


Name: \_\_\_\_\_

Date: \_\_\_\_\_


<b>Patient Counseling Critiques – Indicate Errors or Omissions in Counseling*</b>	<b>Bactrim DS</b>	<b>Zoloft</b>
1. Introduces self (must say first name) AND role (pharmacist)	1 E or O	1 E or O
2. Confirms patient identity (must say last name AND DOB)	2 E or O	2 E or O
3. Explain the purpose of the counseling session and estimate how long it will take	3 E or O	3 E or O
4. Verify patient allergies to medications, foods, or other substances	4 E or O	4 E or O
5. State the name, strength, and dosage form of the drug and whether generic substitution has occurred	5 E or O	5 E or O
6. "What did your prescriber tell you the medication is for?"	6 E or O	6 E or O
A. Confirm intended use and describe benefits to taking medication	6-A E or O	6-A E or O
7. "How did your prescriber tell you to take the medication?"	7 E or O	7 E or O
A. Show medication and read patient the SIG on their prescription label	7-A E or O	7-A E or O
B. Explain dosage regime giving specific recommendations regarding when during the day to take the medicine, minimum number hours between doses, maximum doses per day, etc.	7-B E or O	7-B E or O
C. As applicable – give administration advice including whether to take with food, empty stomach, avoid certain foods, do not crush or chew, etc.	7-C E or O	7-C E or O
D. As applicable – for any complicated dosage form	7-D E or O	7-D E or O
E. Explain in precise terms what to do if they miss a dose	7-E E or O	7-E E or O
F. Point out the day's supply of medication provided and whether refills were authorized	7-F E or O	7-F E or O
G. Discuss storage recommendations	7-G E or O	7-G E or O
8. "What did your prescriber tell you to expect from the medication?"	8 E or O	8 E or O
A. Tell when medicine will start to work and whether it will alleviate any symptoms (i.e. notice an effect)	8-A E or O	8-A E or O
B. Explain how long they can expect to be taking the medication	8-B E or O	8-B E or O
C. Discuss common side effects of the medication	8-C E or O	8-C E or O
D. Warn about and describe symptoms of developing an allergic reaction to the medication	8-D E or O	8-D E or O
E. As applicable – Warn about rare but serious side effects of the medication	8-E E or O	8-E E or O
F. As applicable – if medication requires a Med Guide: tell patient "I am also providing you with a required medication guide that can help patients avoid serious adverse events."	8-F E or O	8-F E or O
G. Discuss precautions (e.g., activities to avoid) and beneficial activities (e.g., exercise, decreased salt intake, diet, self-monitoring)	8-G E or O	8-G E or O
H. Tell patient "To avoid potential harmful interactions, always talk with us or your prescriber before starting any new medication, including prescription or OTC, natural products, or vitamins."	8-H E or O	8-H E or O
I. Point out that additional side effects and warnings are listed in the written drug information sheet provided	8-I E or O	8-I E or O
9. "Just to make sure I have not left anything out, can you tell me how you are going to take this medication?"	9 E or O	9 E or O
10. Provide closure (pay compliment, express thanks) and give follow-up instructions and contact information.	10 E or O	10 E or O

\* Error = section incomplete (missing info)

Omission = section skipped entirely



**University Pharmacy**  
1313 Main Street, ST, 76543  
(987) 555-1212



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**Edward Mott** **08/08/2098**

**Trimethoprim/Sulfamethoxazole 160 mg/800 mg Tablet**  
Generic for: Bactrim DS

Take 1 tablet by mouth twice daily for 10 days for a urinary tract infection.

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<b>Prescriber: Carolyn Abman</b> <b>Quantity: 20</b> <b>Refills: 0</b> <b>Mfr.: Amneal</b>	<b>Rx#: 1669310</b> <b>Original Date: 08/08/2098</b> <b>Do Not Use After: 08/08/2099</b> <b>RPh Init.: RPH</b>
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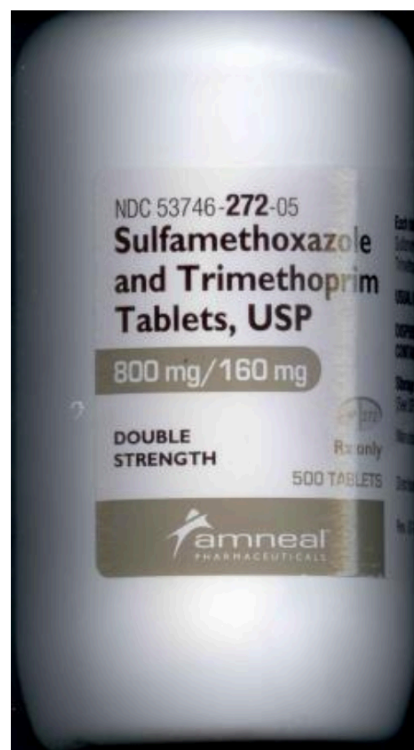
**IMPORTANT**  
FINISH ALL THIS MEDICATION  
UNLESS OTHERWISE DIRECTED  
BY PRESCRIBER


**MEDICATION SHOULD BE  
TAKEN WITH PLENTY OF  
WATER**

**YOU SHOULD AVOID  
PROLONGED OR EXCESSIVE  
EXPOSURE TO DIRECT AND/OR  
ARTIFICIAL SUNLIGHT WHILE  
TAKING THIS MEDICINE**


Pharmacy Software Systems  
Prescription Documentation:  
**Rx#: 1669310**  
**Fill Date: 08/08/2098**  
**RPh Initials: RPH**  
**Drug Mfg.: Amneal**

**INSURANCE INFORMATION**  
**RX ORIGIN CODE: 1**  
**PHARMACY DAW Code: 0**  
**DRUG NDC#: 53746-0272-05**  
**QUANTITY: 20**  
**DAYS SUPPLY: 10**  
**AWP COST/UNIT: \$1.15**  
**TOTAL DRUG COST: \$23.00**  
**DISPENSING FEE: \$2.00**  
**TOTAL BILLED: \$25.00**





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**Richard Hanson** **08/08/2098**

**Sertraline 50 mg Tablet**  
Generic for: Zoloft


Take 1 tablet by mouth once daily for depression.


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<p><b>Prescriber: Norman Keyes</b> <b>Quantity: 30</b> <b>Refills: 2</b> <b>Mfr.: Camber</b></p>	<p><b>Rx#: 147884</b> <b>Original Date: 08/08/2098</b> <b>Do Not Use After: 08/08/2099</b> <b>RPh Init.: RPH</b></p>
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**ATTENTION: Medication Guide Included**

 **MAY CAUSE DROWSINESS OR DIZZINESS**

 **DO NOT DRINK ALCOHOLIC BEVERAGES when taking this medication**

 **THIS PRESCRIPTION MAY BE REFILLED**

Pharmacy Software Systems  
Prescription Documentation:  
**Rx#: 147884**  
**Fill Date: 08/08/2098**  
**RPh Initials: RPH**  
**Drug Mfg.: Camber**

**INSURANCE INFORMATION**

**RX ORIGIN CODE: 1**  
**PHARMACY DAW Code: 0**  
**DRUG NDC#: 31722-0213-30**  
**QUANTITY: 30**  
**DAYS SUPPLY: 30**  
**AWP COST/UNIT: \$2.84**  
**TOTAL DRUG COST: \$85.20**  
**DISPENSING FEE: \$2.00**  
**TOTAL BILLED: \$87.20**

