

**The East Lancashire  
Local Pharmaceutical Committee**

# **Guide to Better MURs**



**Not so good**

**Better**

**Best**



**Simple clear advice  
on how to complete your  
Medicines Use Reviews**



Representing the  
NHS Pharmacy Contractors in  
**Blackburn with Darwen**  
and  
**East Lancashire**  
Primary Care Trusts

**East Lancashire**  
Local Pharmaceutical Committee



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Welcome to the East Lancashire LPC Guide to Better MURs

The LPC have peer reviewed many examples of real MURs carried out by local pharmacy contractors. We are pleased to report that the overwhelming majority have been of benefit to patients who clearly welcome the opportunity to this spend time with their pharmacist discussing their medicines and how to use them better.

The purpose of this guide is to help pharmacy contractors “do the job better” with actual examples and how, if required, the LPC feel they could have been improved.

The LPC have been working closely with the Medicines Management teams from both our Local PCTs Blackburn with Darwen and East Lancashire to improve both the uptake and quality of MURs. With this in mind we have also asked for comments from the East Lancashire Medicines Management Board on our MUR examples which we hope you will find helpful.

I would like to thank

- the members of East Lancashire LPC for their hard work obtaining, sifting and sorting these examples from the very many submitted.
- Richard Lee and Linda Bracewell for their valuable contributions

It is our intention to review and update these examples on a regular basis and make them available on the following websites

LPC website [www.ellpc.co.uk](http://www.ellpc.co.uk)  
Medicines Management Board [www.elmmb.nhs.uk](http://www.elmmb.nhs.uk)

We hope you find this guide useful and if you have a good example or one that demonstrates a good learning point please let me know...

Mark Collins  
Director of Operations  
[mark@ellpc.co.uk](mailto:mark@ellpc.co.uk)  
July 2008

**“Putting Community Pharmacy on the local healthcare map!”**

Chairman: Paul Darbyshire MRPharmS  
Director of Operations: Mark Collins MRPharmS

<b>Patient:</b> <input type="checkbox"/> For information only <input checked="" type="checkbox"/> Follow up <input type="checkbox"/> Please see your GP This is your professional responsibility		<b>Rx</b> Amlodipine 5mg 1od Aprovel 75mg 1d Aspirin 75mg 1od Atorvastatin 40mg 1on Escitalopram 5mg 1od Furosemide 40mg 1m Gliclazide 80mg ½ tab @noon Glucophage SR 500mg 1od Quinine Sulphate 200mg 1on Rabeprazole 20mg 1od Zolpidem 5mg 1on		<b>GP:</b> <input checked="" type="checkbox"/> For information only – no action required <input type="checkbox"/> Please consider the review A copy of the consultation record will be sent to your GP Clinical codes: Medicines Use Review 4byte:8BMF Version 2:8BMF.		<p><b>LPC Comment</b> Concise clear information and what action has been taken</p>
<b>Patient details</b> Title: _____ First Name: _____ NHS Number: _____ Address: _____ Name of other person: _____		<b>GP details</b> GP Name: _____ Practice Name: _____ Address: _____ Date of Birth: _____ Date of review: _____				
Consent for MUR obtained: Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/>		Location of review if not in pharmacy: _____ PCO permission granted for off-site MUR: Yes <input type="checkbox"/>				
Review type: Annual MUR <input checked="" type="checkbox"/> Intervention MUR <input type="checkbox"/>		Review identified or requested by: Pharmacist <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Other: _____				

Action plan		
Issue	Recommendation	For consideration by:
discussed reducing antidepressant	advised to speak to GP and reduce very slowly, leaflet on depression	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
counselled on what medication for	discussed taking meffformin and gliclazide after meals, leaflet on diabetes, diabetes lifestyle advice given	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
<p><b>Medicines Management Comments</b></p> <p>It would be useful to state why the patient wishes to stop their anti-depressant. The BNF gives good advice on how to stop anti-depressants and patients should be advised not to stop treatment abruptly, but to discuss with their doctor first.</p> <p>Local prescribing advice – for future reference and CPD....                      The MMB website (<a href="http://www.elmmb.nhs.uk">www.elmmb.nhs.uk</a>) gives advice on escitalopram. Locally it is only advised for use in generalised anxiety disorder, it is not recommended for depression as it does not offer significant benefits over other SSRIs.</p>		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

Pharmacy Name: _____ Address: _____ Tel: _____ Email address: _____
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Patient:

- For information only
- Follow your advice
- Please note that this is your copy and not for other health professionals.

