

### ➤ Palliative care

- ⊙ If enquirer asks about compatibility of drugs in a syringe driver, check the drugs, doses, diluent and volume. If you are unable to find compatibility data, think about alternative drugs, routes or separate syringe drivers (see Tutorial no. 6 Compatibility of Parenteral Drugs).
- ⊙ If enquirer asks about symptom control, establish indication and what drug or non-drug options they have tried already.
- ⊙ If the patient is unable to tolerate oral administration, explore other routes with enquirer.
- ⊙ Check concomitant medication and concurrent disease including renal and liver function.

### ➤ Contraception

- ⊙ If asked about choice of therapy think about the age of the patient and potential for compliance, smoking status, concurrent disease states and drug therapy.
- ⊙ If asked about drug interactions, identify the contraceptive and the drug to be co-administered and establish whether the drugs are already being administered together or whether this is a prospective enquiry. If the two do interact, can an alternative drug be used or additional contraceptive precautions taken?
- ⊙ For ADR enquiries, identify the contraceptive being taken, the duration of therapy, the nature of the adverse reaction, the timing of events and the management of the patient thus far.
- ⊙ If asked about the suitability of EHC, refer to the relevant CPPE pack or manufacturer's support material.

### ➤ Product availability

- ⊙ Why do you need this product? Why is an alternative in the BNF not acceptable?
- ⊙ What is the product to be used for?
- ⊙ Establish where the enquirer heard about the product.
- ⊙ Ask for exact spelling, any known manufacturer, strength, dosage form and country of origin.
- ⊙ Ask how much is needed, and when it is required.

### ➤ Clinical trials

- ⊙ If you are asked to identify a specific clinical trial, gather as much data as possible about the trial before trying to look for it: drug name, manufacturer, date of publication, disease area, any acronym, authors' names and so on.
- ⊙ Consult "Product availability" (above) for questions to ask to identify a drug in development.

### ➤ Pharmaceutical excipients

- ⊙ What is the reason for asking about excipients? Does the patient have a known problem, or is one suspected?
- ⊙ What is the nature of any known or suspected reactions to excipients?
- ⊙ How long has the patient been taking any medication that might be the source of the problem?
- ⊙ What other medication is the patient taking?

### ➤ Choice of therapy and drug dosing

- ⊙ Check the indication even if it appears obvious (eg don't assume amitriptyline is for depression) and the preferred route.
- ⊙ Check the patient's age and weight if appropriate.
- ⊙ Check the patient's renal and liver function.
- ⊙ Check the past medical history to ensure the drug is appropriate for the patient.
- ⊙ Does the patient take any other medicines?
- ⊙ Has the patient tried any drug/non-drug therapy already?
- ⊙ Does the patient have any allergies?

## The Quick Question Guide

**This is only a guide; it is not comprehensive. You won't need to ask every question every time – use your judgement and decide what's important. Think laterally, and ask for help if necessary.**

### General questions – for all enquiries

- ⊙ Is this a general enquiry or is it about a specific patient?
- ⊙ What is your name?
- ⊙ What is your job/your role/your interest in this enquiry?
- ⊙ Establish indication if not clear.
- ⊙ How should I contact you?
- ⊙ When do you need an answer?

### ➤ Administration of medicines

- ⊙ If asked about administration of iv drugs think about: dose, infusion fluid, fluid volume, rate, availability and type of intravenous access, and whether any other drugs are being given iv. Is it central or peripheral?
- ⊙ For drugs put down enteral feeding tubes, ask about: type of tube, where the end of the tube is, and the feeding regimen. Think about alternative administration routes or drugs.
- ⊙ If the enquiry is about a patient who is nil-by-mouth (NBM) prior to surgery establish the drugs and doses, and the duration of expected NBM. Again, think about alternative routes or drugs.
- ⊙ Similarly if a patient becomes dysphagic, ask about the drugs and doses and when/whether their swallow is expected to improve.

### ➤ Adverse drug reactions

- ⊙ Establish patient's age if relevant.
- ⊙ Ask about the indication for the drug and any relevant medical history (eg renal function).
- ⊙ List all current and recent drugs (include OTC products, herbal medicines, drug abuse).
- ⊙ Consider any history of adverse drug reactions and/or allergies.
- ⊙ Ask for the details of the suspected reaction including signs and symptoms, and severity.
- ⊙ Establish when the suspected reaction began (especially in relation to starting drug treatment) and whether the drug has been stopped.
- ⊙ Ask how the patient has been managed and how he/she is now.

### ➤ Drug interactions

- ⊙ Which of the drugs is the patient already taking? How long have they been taken for?
- ⊙ Has the enquirer or patient read about an interaction somewhere? If so, where?
- ⊙ If the patient is already taking both drugs, have any problems been identified or investigated?
- ⊙ If there is an interaction, is there any reason why alternative drugs can't be used instead?
- ⊙ What is the patient's liver and renal function?
- ⊙ Is the patient taking any other medicines?
- ⊙ If any ongoing or future monitoring would be required, who would do this?

### ➤ Drugs in pregnancy

- ⊙ Assess whether prospective or retrospective exposure – is the woman actually pregnant now, or planning to become pregnant?
- ⊙ Identify the drug, indication, dose, frequency, route, the duration of exposure and the age of the woman.
- ⊙ How many weeks pregnant was the woman when she first started taking the drug?
- ⊙ How many weeks pregnant is she now?
- ⊙ What drug has the woman taken during previous pregnancies for any similar condition?
- ⊙ Has the woman taken the drug in question during a previous pregnancy?
- ⊙ Has the woman had any previous pregnancies and what was the outcome?
- ⊙ Is there a family history of malformations or history of recurrent abortions?
- ⊙ Have any investigations been performed (eg ultrasound scans)?
- ⊙ For chemical exposure enquiries additional questioning may be needed to establish substance involved, approximate quantities, duration of exposure per day, protective measures taken etc.

