

# Audit of provision of over-the-counter NSAIDs

**Using this form** This form can be used by graduate/trainee pharmacists and non-pharmacist staff as well as by the pharmacist. It acts as a guide to the information that should be used to appropriately advise on OTC NSAID use for adults. Tick all applicable boxes to indicate answers.

**NB** If the customer's answers result in a tick in any box with a heavy red border , graduate/trainee pharmacists and non-pharmacist staff should refer the customer to the pharmacist for advice.

Auditing the request	Therapeutic notes from guidelines <sup>3,4</sup>
<p><b>Did the customer ...</b></p> <p>make a direct request for an NSAID? <input type="checkbox"/></p> <p>present with a symptom-based request for which you considered an NSAID? <input checked="" type="checkbox"/></p>	<p>assess symptoms</p>
<p><b>Who is the patient?</b></p> <p>adult 13–65 years <input type="checkbox"/></p> <p>older adult &gt;65 years <input checked="" type="checkbox"/></p> <p>customer not asked <input type="checkbox"/></p>	<p>NSAIDs ↑ risk gastrointestinal (GI) ulceration &amp; renal impairment</p>
<p><b>What are the symptoms?</b></p> <p>fever <input type="checkbox"/></p> <p>headache <input type="checkbox"/></p> <p>migraine <input type="checkbox"/></p> <p>dysmenorrhoea (period pain) <input type="checkbox"/></p> <p>dental pain <input type="checkbox"/></p> <p>sinus pain <input type="checkbox"/></p> <p>backache, hip pain <input type="checkbox"/></p> <p>strains and sprains <input type="checkbox"/></p> <p>acute gout <input type="checkbox"/></p> <p>osteoarthritis <input type="checkbox"/></p> <p>tendonitis <input type="checkbox"/></p> <p>other <input type="checkbox"/></p> <p>rheumatoid arthritis <input checked="" type="checkbox"/></p> <p>customer not asked <input type="checkbox"/></p>	<p>paracetamol recommended</p> <p>paracetamol or aspirin usually recommended</p> <p>soluble aspirin, soluble paracetamol or NSAID recommended</p> <p>NSAID recommended</p> <p>aspirin*, paracetamol or NSAID* recommended (*caution – anti-platelet action in extraction), refer to dentist</p> <p>use paracetamol plus oral or topical decongestant</p> <p>paracetamol preferred or NSAID</p> <p>RICE (rest, ice, compression, elevation) recommended</p> <p>NSAID recommended</p> <p>paracetamol recommended</p> <p>paracetamol recommended</p> <p>NSAID or paracetamol recommended, refer to doctor</p>
<p><b>How long have symptoms been present?</b></p> <p>&lt; 2 days <input type="checkbox"/></p> <p>2 days or more, or recurrent <input checked="" type="checkbox"/></p> <p>customer not asked <input type="checkbox"/></p>	<p>assess symptoms, consider referral to doctor</p>
<p><b>What treatment or other action has already been taken?</b></p> <p>no other treatment tried <input type="checkbox"/></p> <p>non-drug therapy, eg RICE, relaxation, steam inhalation, physiotherapy, etc <input type="checkbox"/></p> <p>has not used an NSAID before <input checked="" type="checkbox"/></p> <p>NSAID used previously <input checked="" type="checkbox"/></p> <p>aspirin <input checked="" type="checkbox"/></p> <p>paracetamol <input checked="" type="checkbox"/></p> <p>other analgesia, eg NSAID gels, rubs <input type="checkbox"/></p> <p>combination analgesics eg Mersyndol® <input checked="" type="checkbox"/></p> <p>complementary, eg herbal medicines, homoeopathy, natural therapy <input checked="" type="checkbox"/></p> <p>customer not asked <input type="checkbox"/></p>	<p>assess symptoms, consider referral to doctor</p> <p>check drug used, efficacy, dose, frequency appropriate</p> <p>check efficacy, dose, frequency appropriate</p> <p>check efficacy, dose, frequency appropriate</p> <p>check efficacy, dose, frequency appropriate</p> <p>check efficacy</p>
<p><b>How effective was any previous treatment?</b></p> <p>not applicable—no previous treatment <input type="checkbox"/></p> <p>ineffective <input checked="" type="checkbox"/></p> <p>adverse effects problematic <input checked="" type="checkbox"/></p> <p>partial relief <input type="checkbox"/></p> <p>other <input type="checkbox"/></p> <p>customer not asked <input type="checkbox"/></p>	

