adhering to their gluten-free diet? Yes</p> <p>Does the patient understand how to identify foods that may contain gluten? No</p> <p>Does the patient have information that will support their concordance with a gluten-free diet? Yes</p> | <p>Adverse effects</p> <p>Is the patient aware of the common symptoms that are caused by not following a gluten-free diet? No</p> <p>Does the patient have any symptoms that may suggest that they are consuming foods that contain gluten? Yes</p> <p>Is the patient aware that adverse effects should be reported? No</p> |
| <p>Interactions and precautions</p> <p>Is the patient prescribed folic acid, iron or calcium and Vitamin D supplements? No</p> <p>Is the patient aware of how to take these medicines properly, if indicated? Yes</p> <p>Use to add care issues for the specific question.</p> | <p>Monitoring</p> <p>Is the patient aware of how many gluten-free units they are able to order each month? No</p> <p>Gluten-free annual health check not completed in pharmacy No</p> <p>What date is the patient due to receive their gluten-free annual health check at the pharmacy? 22-Mar-2016</p> <p>Height or weight or both not available No</p> <p>Height (m) 1.5</p> <p>Weight (kg) 65</p> <p>BMI 28.89</p> |

Care issues associated with this assessment

| Care issue | Earliest review by | Last modified on |
|------------------------|--------------------|------------------|
| No records to display. | | |

Assessment completion

| | |
|-------------------------|--------------------|
| Assessment complete | Yes |
| Assessment completed by | 1100957 |
| Assessment completed on | 22-Mar-2016 |

[return to Patient Home Page](#)

Follow-Up Assessments

You can use the Reports function to check when any annual health check assessments are due.

Pharmacy Care Record NHS SCOTLAND

Pharmacy: [Redacted]
User: [Redacted]
Last login: Tue, Mar 22, 2016 10:54

Home Search Protocols **Reports** Change password Manage profile Yellow card Help Logout

Reports

Care issue and patient report

Gluten-free reports

| | |
|--|-------|
| Diagnosed coeliac patients (historical) | [1] |
| Gluten-free diet set to Yes | [3] |
| Gluten-free diet set to No | [110] |
| Gluten-free diet set to Not Recorded | [386] |
| All gluten-free assessments | [4] |
| All open gluten-free assessments | [2] |
| All completed gluten-free assessments | [2] |
| Annual health check scheduled up to 8 weeks from today | [1] |
| Annual health check not completed in pharmacy | [1] |

SCOTLAND

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Gluten-free annual health check scheduled up to 8 weeks from today Number of records on report: 1

| Patient name | CHI | Date of annual health check | Last modified on | Last modified by | Status |
|------------------|------------|-----------------------------|------------------|------------------|----------------------------------|
| sally shortbread | 5555555555 | 22-Mar-2016 | 22-Mar-2016 | 1100957 | Completed Review |

[return to Reports Page](#)

Using this information, access the relevant patient record, click on support tools and use the Start Support Tool Assessment as before.

SCOTLAND

Home Search Protocols Reports Change password Manage profile Yellow card Help Logout

SHORTBREAD, sally Born 01-May-1955 (60y) Gender Female CHI No. 5555555555
Patient Details Last Modified On 22-Mar-2016 By 1100957

Address Phone and email

[Print Care Issues](#) [Edit](#)

Pharmaceutical care plan High risk medicine assessments New medicine interventions **Support tools**

Support tool assessments

| Type | Number of care issues | Status | Last modified on | Last modified by | Assessment completed on | Assessment completed by |
|-------------|-----------------------|-----------|------------------|------------------|-------------------------|--------------------------------|
| Gluten-free | 0 | Completed | 22-Mar-2016 | 1100957 | 22-Mar-2016 | 1100957 Review |

Smoking cessation assessments

| Quit date | Status | MDS | Last recorded contact | Quit attempt in |
|------------------------|--------|-----|-----------------------|-----------------|
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[Start support tool assessment](#)

Important: you cannot access any previous assessments to update once it has been completed. Any follow up assessments need to be created as if from new.