**Rx**

Aspirin 75mg 1od  
 Fybogel sachets mdu  
 Gaviscon Advance Liq 5-10ml qds  
 Ibuprofen 400mg 1tds (taking bd)  
 Lactulose 15ml bd  
 Metformin 500mg 1tds

GP:

**Medicines Management Comments**

It is unclear what advice has been given about avoiding use of gaviscon with other medication, and why this is the case?  
 If the patient is taking ibuprofen for pain relief, they could be advised to take it when required, up to three times per day, to reduce the risk of GI complications, especially as this patient is also on low dose aspirin.

Local prescribing advice – for future reference and CPD....  
 The NPC website ([www.npc.co.uk](http://www.npc.co.uk)) gives advice on NSAIDs in a recent MeReC Briefing, and the risk of GI complications, especially in people on low dose aspirin and a regular NSAID. Click on [http://www.npc.co.uk/MeReC\\_Extra/2008/no30\\_2007.html](http://www.npc.co.uk/MeReC_Extra/2008/no30_2007.html)

Patient details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

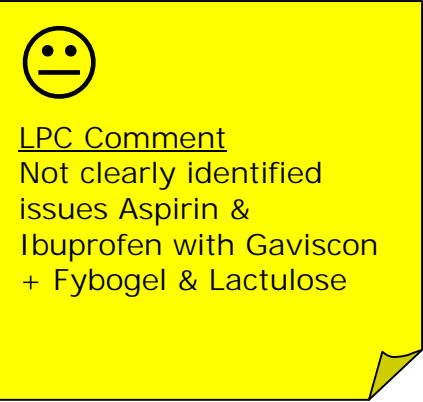
NHS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name of other people present: \_\_\_\_\_ Consent for MUR obtained: Oral  Written

Review type: Annual MUR  Intervention MUR  Review identified or requested by: Pharmacist  Patient  Other: \_\_\_\_\_

Action plan

Issue	Recommendation	For consideration by:
Discussed medication and counselled what he is taking it for	Gave leaflet on diabetes	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
 <p><u>LPC Comment</u>                      Not clearly identified issues Aspirin &amp; Ibuprofen with Gaviscon + Fybogel &amp; Lactulose</p>	Advised aspirin and metformin after meals	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
	Discussed use of Gaviscon avoid with other medication	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
	Gave lifestyle advice to avoid constipation	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

Pharmacy details

Pharmacist Name: \_\_\_\_\_ Pharmacist registration no.: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Patient:</b> <input type="checkbox"/> For info <input checked="" type="checkbox"/> Follow <input type="checkbox"/> Please This is your professional Patient det		<b>Rx</b> Allopurinol 300mg 1od Bisoprolol 5mg 1od Bumetanide 1mg 2om Calcichew D3 Forte 1bd Doxazocin 4mg 2bd Movicol Sach 1 b-tds Moxonidine 200mcg 1od Perindopril 8mg 1od Sertraline 100mg 1od Simvastatin 40mg 1on Warfarin 1mg mdu Warfarin 3mg mdu	<b>GP:</b> <input checked="" type="checkbox"/> For information only – no action required
<b>Medicines Management Comments</b> It would be useful to state whether the patient has an anti-coagulation yellow book, and whether their blood tests are up to date and they are attending clinic appointments. The surgery should also be asked to amend the prescription from 'As directed' to a more specific wording such as "To be taken at 6pm each evening as directed in the yellow anticoagulation booklet". Ensure that doses are expressed in mg and not in number of tablets. Also note that allopurinol can interact with warfarin, and ensure that the patient is not taking this intermittently as this will further affect the INR control.  Local prescribing advice – for future reference and CPD.... The NPSA Alert on anti-coagulation ( <a href="http://www.npsa.nhs.uk">www.npsa.nhs.uk</a> ) gives advice on the community pharmacists responsibilities when dispensing prescriptions for warfarin, and other anti-coagulants.			
<b>Action plan</b>			
Review type: Annual MUR <input checked="" type="checkbox"/> Intervention MUR <input type="checkbox"/> Pharmacist <input checked="" type="checkbox"/> Patient <input type="checkbox"/>			