**NB:** If any red boxes ticked above  the pharmacist should provide advice.

Auditing the request	Therapeutic notes from guidelines <sup>3,4</sup>
<p><b>Does the patient suffer from any other disease or medical condition?</b></p> <p>nil <input type="checkbox"/></p> <p>peptic ulcer <input type="checkbox"/></p> <p>renal impairment <input type="checkbox"/></p> <p>asthma <input type="checkbox"/></p> <p>hypertension <input type="checkbox"/></p> <p>cardiac failure <input type="checkbox"/></p> <p>bleeding disorder <input type="checkbox"/></p> <p>pregnancy <input type="checkbox"/></p> <p>surgery <input type="checkbox"/></p>	<p>NSAIDs ↑ risk GI ulceration</p> <p>NSAIDs ↑ risk of inducing renal impairment, may cause acute renal failure</p> <p>NSAIDs may ↑ risk of bronchospasm in some people with asthma</p> <p>NSAIDs may decrease BP control</p> <p>NSAIDs can precipitate cardiac failure or cause fluid retention</p> <p>NSAIDs may be contraindicated category C, avoid, especially in third trimester</p> <p>aspirin and NSAIDs contraindicated immediately before or after some surgery</p>
<p><b>Is the patient taking any other medications? (as a check for potential drug interactions with NSAIDs)</b></p> <p>nil <input type="checkbox"/></p> <p>ACE inhibitors <input type="checkbox"/></p> <p>corticosteroids <input type="checkbox"/></p> <p>methotrexate <input type="checkbox"/></p> <p>diuretics <input type="checkbox"/></p> <p>K<sup>+</sup> sparing diuretics, K<sup>+</sup> supplements <input type="checkbox"/></p> <p>lithium <input type="checkbox"/></p> <p>cyclosporin <input type="checkbox"/></p> <p>aspirin (high dose), NSAIDs or COX II selective NSAIDs <input type="checkbox"/></p> <p>warfarin <input type="checkbox"/></p> <p>other (please specify) <input type="checkbox"/></p>	<p>↓ anti-hypertensive effect</p> <p>↑ risk renal impairment and hyperkalaemia</p> <p>↑ risk peptic ulceration</p> <p>↑ risk methotrexate toxicity</p> <p>↓ diuretic effect – monitor BP</p> <p>may ↑ serum K<sup>+</sup> esp. elderly or in renal impairment</p> <p>↑ risk Li<sup>+</sup> toxicity due to decreased clearance</p> <p>↑ risk nephrotoxicity in reduced renal function</p> <p>↑ risk adverse effects</p> <p>↑ risk bleeding – monitor GI bleeding, bruising</p>
<p><b>NB: If any red boxes ticked above</b> <input checked="" type="checkbox"/></p>	<p><b>the pharmacist should provide advice.</b></p>
<p><b>Provide advice/optimize treatment (tick advice given or action taken for this customer)</b></p> <p>advice on non-drug therapy <input type="checkbox"/></p> <p>referral to doctor <input type="checkbox"/></p> <p>select and provide simple analgesia <input type="checkbox"/></p> <p>select and provide NSAID <input type="checkbox"/></p> <p>provide advice on use of NSAID <input type="checkbox"/></p> <p>other drug therapy (please specify) <input type="checkbox"/></p>	<p>for persisting, recurrent, or worsening symptoms, etc</p> <p>consider choice of drug and dose</p> <p>consider choice of drug and dose</p> <p>eg take after food, frequency, maximum dose, adverse effects (eg stop if experiencing GI effects)</p>

### Self-assessment Part A (questions to be completed by the pharmacist)

In general, for this customer, were you able to provide advice on quality use of OTC NSAIDs?

fully  
 substantially  
 partially ▶  
 no ▶

*If no or partially, please give details of barriers to best practice:*

customer factors  .....  
 economic factors  .....  
 time factors  .....  
 staff factors  .....  
 other  .....

Who served this customer?

pharmacist only  
 graduate/trainee pharmacist  
 non-pharmacist staff  
 both pharmacist and graduate/non-pharmacist

Was customer referred to pharmacist at an appropriate point?

yes    no    not necessary in this case    pharmacist intervened