



National Prescribing Service Limited

What you need to know to complete the over-the-counter NSAIDs self-audit

Why a self-audit on over-the-counter NSAIDs?

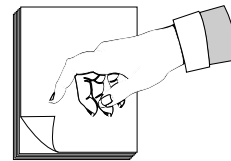
Appropriately trained pharmacy staff can handle many requests for over-the-counter (OTC) nonsteroidal anti-inflammatory drugs (NSAIDs).¹ However some requests require the intervention of a pharmacist to ensure appropriate advice and use.

The key points to consider in optimising safe and effective use of OTC NSAIDs in patients aged over 12 years are:

- paracetamol is first-line for managing pain in headache, osteoarthritis, strains and sprains
- identifying gastrointestinal, cardiovascular and renal risk factors associated with conventional and COX-2 selective NSAIDs for patients requesting OTC NSAIDs.¹⁻³

Please tear off each section and forms carefully.

Registration form, signed confidentiality agreement and self-audit forms to be received at NPS by 11 June 2004.



Please read before commencing the self-audit

What do I need to complete the self-audit?

Everything you need is included in this pack.

- Protocol, to assist you to complete the self-audit forms.
- Customer notice 'Quality Assurance and Your Privacy', to advise your customers you are participating in a QA program, and that their health information is confidential.
- Registration form/confidentiality agreement: to be completed and returned to NPS with your completed self-audit forms.
- 10 self-audit forms: Each form consists of 4 sections A-D which may be completed either during your interaction with the customer or as soon as possible afterwards. All 10 forms must be returned by Friday 11 June 2004 if you wish to obtain CPE or QCPP/CQI points (if you are unable to complete all 10 forms you may still participate but will not receive CPE or QCPP/CQI points).

Separately from the pack you will find a postcard-sized Quick Guide to keep on your OTC NSAIDs shelves with tables highlighting high risk patients and potential drug interactions associated with conventional and COX-2 selective NSAIDs. For more information about the safe and effective use of paracetamol, and about conventional and COX-2 selective NSAIDs, refer to *NPS News 28* and *Prescribing Practice Review 22* at www.nps.org.au.

Which customers should be included?

Complete the forms for 10 adult customers who:

- directly request an NSAID product
OR
- present with a symptom-based request for which you considered an NSAID.

Can normal pharmacy procedures be used?

Yes. If your staff have learnt the 'what, stop, go' system in the S2/S3 standards training or QCPP accreditation, then continue using that system. This self-audit will assist you to review workflow and these procedures.

Who should complete the self-audit forms?

The staff member(s) who served the customer should complete the form. This may be the pharmacy assistant, pre-registration pharmacist, pharmacy student or pharmacist.

If a pharmacy assistant served the customer, either alone or with the pre-registration pharmacist/pharmacist, we suggest the pharmacist oversees completion of the form. If a pre-registration pharmacist served the customer, we suggest that they complete the form in consultation with their supervising pharmacist. The process to be followed by a pharmacy student should be discussed with their supervising pharmacist.

What training will my staff need?

Provide staff with training on communication with customers, and optimising safe and effective use of OTC NSAIDs as well as instructions on the audit process, including

- which customers and products to include
- location of forms
- when to fill out forms
- how to fill out the forms
- when the self-audit will start
- what benefits audit participation will provide for both customers and staff.

Turn the page for more information



Part 1: Completing the self-audit forms

Completing Section A: Screening the request

Establish who the medicine is for, which member of staff is best able to handle the transaction, and what further information to gather e.g. age, medical and other conditions, and use of other medicines.

Age: special precautions or dosing may apply in young or old age, e.g. solid dose oral OTC NSAIDs should not be self-selected for use in children under 12 years or in people aged 65 years or over.¹

Medical and other conditions e.g. peptic ulcer, asthma, heart or kidney problems, pregnancy, breastfeeding: OTC NSAIDs

should be used with caution in patients at high risk of adverse effects (see Table 1 and Quick Guide). Conventional and COX-2 selective NSAIDs have a similar potential to cause hypertension, congestive heart failure and acute renal impairment² and can cause serious gastrointestinal events (bleeding, obstruction, perforation).^{2,3}

Use of other medicines: OTC NSAIDs should be used with caution by patients using other medicines. Interactions may occur with a range of prescribed and other medicines (see Table 2 and Quick Guide).