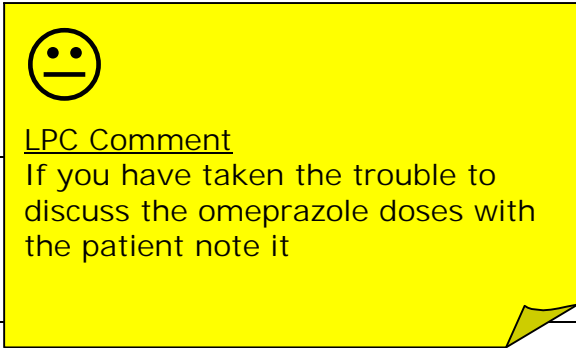
Issue	Recommendation	For consideration by:
discussed medication -	advised to take perindopril before food	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
<p><b>LPC Comment</b>            Although concise clear information written and what action has been taken could say "patient has a good understanding of their medicines and good compliance" also see MM Comments...</p>	discussed warning signs for warfarin	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
	counseled on use of Movicol	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

**Pharmacy details**

Pharmacist Name: \_\_\_\_\_ Pharmacist registration no.: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Patient:</b> <input type="checkbox"/> For information only <input checked="" type="checkbox"/> Follow up required <input type="checkbox"/> Please consider the recommendations proposed below		<b>GP:</b> <input type="checkbox"/> For information only – no action required <input type="checkbox"/> Please consider the recommendations proposed below	
Rx Co-codamol 8/500 1-2 qds prn Omeprazole 10mg 1od Ortho-Gynest cream on Quinine Sulphate 300mg 1on Simvastatin 40mg 1on Tramadol 50mg 1-2 prn Voltarol 50mg 1tds pc		<b>Medicines Management Comments</b> If the patient is taking diclofenac (Voltarol®) for pain relief, they could be advised to take it when required, up to three times per day, to reduce the risk of GI complications, depending on pain control. (See MeReC Briefing highlighted earlier). Local prescribing advice – for future reference.... For Ortho-Gynest® daily use is the initial treatment regime. A maintenance dose of one applicator full twice a week may be used after restoration of the vaginal mucosa has been achieved. For initiation and continuation of treatment of postmenopausal symptoms, the lowest effective dose for the shortest duration should be used. Attempts to discontinue medication should be made at three to six month intervals following physical examination.	
Review type: Annual MUR <input checked="" type="checkbox"/> Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> Other:		Location of review if not in pharmacy: PCO permission granted for off-site MUR: Yes <input type="checkbox"/>	

Action plan		
Issue	Recommendation	For consideration by:
Patient feels dose of omeprazole may no longer be controlling symptoms occasionally takes two daily	Advised to see GP if persists	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input checked="" type="checkbox"/> GP <input type="checkbox"/> Other:
Discussed best times to take medicines	 <p><b>LPC Comment</b> If you have taken the trouble to discuss the omeprazole doses with the patient note it</p>	<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
Reminded not to take grapefruit with statin		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

<b>Pharmacy details</b>				
Pharmacist Name:	Pharmacist registration no.:	Pharmacy Name:	Tel:	Email address:
Address:				

Patient:		GP:	
<input type="checkbox"/> For information only – no action required <input type="checkbox"/> Follow your GP's advice <input type="checkbox"/> Please note this is your copy – show it to other health care professionals.		<input type="checkbox"/> For information only – no action required <input type="checkbox"/> Please consider the recommendations proposed below A copy of the consultation record sheet can be obtained from the pharmacy if required. Clinical codes: Medicines Use Review done by community pharmacist: 4byte:8BMF Version 2:8BMF. Clinical Terms Version 3:XaKuo SNOMED CT:19839100000102	
Patient details Title: _____ First Name: _____ NHS Number: _____ Address: _____ Name of other people present: _____		GP details GP Name: _____ Practice Name: _____ Address: _____ Date of review: _____	
Consent for MUR obtained: Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/>		Location of review if not in pharmacy: _____ PCO permission granted for off-site MUR: Yes <input type="checkbox"/>	
Review type: Annual MUR <input checked="" type="checkbox"/> Informed <input type="checkbox"/>		Requested by: Patient <input checked="" type="checkbox"/> Other: _____	
Action plan			
Issue	Recommendation	For consideration by:	
Should be taking Bendroflumethazide 2.5mg 1 mane and Levothyroxine 50mcg 1 mane taking both "when remembers but not sure why taking water tablet as waterworks ok"	Clarified with patient that taking Bendroflumethazide for raised blood pressure and poor compliance may be contributing.	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
<p><u>LPC Comment</u>                      On first view it would not have been suitable for an MUR only having two items but clearly a compliance issue has been identified</p>	Referred to GP for blood levels of Thyroxine and for GP to note current poor compliance	<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input checked="" type="checkbox"/> GP <input type="checkbox"/> Other:	
	Agreed with patient to trial a compliance card. Pharmacy to help monitor	<input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
Pharmacy details			
Pharmacist Name:	Pharmacist registration no.:	Pharmacy Name:	Tel:
Address:		Email address:	

