

## Quick Question Guide

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 beforehand and what were their **start dates**?
- Has a suspect drug been **stopped**, and has the ADR improved as a result?
- Is it possible that an **excipient** in the medicine is to blame for the ADR rather than the 'active' ingredient?
- Ask for **details of the suspected reaction** including signs, symptoms, and severity.
- Consider any patient history of ADRs and/or allergies.
- Ask about any **relevant medical history** (e.g. concurrent illness) and test results (e.g. blood levels of drug; renal function).
- Ask how the patient has responded to any intervention related to the ADR.
- How is it planned to manage the ADR? What alternative medicine or treatment might be suitable?
- Who needs to know about this?

### 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?
- **Is the patient taking any other drugs**?
- 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)?
- What will be done if the patient's drug levels are too high or too low?
- Who will monitor drug response and any drug levels after today?

#### 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:

- What is the **indication** for the drug?
- Which agent would you **prefer** to use, and are there any **alternatives** you'd consider?
- **Extent of renal impairment?**
- Is this **acute or chronic** impairment?
- Is **renal function stable**?
- Which, if any, **renal replacement therapy** is being used?
- Going forward who needs to know?
- Who will be monitoring the patient?

#### Medicines in liver disease

These questions may not apply to every patient, but they are a good starting point.

- Do they have a **liver diagnosis**?
- What are the **signs, symptoms and test results**?
- Ask about the patient's **medical history**.

If **drug-induced hepatotoxicity** is suspected:

- **What medicines are being taken?** Have any been **stopped recently**?
- When was the **suspect drug started**?

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

- What is the **indication**?
- What is your **preferred choice**?
- Have **alternatives** been considered?

#### Injection compatibility

- **Which drugs** are involved?
- **How will the drugs be mixed**?
- What are the **concentrations** of the drugs, and what **diluents** are being used?
- **Can any IV medicines be stopped**?
- What **other medication** is the patient receiving?
- Is the number of **intravenous access points** limited?
- Can **alternative routes of administration** be considered?
- How is the patient being **fed**?
- What will happen if the drugs can't be mixed?

- Who will monitor the treatment?

### Pregnancy

- **When did the medicine start** and has it been stopped? Was it **started before pregnancy or during** it? If it is to continue, how long will it be taken for?
- **Indication, and is it working?**
- Has the woman taken the drug in question during a **previous pregnancy**, and was it effective? What other medication has the woman taken during previous pregnancies for any similar condition?
- **Is the woman planning a pregnancy or actually pregnant** now, if so **how many weeks pregnant** is she?
- **Obstetric history?** Has the woman had any previous pregnancies and what were the outcomes? Is there a family history of malformations or history of recurrent miscarriage?
- Can you consider **alternative approaches** to limit the exposure to this medicine? Can **treatment be delayed** until after pregnancy? Are there **non-drug or safer alternatives**?
- Have you planned for **after delivery**? Will the newborn need to be monitored? Does the mother intend to breastfeed?

### Breastfeeding

- **Which medicine(s)** is the breastfeeding mother taking?
- Could the medicine be **stopped**, or a **non-drug option** chosen instead?
- What **different medicines** might be suitable if the current medicine is a less satisfactory choice in breastfeeding?
- Has mum **already been taking the medicine**?
- 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 **old is the infant**, and is he/she **premature or full-term**?
- **How often is the baby being fed**, and are they relying **exclusively on breast milk**?
- Who else needs to know about the advice you give?
- If any monitoring of mother or baby is required during breastfeeding, who will do this?

### Alternative medicine

There are four broad questions concerned with alternative medicine that you might find helpful in practice:

- **What is the alternative medicine and what does it contain?**
- **Where did they get it from?** Is it a familiar OTC brand bought from a reputable outlet, or a poorly labelled powder sourced from an unfamiliar website? Was it prescribed for them, and if so by whom?
- **Why does the patient want to take it?** Has the patient self-diagnosed their medical problem, and would it be helpful for them to see a doctor about it?
- Does the patient or a healthcare professional have a **particular concern**? For example, are there symptoms that may be a side effect, or uncertainty about an interaction?

Generally, you will often be trying to answer the question: **'What are the potential risks posed to the patient taking into account their past medical history and concomitant medicines?'**

### 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

These tips are helpful when screening a prescription, but may also be helpful if you are asked to recommend an antibiotic.

- **How old** is the patient?
- 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?**
- Check whether the **indication for the antibiotic** is for treatment of an infection or prophylaxis.
- Is the antibiotic being used **empirically ('blind')** or is treatment being guided by **sensitivities?**
- Check the **site and severity of infection.**
- Are there risk factors for **resistance?** Has the patient been in a hospital recently or have they been admitted from a care home?
- Ensure that there is a **plan to monitor** the patient's response to treatment.
- **What is the spectrum of the antibiotic?**
- Are the **dose and route** of the antibiotic appropriate?
- How is the antibiotic administered? Is there an appropriate **formulation?**
- What **monitoring** is required?
- **When was the antibiotic started?** Is there a review date?