Completing Section B: Gathering more information and assessing appropriateness of request

What was the presenting symptom?

Clarify symptoms to ascertain the most appropriate treatment.

Paracetamol is recommended first-line for mild to moderate pain as it

- is effective when taken regularly in appropriate doses (up to 4 g in divided doses over 24 hours; insufficient dosing regimens can lead to perceptions of ineffectiveness)
- has a good safety profile (adverse effects or toxicity with paracetamol are rare at therapeutic doses)
- may be used in all age groups
- has fewer adverse effects than NSAIDs.²

OTC NSAIDs are indicated primarily for acute symptom relief, not chronic therapy.

NSAIDs* offer an advantage in dysmenorrhoea, metastatic bone pain, inflammatory arthropathies such as rheumatoid arthritis, and acute gout.

Topical NSAIDs are more effective than placebo, however, efficacy versus paracetamol in the treatment of local musculoskeletal disorders has not been established.²

Some topical NSAID preparations deliver analgesic anti-inflammatory drug to underlying tissues and to a small degree systemically.⁴

How long have the symptoms been present?

Assess the need for referral. Consider referring to a General Practitioner, patients with non-resolving symptoms or symptoms present for 2 days or more.^{1,4}

* Not all NSAIDs are approved for use in all of these indications. Check product information for approved indications.

What treatment or other action has the patient tried for this condition?

Establish what medicines or other treatments have been used by the patient, and whether they are the most appropriate and/or are being used appropriately.

Simple analgesia and/or non-drug measures should be used first-line in headache, osteoarthritis, strains and sprains, tendonitis, tennis elbow etc.⁴

All OTC NSAIDs as well as other conventional and COX-2 selective NSAIDs can cause gastrointestinal, cardiovascular and renal adverse events. Minimise this by

- using regular paracetamol first, where appropriate²
- avoiding use in people aged 65 years and over and/or with concurrent medical conditions (see Table 1 and Quick Guide)
- avoiding concurrent use of other drugs with a high risk of adverse gastrointestinal events (see Table 2 and Quick Guide)
- using the lowest effective dose for the shortest period of time²
- recommending a drug with a lower risk of serious gastrointestinal events (see Table 3)
- educating patients about symptoms of gastrointestinal toxicity and action to take.²

What other medical conditions does the patient have?

Assess whether the patient is at high risk of adverse effects with conventional or COX-2 selective NSAIDs (see Table 1 and Quick Guide).

Was the patient taking any other medicines?

Assess potential drug interactions with conventional or COX-2 selective NSAIDs (see Table 2 and Quick Guide).

Tables

Table 1. Patients at high risk of adverse effects with conventional or COX-2 selective NSAIDs^{2,4}	
Risk factor	Adverse effect
Adults 65 years and over	Increased risk gastrointestinal ulceration and renal impairment
Previous peptic ulcer disease	Increased risk gastrointestinal ulceration
History of renal impairment	Increased risk of conventional and COX-2 selective NSAID-induced renal impairment, may cause acute renal failure
Cardiac failure	Fluid retention may result from reduced renal function induced by conventional and COX-2 selective NSAIDs
Hypertension	Blood pressure control may deteriorate
Asthma	Risk of bronchospasm may be increased in some people
Pregnancy	Category C - avoid use, especially in third trimester

Table 2. Potential drug interactions with conventional or COX-2 selective NSAIDs^{2,4}	
Drug	Interaction
ACE inhibitors and angiotensin II receptor antagonists	↓ antihypertensive effect ↑ risk renal impairment and hyperkalaemia
Diuretics	↓ diuretic effect – monitor BP
Potassium sparing diuretics, potassium supplements	may ↑ serum potassium especially in elderly or in renal impairment
Aspirin (high dose) and conventional and COX-2 selective NSAIDs	↑ risk adverse effects
Warfarin	↑ risk bleeding – monitor for bruising and gastrointestinal bleeding
Corticosteroids	↑ risk peptic ulceration
Methotrexate	↑ risk methotrexate toxicity
Lithium	↑ risk lithium toxicity due to decreased clearance
Cyclosporin, tacrolimus	↑ risk nephrotoxicity in reduced renal function

Table 3. Relative risk of serious gastrointestinal events* ^{2,5,6}	
Lower risk	diclofenac, ibuprofen, celecoxib, rofecoxib
Medium risk	diflunisal, indomethacin, naproxen, sulindac
Higher risk	ketoprofen, piroxicam
* Meloxicam not included as no comparable gastrointestinal safety clinical outcome trials	

Completing Section C: Management

If no product was supplied

Go to 'Additional Management'.