Rx  
 Bendroflumethazide 2.5mg 1od (Takes 1 when remembers)  
 Levothyroxine 50mcg 1od (Takes 1 when remembers)

LPC Comment  
 On first view it would not have been suitable for an MUR only having two items but clearly a compliance issue has been identified

<b>Patient:</b> <input type="checkbox"/> For information only <input type="checkbox"/> Follow up <input type="checkbox"/> Please consider the recommendations proposed below This is your professional responsibility Patient details		<b>GP:</b> <input type="checkbox"/> For information only – no action required <input type="checkbox"/> Please consider the recommendations proposed below A copy of the consultation record sheet can be obtained from the pharmacy if required. Clinical codes: Medicines 4byte:8BMF Version: 1.0 CT:19839100000102	
Title: _____ First name: _____ NHS Number: _____ Tel: _____ Date of Birth: _____		GP Name: _____ Practice Name: _____ Address: _____	
Name of other people present: _____ Consent for MUR obtained: Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/>		Date of review: _____ Location of review if not in pharmacy: _____ PCO permission granted for off-site MUR: Yes <input type="checkbox"/>	
Review type: Annual MUR <input checked="" type="checkbox"/> Intervention MUR <input type="checkbox"/>		Review identified or requested by: Pharmacist <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Other: _____	
Action plan			
Issue	Recommendation	For consideration by:	
Patient perceives that Levetiracetam tablets, taken for epilepsy causing insomnia	May be an indirect side effect suggested continue to use aromatic oils eg. lavender to relax	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
Otherwise patient well controlled	<b>Medicines Management Comments</b> If the insomnia is troublesome or continues, referral back to the GP would be appropriate. In the meantime advice on sleep hygiene is appropriate.  Local prescribing advice – for future reference.... Information on good sleep hygiene is available, and can in the majority of patients help to improve sleep patterns and manage patients expectations. A good article for patients on sleep hygiene can be found here <a href="http://www.patient.co.uk/showdoc/23068774/">http://www.patient.co.uk/showdoc/23068774/</a>	<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:	
Pharmacy details			
Pharmacist Name: _____	Pharmacist registration no.: _____	Pharmacy Name: _____	Tel: _____
Address: _____		Email address: _____	

**Rx**  
 Co-codamol 30/500 2prn  
 Levetiracetam 1000mg 1bd  
 Levetiracetam 500mg 1 mane

**LPC Comment**  
 Concise clear information and what action has been taken

**Medicines Management Comments**  
 If the insomnia is troublesome or continues, referral back to the GP would be appropriate. In the meantime advice on sleep hygiene is appropriate.  
  
 Local prescribing advice – for future reference....  
 Information on good sleep hygiene is available, and can in the majority of patients help to improve sleep patterns and manage patients expectations. A good article for patients on sleep hygiene can be found here <http://www.patient.co.uk/showdoc/23068774/>

<b>Patient:</b> <input checked="" type="checkbox"/> For information only <input type="checkbox"/> Follow up <input type="checkbox"/> Please consider the recommendations proposed below This is your professional responsibility Patient details		<b>GP:</b> <input type="checkbox"/> For information only – no action required <input type="checkbox"/> Please consider the recommendations proposed below A copy of the consultation record sheet can be obtained from the pharmacy if required. Clinical codes: Medicines Use Review done by community pharmacist: 4byte:8BMF Version 2:8BMF. Clinical Terms Version 3:XaKuo SNOMED CT:19839100000102	
Rx Aspirin 75mg ec 1od Atorvastatin 20mg 1od Bendroflumethazide 2.5mg 1m Levothyroxine 25mcg 1od Ramipril 5mg 1od		Required Please make to your GP I wish to show it to other health care	
Title: / Name:		GP Name:	
NHS Number:		Date of Birth: Practice Name:	
Address:		Address:	
Name of other health care professional:		Consent for MUR obtained: Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/>	
Date of review:		Date of review:	
Review type: Annual MUR		Identified or requested by: Pharmacist <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Other:	
Location of review if not in pharmacy:		PCO permission granted for off-site MUR: Yes <input type="checkbox"/>	

