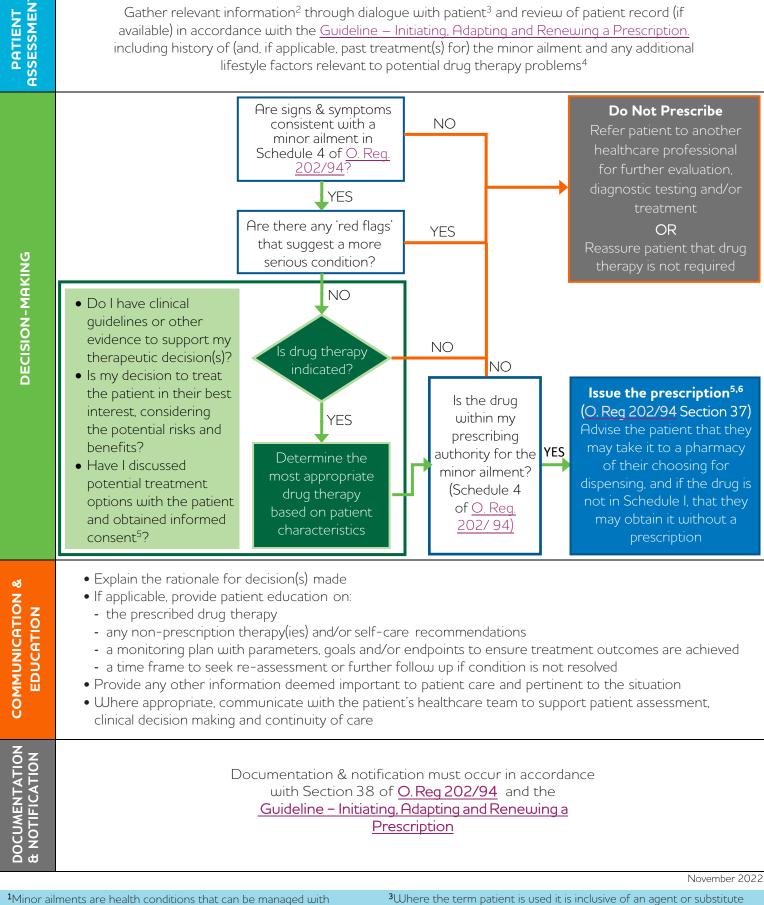


The <u>Standards of Practice</u> and <u>Code of Ethics</u> expect pharmacists to use their knowledge and expertise to optimize health outcomes for patients. Together with legislation they provide a framework within which pharmacists exercise professional judgment each time they consider prescribing.

Patient Assessment, Decision Making, Communication & Education and Documentation are key practice domains identified as having the greatest potential impact on patient care and safety. This infographic illustrates how pharmacists may approach consultations for treating minor ailments to meet expectations in each of these four domains. It should be interpreted and applied in conjunction with the Mandatory Orientation for Minor Ailments Prescribing e-learning module and the <u>Guideline – Initiating, Adapting and Renewing a Prescription</u>.



"Minor aliments are health conditions that can be managed with minimal treatment and/or self-care strategies. Additional criteria include: usually a short-term condition, lab tests are not usually required, low risk of treatment masking underlying conditions, medication and medical histories can reliably differentiate more serious conditions, only minimal or short-term follow-up is required.

²For tools and mnemonics to assist with information gathering and Standardized Patient Assessment in the Pharmacists' Patient Care Process see: <u>https://www.myrxtx.ca/new/documents/MA_CHAPTER/</u> <u>en/_pharmacist_process_for_care</u> ³Where the term patient is used it is inclusive of an agent or substitute decision maker acting on the patient's behalf.

⁴Drug therapy problems may be identified through an assessment of the Indication, Efficacy, Safety and Adherence (IESA) of a prescribed treatment: <u>https://www.ualberta.ca/pharmacy/media-library/patient-care-process-document-final-sept-2018.pdf</u>

⁵Refer to <u>Guideline – Initiating, Adapting and Renewing a Prescription</u>.

⁶Pharmacists working in collaborative care settings governed by the *Public Hospitals Act* must also consider the conditions of <u>RRO. 1990</u>, <u>Reg. 965: HOSPITAL MANAGEMENT</u> regarding Orders for Treatment