If product was supplied

Record the product supplied. Specify if the product chosen is recommended by *Australian Medicines Handbook 2004*² or *Therapeutic Guidelines: Analgesic*⁴ and if not, specify your reason(s) for choosing an alternative (see Section B of self-audit form).

Additional management

Consider if you gave the patient sufficient information to optimally manage the condition.

Verbal advice: Did you advise the customer about correct use, dosing, and some symptoms of adverse effects for the medicine, e.g. dark stools, swollen ankles, heartburn, worsening asthma? Note: taking NSAIDs with food or a full glass of water does not prevent gastrointestinal ulceration but may reduce dyspepsia.

Written advice: *Consumer Medicine Information* (CMI) leaflets are available for some OTC NSAIDs, and a *Pharmacy Self Help* card is available for people with Back Pain. For general information about medicines, consider providing a copy of *NPS Medimate*, a consumer-friendly guide to using 'medicines without the mix-ups' available free online at www.medimate.org.au or by fax on 02 9993 8322.

Other advice: Did you recommend non-drug therapies such as RICE or provide any other information?

Referral

Ascertain if a referral to a medical practitioner is indicated and provide a written advice/referral note. Indications include:

- severe or prolonged pain
- pain in children or in pregnant women
- concurrent therapies or illnesses as outlined in Tables 1 and 2 and the Quick Guide.

Completing Section D: Self-assessment

Complete Section D to assess your management of the processes covered by sections A-C.

Part 2: Completing the self-audit cycle

After completing the self-audit forms

- Look over all the forms.
- Complete an OTC Review using the checklist at table 4.
- Complete an OTC Action Plan using table 5 as a guide, and keep it with your records.
- Attach the completed registration form/signed confidentiality agreement to the **10** completed self-audit forms and return to the NPS by **11 June 2004**.

When you receive your results, you will receive

- your own results
- aggregated group results
- expert commentary
- review and reflection points
- certificate of completion
- CPE points or QCPP/CQI points (where at least 10 customers reviewed).

Review

The process of screening and referral uses the Pharmacy Guild QCPP *Pharmacy Standards*, and Pharmaceutical Society of Australia (PSA) *Standards for the Provision of Pharmacist Only and Pharmacy Medicines in Community Pharmacy*. The standards marked * in table 4 are also applicable to unscheduled products.

Table 4. Checklist for supply of OTC NSAIDs			
	Yes	Usually	No
Customer care and advice (Guild POP-2, PSA standard 2)			
Does the pharmacy have a functioning screening and referral system?*			
Was the pharmacist involved in all Pharmacist Only medicines requests?			
Did customers purchasing Pharmacy Medicines have appropriately trained staff assisting them with their product selection?			
Were there gaps in your therapeutic knowledge?*			
Were pharmacy staff trained adequately for their role?*			
Were customers appropriately referred (e.g. to General Practitioner, support services) by the pharmacist?*			
Resource management (Guild POP-1, PSA standard 1)			
Were customers able to access the pharmacist for consultation on OTC medicines?*			
Did you have access to the resources that you needed to provide service and information to the customer (e.g. <i>Australian Medicines Handbook, AusDI</i>)?*			
Did the customer have access to information materials (e.g. <i>PSA Pharmacy Self Care cards</i>)?*			

Other issues

Other issues surrounding the supply of OTC medicines but not covered explicitly in this self-audit include indirect supply, documentation, display and storage, customer consultation, and the rights and needs of consumers. These issues should also be considered in your review.

Action Plan

Consider the following examples of items to include in your OTC NSAIDs Action Plan (not an exhaustive list) and complete your own Plan using the template overleaf.