Action plan		
Issue	Recommendation	For consideration by:
no issues		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

Pharmacy details				
Pharmacist Name:	Pharmacist registration no.:	Pharmacy Name:	Tel:	Email address:
Address:				

Patient:		GP:	
<input type="checkbox"/> For information only – no action required <input checked="" type="checkbox"/> Follow up <input type="checkbox"/> Please see your GP This is your professional responsibility Patient details	Please make to your GP I wish to show it to other health care	<input type="checkbox"/> For information only – no action required <input checked="" type="checkbox"/> Medicines Management Comments	It is important that the GP is aware that the patient is taking aspirin 75mg daily, even if appropriate, as the patient is also taking a NSAID. The combination of a NSAID and low-dose aspirin can increase the risk of gastro-intestinal side-effects; this combination should be used only if absolutely necessary and the patient should be monitored closely.  Local prescribing advice – for future reference and CPD.... See MeReC Briefing highlighted earlier.
Rx Amitriptyline 10mg 1on Amlodipine 5mg 1od Atorvastatin 10mg 1od Meloxicam 15mg 1od  Non prescribed Aspirin 75mg 10d	Name: _____ Title: _____ NHS Number: _____ Address: _____ Name of other: _____ Identified or requested by: Pharmacist <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Other: _____	Name: _____ Title: _____ NHS Number: _____ Address: _____ Name of other: _____ Identified or requested by: Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> Other: _____	Consent for MUR obtained: Oral <input type="checkbox"/> Written <input type="checkbox"/> Location of review if not in pharmacy: _____ PCO permission granted for off-site MUR: Yes <input type="checkbox"/>

Action plan		
Issue	Recommendation	For consideration by:
Also taking aspirin 75mg not prescribed on FP10	Please prescribe Aspirin 75mg dispersible tabs on Rx since the patient has to purchase it from the pharmacy	<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input checked="" type="checkbox"/> GP <input type="checkbox"/> Other:
<div style="border: 2px solid yellow; padding: 5px; margin: 5px 0;"> <p><b>LPC Comment</b>                      It would be reasonable to inform the GP that the patient is also taking Aspirin 75 it is not appropriate to suggest prescribing changes on an MUR. Information on concordance issues also required</p> </div>		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

Pharmacy details				
Pharmacist Name:	Pharmacist registration no.:	Pharmacy Name:	Tel:	Email address:
Address:				

<b>Patient:</b> <input type="checkbox"/> For information only – no action required <input type="checkbox"/> Follow up <input type="checkbox"/> Please refer to your GP This is your professional responsibility to show it to other health care		<b>GP:</b> <input type="checkbox"/> For information only – no action required	
<b>Rx</b> Aspirin 75mg 1om Atorvastatin 10mg 10d Digoxin 250mcg mdu (takes 1od) Furosemide 40mg 2od Metformin 500mg 2bd Pioglitazone 30mg 1od Ramipril 5mg 1od Valsartan 80mg 1od		<b>Medicines Management Comments</b> <i>I have concerns about this combination, as it appears that the patient has heart failure, and pioglitazone is CI in this patient – this requires some intervention to check if this is the case.....</i>  Local prescribing advice – for future reference and CPD.... BNF gives good concise advice on the use of glitazones and the risk of heart failure, and the increased risk of ischaemic cardiac events in patients on rosiglitazone. <a href="http://www.bnf.org/bnf/bnf/current/4189.htm">http://www.bnf.org/bnf/bnf/current/4189.htm</a>	
Title: _____ First Name: _____ NHS Number: _____ Date of Birth: _____ Address: _____ Name of other prescriber: _____ Consent for MUR obtained: Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> Review type: Annual MUR <input checked="" type="checkbox"/> Requested by: Pharmacist <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Other: _____ Location of review if not in pharmacy: _____ PCO permission granted for off-site MUR: Yes <input type="checkbox"/>			

Action plan		
Issue	Recommendation	For consideration by:
Is compliant with medicines but forgets what medicines are for so doesn't know if working		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
<p><b>LPC Comment</b>                      Completely missed the opportunity to support improved patient understanding of medicines this should have been carried out and documented and followed up</p>		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

<b>Pharmacy details</b>				
Pharmacist Name:	Pharmacist registration no.:	Pharmacy Name:	Tel:	Email address:
Address:				

