

## Questions to Ask

Here are some suggested questions to ask when faced with common clinical problems. It's not comprehensive and you won't need to ask every question every time – use your judgement to decide what's important.

### General questions

- Is this for a specific patient?
- What is your name and relationship to the patient?
- What is the indication, dose, frequency, route and expected duration of the medicine(s) in question?
- What other medicines is the patient taking?
- What relevant medical history does the patient have?
- When do you need know by?
- How can I contact you?



### Administration of medicines

- If asked about **IV administration** think about: type of infusion fluid, fluid volume, rate of administration, availability of IV access, and whether any other drugs are being given IV.
- If you are advising about whether drugs may be put down **enteral feeding tubes**, ask about the type of tube and where the end is, and the feeding regimen
- If the enquiry is about a **patient who is NBM** prior to surgery establish how long they are likely to be NBM.
- Similarly if a patient becomes **dysphagic**, ask about when/whether their swallow is expected to improve.

### Adverse reactions

- Identify all current and recent medication (including OTC products, complementary medicines and potential substance misuse).
- Establish when the suspected reaction began.
- Which medicines were started before the ADR began, and how long have they been taken for?
- Is there anything that raises a suspicion that one medicine is responsible for the ADR? Has the suspect drug been stopped, and has the ADR improved as a result?
- Ask for details of the suspected reaction including signs, symptoms, and severity.
- Consider any history of ADRs and/or allergies.
- Ask about biochemistry (e.g. renal function, liver function) and patient age if relevant.
- Ask how the patient has been managed so far, and how he/she is now.
- How is it planned to manage the ADR?
- What alternative medicine might be suitable for the patient's condition?

### Interactions

- Which drugs are involved, and is the patient already taking both of them?
- What is the indication for the medicines involved?
- How long have they been taken for?
- If there is an interaction, is there any reason why alternative drugs can't be used to avoid it?
- If the patient is already taking both drugs, have any problems been identified or investigated?
- What is the patient's liver and renal function like?
- Has a healthcare professional or patient read a warning about the combination?
- If any monitoring would be required, who would do this?

### Children

The questions you'll need to ask will depend upon the nature of the problem you're faced with, so you'll need to revisit many of the other tutorials. However as a bare minimum, you'll normally ask about:

- Patient's age and weight.
- For neonates and infants whether they were born prematurely, and if so, by how long.
- Relevant medical and drug history.

### Drug Handling

- When was the medicine started, and was a loading dose given?
- What is the current dose, and have there been any changes in the dose?
- Check if any previous drug levels have been taken and if so, check the time they were taken in relation to dosing and confirm the units of measurement.
- Are there any drug interactions that might affect clearance?
- What is the age, weight and gender of the patient?
- Does the patient have any kidney or liver dysfunction that might affect the clearance of the medicine? Are there any other medical conditions that might affect levels or drug response (e.g. low albumin levels may increase the amount of free phenytoin in the plasma)?
- Is the patient responding to their treatment (levels may be adequate), and/or do they have potential signs of toxicity (levels may be too high)?

### Medicines in renal disease

Again the questions you'll need to ask will depend upon the problem. For questions about **dose or suitability** of a medicine in renal dysfunction then you might be thinking about:

- Is the patient currently taking the drug in question?
- Which agents would normally be used if the patient did not have renal dysfunction? What alternatives have been considered?
- Age, weight and height of patient.
- Check the degree of renal failure, and whether it is acute or chronic.
- Is renal function stable, deteriorating or fluctuating?
- Which, if any, renal replacement therapy is being used? (And ask about the timing of any CAPD or haemodialysis as necessary.)

### Medicines in liver disease

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 have been taken recently?

If requesting advice on **dosage or suitability** of a medicine in liver dysfunction:

- What agent would normally be used if the patient did not have liver dysfunction? Have alternatives been considered?
- 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?