Table 5. OTC NSAIDs Action Plan Guide		
Action	Need to take action	
	Yes	No
Examine workflow and staffing levels, review and reallocate work duties if necessary.		
Discuss with non-pharmacist staff: <ul style="list-style-type: none"> — screening questions you would like them to ask — when you would like them to refer to you. 		
Document systems in a standard operating procedure (SOP). Ensure that the SOP is accessible to staff and that new staff are oriented to the SOP.		
Obtain current drug information references such as the <i>Australian Medicines Handbook</i> , <i>AusDI</i> , and the <i>Therapeutic Guidelines</i> series. Register for <i>NPS Australian Prescriber</i> , <i>NPS News</i> , <i>ADRAC Bulletin</i> and <i>NPS Radar</i> (information about drugs recently listed by PBS, and important new research about listed drugs) at www.nps.org.au . Subscribe to other professional journals.		
Use the NPS Therapeutic Advice and Information Service (TAIS), a drug information telephone service. Call 1300 138 677.		
Encourage customers to seek advice from the pharmacist, e.g. display signs.		
Promote consumer resources, e.g. CMI's; PSA <i>Pharmacy Self Care</i> cards; <i>NPS Medimate</i> ; NPS Medicines Line 1300 888 763, a drug information service for consumers.		
Direct the customer to appropriate resources. Ideally discuss the information with the customer.		
Identify situations where you should refer to another health professional.		
Devise an ongoing plan for keeping up-to-date, e.g. journals, courses, NPS publications (<i>NPS News</i> and <i>Prescribing Practice Review</i>) and NPS case studies.		
Set aside professional development time for yourself and your staff.		
Concentrate on communication skills; role play difficult situations.		
Get your staff to identify situations where they feel uncomfortable.		
Use formal training courses with regular updates, e.g. pharmacist/pharmacy assistant training seminars on complying with the <i>Standards for the Provision of Pharmacist Only and Pharmacy Medicines</i> conducted by PSA State branches.		

Your OTC Action Plan template

<i>Action</i>	<i>How will I implement this plan?</i>	<i>Due date</i>	<i>Date of review</i>
Example: Improve supervision of OTC sales	Relocate stock to the professional services area	30 - 6 - 04	30 - 7 - 04

Important privacy information

Self-audit is an educational and quality improvement activity where the purpose of data collection is to enable peer feedback. Your individual self-audit results are confidential.

Participating pharmacists will receive the aggregate results along with an expert commentary. Aggregate results will not identify any customer, pharmacist or pharmacy and may be used in NPS publications or reports. Your participation will be revealed to professional bodies only for the allocation of Continuing Pharmacy Education (CPE), Professional Development Assurance Program (PDAP) points and/or Quality Care Pharmacy Program (QCPP) Continuous Quality Improvement (CQI) credit points.

A notice is enclosed to display while conducting the self-audit. Customers should know what health data are being collected, and how these are being used, and that they can choose not to have their health information included in the self-audit.

NPS ensures that the collection, storage and use of all health information for this self-audit complies with the National Privacy Principles. We are confident that the privacy of patients, pharmacists and their staff is protected. For more information about confidentiality and self-audit please refer to the confidentiality agreement on the reverse of the registration form.

Important note: The confidentiality agreement must be signed to participate in the self-audit.

If you require further information

For information about the self-audit
Contact Gwen Higgins:
email: ghiggins@nps.org.au
phone: (02) 8217 8700
fax: (02) 9211 7578
visit: www.nps.org.au

To order further copies of this pack
email: info@nps.org.au
phone: (02) 8217 8700
fax: (02) 9211 7578

References

1. Guide to the NSW Poisons Schedule 2003.
2. Australian Medicines Handbook. Australian Medicines Handbook Pty Ltd; 2004.
3. Bombardier C, et al. N Engl J Med 2000;343:1520–8.
4. Writing Group for Therapeutic Guidelines: Analgesic. Therapeutic Guidelines: Analgesic Version 4, 2002. North Melbourne: Therapeutic Guidelines Ltd; 2002.
5. Silverstein FE, et al. JAMA 2000;284:1247–55.
6. Henry D, et al. BMJ 1996;312:1563–6.