<b>Patient:</b>		<b>GP:</b>	
<input type="checkbox"/> For information only – no action required <input type="checkbox"/> Follow up <input type="checkbox"/> Please see your GP This is your professional responsibility Patient details:		<input type="checkbox"/> For information only – no action required <input type="checkbox"/> Please consider the recommendations proposed below A copy of the consultation record sheet can be obtained from the pharmacy if required. Clinical codes: Medicines Use Review done by community pharmacist: 4byte:8BMF Version 2:8BMF. Clinical Terms Version 3:XaKuo SNOMED CT:19839100000102	
Rx Amitryptline 25mg 2on Atenolol 100mg 1m Ramipril 10mg 1on Simvastatin 20 1on Ranitidine 150mg 1bd Paracetamol 500mg prn Not on Rx Aspirin 75mg 1m Undergoing radiotherapy		Made to your GP wish to show it to other health care	
Title: / Name:		GP Name:	
NHS Number: / Date of Birth:		Practice Name:	
Address:		Address:	
Name of other:		Date of review:	
Review type: Annual MU		Consent for MUR obtained: Oral <input type="checkbox"/> Written <input type="checkbox"/>	
Identified or requested by: Pharmacist <input type="checkbox"/> Patient <input type="checkbox"/> Other:		Location of review if not in pharmacy:	
		PCO permission granted for off-site MUR: Yes <input type="checkbox"/>	

Action plan		
Issue	Recommendation	For consideration by:
Previously seen for blood in stools, symptoms have returned	Bring to attention of GP/Consultant	<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input checked="" type="checkbox"/> GP <input checked="" type="checkbox"/> Other: Consultant
Showing signs of dehydration and vascular claudication of peripheral vasculature	Drink plenty of water and wear gloves to protect from coldness	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

**INNAPROPRIATE**  
LPC Comment  
 Whilst both comments may very well be valid neither refer to the patient's USE of medicines. It is our opinion that an MUR form is not for this type of feedback and a different method used especially for the blood in stools

<b>Pharmacy details</b>				
Pharmacist Name:	Pharmacist registration no.:	Pharmacy Name:	Tel:	Email address:
Address:				

<b>Patient:</b> <input type="checkbox"/> For information only <input type="checkbox"/> Follow up required <input type="checkbox"/> Please consider the recommendations proposed below This is a consultation record sheet. If you wish to show it to other health care professionals, please contact your GP.		<b>GP:</b> <input type="checkbox"/> For information only – no action required <input type="checkbox"/> Please consider the recommendations proposed below A copy of the consultation record sheet can be obtained from the pharmacy if required. Clinical codes: Medicines Use Review done by community pharmacist: 4byte:8BMF Version 2:8BMF. Clinical Terms Version 3:XaKuo SNOMED CT:19839100000102	
Patient details Title: _____ NHS Number: _____ Address: _____ Name of other person identified or requested by: _____		GP details GP Name: _____ Practice Name: _____ Address: _____ Date of review: _____ Consent for MUR obtained: Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/>	
Review type: Annual MUR <input checked="" type="checkbox"/>		Location of review if not in pharmacy: _____ PCO permission granted for off-site MUR: Yes <input type="checkbox"/>	

**Rx**  
 Bendroflumethazide 2.5mg 1od  
 Levothyroxine 50mcg 1od

Action plan		
Issue	Recommendation	For consideration by:
Taking Bendroflumethazide 2.5mg 1m and Levothyroxine 50mcg 1m no issues	Review December 2008 unless circumstances change	<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
<div style="background-color: yellow; padding: 10px; border: 1px solid black;"> <b>MISSED OPPORTUNITY</b>  <b>LPC Comment</b>                      Should have noted patients compliance and whether they have good understanding.                 </div>		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:
		<input type="checkbox"/> Patient <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP <input type="checkbox"/> Other:

<b>Pharmacy details</b> Pharmacist Name: _____ Pharmacist registration no.: _____ Pharmacy Name: _____ Tel: _____ Email address: _____ Address: _____				
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# **Don't just throw me away!**

**1. What did you think of this ?**

**OK  Useful  Excellent  Don't Know**

**2. Why ?**

**3. Would you like the LPC to  
produce an updated version?**

**Yes  No**

**4. What can the LPC do to help  
you do MUR's better ?**

**Please fax to 0161 740 0438**

**Or Freepost to**

**Mark Collins East Lancashire LPC FREEPOST NAT18201**

**PO Box 270 Manchester M25 4ZR**