### Compatibility of parenteral drugs

- Which drugs are currently being mixed?
- Which drugs are you planning to mix?
- What are the concentrations of the drugs, and what diluents are being used?
- How will the drugs be mixed and what types of intravenous lines are being used?
- Which of the drugs to be mixed are essential? (if not obvious)
- What other drugs is the patient being given parenterally?
- Is the number of intravenous access points limited? If so, why?
- Can alternative routes of administration be considered? If not, why?
- Establish how the patient is fed – an enteral feed tube offers a potential alternative administration route; if TPN is being used this can create additional compatibility problems.

### Ethical dilemmas

It is difficult to offer general guidance on what questions to ask, but consider:

- Why did you come to me?
- Who else have you talked to about this?
- Where else have you looked for information so far?
- (For third party enquiries) Have you talked to the patient about this? If not, why?

### Drugs in renal disease

- Establish age, weight and height of patient.
- Check the degree of renal failure, whether it is acute or chronic, and whether renal function is stable, deteriorating or fluctuating.
- Is the patient currently taking the drug in question, if so what dose and frequency?
- What is the indication for the drug and have alternatives been considered?
- Which, if any, renal replacement therapy is being used?
- Ask about the timing of any renal replacement therapy as necessary.

### Drugs in liver disease

- Establish the clinical condition of the patient, age, and presumed diagnosis.
- Results of LFTs (including clotting screen), biopsies and other diagnostic liver tests. Are the LFTs stable or changing?
- What is the patient's renal function?
- If drug-induced hepatotoxicity is suspected, is the patient currently taking the drug in question, if so what dose and frequency? What other drugs are being taken or were taken recently?
- If requesting advice on dosage or suitability of a drug in hepatic dysfunction, what is the indication for the drug and have alternatives been considered? What agent would normally be used if the patient did not have liver dysfunction?

### Drugs in breast-feeding

- Identify drug, indication, dose, frequency, route of administration and duration of treatment.
- What would happen if the drug is stopped, or not used?
- Has any alternative been considered or tried?
- Has mum already been taking the drug? Has the baby already been exposed to it in pregnancy or breast-feeding, and if so have any problems been identified?
- How old is the infant, and is he/she premature or full-term?
- Is the baby well? Is there anything to suggest that the infant may be at increased risk of drug harm – such as impaired kidney or liver dysfunction?
- Who is in a position to change therapy if necessary or document your advice in the patient's notes? Who else needs to know the answer to this enquiry?

### Pharmacokinetics

- Identify the drug, indication, dose, frequency, route and duration of therapy.
- Check the patient's age, gender, weight, concurrent medication and medical history including renal and hepatic function.
- Check if any previous drug levels have been taken and if so, check the exact time they were taken in relation to the drug and confirm the units of measurement.
- Have any interacting drugs been started (or stopped) which may affect levels?

### Alternative medicine

- Is the patient already taking the alternative medicine or do they want to start taking it?
- Identify the alternative medicine, indication, route, strength, dose and frequency. If applicable, how long has it been taken for?
- Has the patient self-diagnosed the condition that they are seeking to treat? If they have, perhaps they should consider speaking to a healthcare professional first.
- Does the patient take any conventional medication? Is there any history of adverse drug reactions or allergies?
- Check the past medical history.
- Where did the patient hear about this or who recommended starting it?

### Substance misuse

- How certain are you that the amount of drug taken and the frequency of use is correct? Users may lie about the quantities consumed and the purity of street drugs also varies very widely.
- Has a urine screen been organised? What were the results?
- Does use of the drug relate to a single exposure, short-term use, or a persistent habit?
- How is the subject taking the drug (eg injection, oral)?
- Is the subject taking other drugs? It may be important to know about other substances (eg tobacco, prescribed drugs): some enquirers panic when they hear about an illicit drug, or automatically blame it for all the patient's problems, and don't ask further questions.
- If the enquirer has used drug slang terms that you are not familiar with, ask them to clarify.
- Many enquiries concern side effects, interactions or use in pregnancy. You should consider the questions posed in the other sections to guide you in these situations.

### Travel medicine

- Identify the traveller(s).
- Check age, concurrent medication and medical history (eg acute illness, immunosuppression, psoriasis, epilepsy, neuropsychiatric disorders, renal or hepatic impairment).
- Check whether any female travellers are pregnant or breast-feeding.
- Identify the exact destination(s) to be visited.
- Find out about the nature of the travel and type of accommodation (ie is traveller backpacking through rural areas or staying in a good quality urban hotel?).
- Check the length of stay and the proposed travel date.

### Immunisation

- Identify the vaccine that is to be administered. (Is it live or not?)
- If it's not obvious, ask about why the vaccine is required, and when.
- Is the vaccine really necessary? Even if it is necessary, could delaying vaccination help solve the enquirer's problem? Does the patient require a primary course or a booster dose?
- If relevant, enquire about which vaccines the patient has had before.
- Does the patient have any contra-indication to vaccination? Consider acute illness, previous allergy or adverse reactions, pregnancy and immunosuppression.
- Ask about concurrent disease and concomitant medication.