For further information on analgesics

National Prescribing Service. NPS News 28: Minimising the risks of using analgesics in musculoskeletal pain. Sydney: National Prescribing Service Ltd, 2003. www.nps.org.au

National Prescribing Service. Prescribing Practice Review 22: Optimising safe and effective use of analgesics in musculoskeletal pain. Sydney: National Prescribing Service Ltd, 2003. www.nps.org.au

National Prescribing Service. NPS News 18: Osteoarthritis—have COX-2s changed its management? Sydney: National Prescribing Service Ltd, 2001. www.nps.org.au

National Prescribing Service. Prescribing Practice Review 16: COX-2 selective NSAIDs Sydney: National Prescribing Service Ltd, 2001. www.nps.org.au

For further information on professional practice standards

Pharmaceutical Society of Australia. Competency Standards for Pharmacists in Australia 2003. Canberra: Pharmaceutical Society of Australia, 2003.

Pharmaceutical Society of Australia. Standards for the Provision of Pharmacist Only and Pharmacy Medicines in Community Pharmacy. In: Australian Pharmaceutical Formulary and Handbook 18th ed. Canberra: Pharmaceutical Society of Australia, 2002.

Pharmaceutical Society of Australia. Pharmacy Practice Handbook. Canberra: Pharmaceutical Society of Australia, 2000.

The Pharmacy Guild of Australia – Quality Care Pharmacy Program materials. Canberra: The Pharmacy Guild of Australia, 2000.



National Prescribing Service Limited

National Prescribing Service Limited ACN 082 034 393
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Completing the form

- Forms may be completed by the pharmacist, pre-registration pharmacist, pharmacy student or pharmacy assistant.
- The pharmacist conducting the self-audit should oversee the completion of all forms.
- Forms should be completed as soon as possible after serving each adult customer who:
 - directly requests an NSAID product or
 - presents with a symptom-based request for which you considered an NSAID.
- Completely fill in the bubbles with black biro (as shown). Do not use pencil.
- If you make a mistake use white correction fluid or cross through the bubble clearly (as shown).



SECTION A: Screening the request (to be completed for all customers)				
SECTION A	Was the customer the patient?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not determined
	How old was the patient?	<input type="radio"/> Adult aged 13-65 years	<input type="radio"/> Adult aged over 65 years	<input type="radio"/> Unknown
	How did the customer present?	<input type="radio"/> Direct product request	<input type="radio"/> Symptom based request	
	Had the patient used an NSAID before?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
	If yes: Did it work?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Partially <input type="radio"/> Not asked
	Was the patient pregnant/breastfeeding, or did they have any medical conditions, e.g. peptic ulcer, asthma, heart or kidney problems?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked
	Was the patient taking any other medications?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not asked

- If **ONE OR MORE highlighted** responses were marked, go to **section B**. NOTE: If these responses were marked by a pharmacy assistant, the customer should have been referred to the pharmacist.
- If **NO highlighted** responses were marked, go to **section C**.