### Injection compatibility

- Which drugs are *currently* being mixed? Which drugs are you *planning* to mix?
- *How* will the drugs be mixed and what types of intravenous lines are in place?
- What are the concentrations of the drugs, and what diluents are being used?
- Will any of the drugs be stopped soon? Can any be stopped? (If not obvious.)
- What other medication is the patient receiving – parenterally and otherwise?
- Are the number of intravenous access points limited? If so, why?
- Can alternative routes of administration be considered? If not, why?
- How is the patient being fed? (If there is an enteral feeding tube this may offer a potential alternative administration route; if TPN is being used this can create additional compatibility problems.)
- What will happen if the drugs can't be mixed?
- Could additional IV access be provided?

### Pregnancy

- How long has the medicine been taken for, and what is the expected duration of treatment?
- Has the woman taken the drug in question during a previous pregnancy?
- What medication has the woman taken during previous pregnancies for any similar condition?
- Is the woman actually pregnant now, or planning to become pregnant?
- How many weeks pregnant is she now?
- Has the woman had any previous pregnancies and what were the outcomes?
- Is there a family history of malformations or history of recurrent abortions?
- Is treatment essential? Can it be delayed? Would non-drug alternatives be appropriate?
- Have any alternative medicines been tried, or could they be considered?
- Have any investigations been performed or are they planned (e.g. ultrasound scans)?

### Breastfeeding

- What would happen if the medicine is stopped, or not used? Are there non-drug options?
- Have any alternative medicines been considered or tried?
- Has mum already been taking the medicine? Has the infant already been exposed to it in pregnancy or breastfeeding, and if so have any problems been identified?
- How old is the infant, and is he/she premature or full-term?
- Is the infant well? Is there anything to suggest that the infant may be at increased risk of drug harm (e.g. kidney or liver dysfunction)?
- How often is the baby being fed, and are they relying exclusively on breast milk?

### Alternative medicine

- Is the patient already taking the alternative medicine or do they want to start taking it?
- Why does the patient think it may help them?
- 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 as well? If so, what?
- Is there any history of adverse drug reactions or allergies?
- Check relevant past and present medical history.
- Generally, you will often be trying to answer the question: ***"Is the evidence for benefit of this treatment outweighed by the potential risks to the patient?"***

### Palliative care

- If you are asked about symptom control then the indication may be obvious, but ask about the likely cause, and establish what the patient has tried already. You will also usually need to find out what other medicines the patient is taking, and their other significant medical problems. You'll need to know whether they are able to take medicines orally, and if they can't what other routes are available (so the intramuscular and rectal routes may be unsuitable if they have low platelets for example).
- If you are asked about mixing medicines in a syringe driver then you'll need to find out the dose of each medicine and the diluent and volume (if known).

### Mental health

The diverse range of clinical problems in patients with mental health conditions means that it's not possible to provide a shortlist of suitable questions to ask when problem solving. However, if you are being asked to recommend the preferred choice of therapy for an individual patient, then two particularly helpful questions are:

- Ask the prescriber what he or she would usually use.
- Find out whether the patient has tried anything before, and if it was successful and/or tolerated.

### Excipients

- How long has the patient been taking any medication that might be the source of the problem?
- What is its brand name or manufacturer?
- Is the patient known to react to a particular excipient, or is the reaction only suspected to be caused by an excipient?
- What is the nature of any known or suspected reactions to excipients?
- Has the patient had a similar reaction with any other medicine, food or drink?
- How can we document a potential allergy or intolerance to help the patient avoid further exposure in the future?

### Antibiotics

- How old is the patient?
- What infection is being treated?
- What is their past medical history? Do they have any special considerations such as impaired renal or liver function, are they pregnant or breastfeeding? How much do they weigh?
- Do they have any allergies?
- Do they take any other medicines?
- Is the prescription in line with any local/national guidelines? Who has recommended and/or initiated treatment?
- What is the spectrum of the antibiotic? Is it licensed to treat the patient's infection? What about risk factors for drug resistance?
- Is the dose, route and duration appropriate?
- What monitoring is required?
- Who will administer the medicine? Are there any special administration considerations?
- Remember the 5 antimicrobial decisions – is there evidence of a plan to review the prescription appropriately?