SECTION B: Gathering more information (pharmacist involvement recommended)																			
SECTION B	<table border="1"> <thead> <tr> <th>What was the presenting symptom?</th> <th>Guidelines^{2,4}</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Dysmenorrhoea (period pain)</td> <td>Conventional NSAID (other than aspirin) recommended</td> </tr> <tr> <td><input type="radio"/> Fever <input type="radio"/> Osteoarthritis <input type="radio"/> Tendonitis</td> <td>Paracetamol recommended</td> </tr> <tr> <td><input type="radio"/> Headache</td> <td>Paracetamol or aspirin usually recommended</td> </tr> <tr> <td><input type="radio"/> Migraine</td> <td>Soluble aspirin, soluble paracetamol or conventional NSAID recommended</td> </tr> <tr> <td><input type="radio"/> Sinus pain</td> <td>Use paracetamol plus oral or topical decongestant</td> </tr> <tr> <td><input type="radio"/> Backache, hip pain</td> <td>Paracetamol preferred or conventional NSAID</td> </tr> <tr> <td><input type="radio"/> Strains and sprains</td> <td>RICE (rest, ice, compression, elevation) recommended</td> </tr> <tr> <td><input type="radio"/> Other (please specify) _____</td> <td></td> </tr> </tbody> </table>	What was the presenting symptom?	Guidelines ^{2,4}	<input type="radio"/> Dysmenorrhoea (period pain)	Conventional NSAID (other than aspirin) recommended	<input type="radio"/> Fever <input type="radio"/> Osteoarthritis <input type="radio"/> Tendonitis	Paracetamol recommended	<input type="radio"/> Headache	Paracetamol or aspirin usually recommended	<input type="radio"/> Migraine	Soluble aspirin, soluble paracetamol or conventional NSAID recommended	<input type="radio"/> Sinus pain	Use paracetamol plus oral or topical decongestant	<input type="radio"/> Backache, hip pain	Paracetamol preferred or conventional NSAID	<input type="radio"/> Strains and sprains	RICE (rest, ice, compression, elevation) recommended	<input type="radio"/> Other (please specify) _____	
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<input type="radio"/> Strains and sprains	RICE (rest, ice, compression, elevation) recommended																		
<input type="radio"/> Other (please specify) _____																			
	<p>How long have symptoms been present?</p> <p><input type="radio"/> < 2 days <input type="radio"/> 2 days or more <input type="radio"/> Customer not asked</p> <p>Refer patients with non-resolving or frequently recurrent symptoms to a General Practitioner if symptoms do not improve</p>																		
	<p>What treatment or other action has been tried?</p> <p> <input type="radio"/> Non-drug therapy, e.g. RICE, relaxation, steam inhalation, physiotherapy, etc <input type="radio"/> Conventional or COX-2 selective NSAID prescribed by doctor <input type="radio"/> Aspirin <input type="radio"/> Paracetamol <input type="radio"/> Has not used a conventional or COX-2 selective NSAID previously <input type="radio"/> Combination analgesics, e.g. Panadeine <input type="radio"/> Oral OTC NSAID used previously <input type="radio"/> Complementary therapies e.g. herbal medicines, homoeopathy <input type="radio"/> Topical NSAID used previously <input type="radio"/> Other analgesia </p> <p>Consider simple analgesia or non-drug measures first-line in: Headache Osteoarthritis Strains and sprains Tendonitis, tennis elbow etc ⁴</p> <p>Topical NSAIDs are more effective than placebo, however, efficacy versus paracetamol in the treatment of local musculoskeletal disorders has not been established²</p>																		
	<p>Did the patient have any other medical conditions?</p> <p><input type="radio"/> No <input type="radio"/> Yes (please specify) _____ <input type="radio"/> Customer not asked</p> <p>All NSAIDs should be used with caution in patients at high risk of adverse effects e.g. adults aged 65 years and over. See Table 1 and Quick Guide for more examples</p>																		

SECTION B: Gathering more information (<i>pharmacist involvement recommended</i>) continued	
SECTION B	Was the patient taking any other medicines?
	<input type="radio"/> No
	<input type="radio"/> Yes (please specify – you may mark more than one response)
	<input type="radio"/> aspirin (high dose), conventional NSAID or COX-2 selective NSAID
	<input type="radio"/> ACE inhibitor <input type="radio"/> angiotensin II receptor antagonist <input type="radio"/> corticosteroid
	<input type="radio"/> cyclosporin, tacrolimus <input type="radio"/> diuretic <input type="radio"/> lithium
	<input type="radio"/> methotrexate <input type="radio"/> potassium sparing diuretic, potassium supplement <input type="radio"/> warfarin
<input type="radio"/> other (please specify) _____	
<input type="radio"/> Customer not asked	

All NSAIDs should be used with caution in patients taking some prescribed medicines (see Table 2 and Quick Guide for more details)

SECTION C: Management (<i>to be completed for all customers</i>)	
SECTION C	Pharmacological management
	<input type="radio"/> No product supplied
	<input type="radio"/> Product other than an OTC analgesic supplied (please specify) _____
	<input type="radio"/> Oral NSAID (specify which)
	<input type="radio"/> diclofenac 25 mg tablets (Voltaren Rapid, Diclac) <input type="radio"/> ibuprofen 200 mg tablets (pack of 24)
	<input type="radio"/> ibuprofen 200 mg tablets (pack of more than 24 tabs) (Nurofen, Tri-profen, Herron Blue, Advil, Actiprofen, Compufen, Bugestic, Panafen, Rafen, house/generic brand) <input type="radio"/> mefenamic acid 250 mg capsules (Ponstan)
	<input type="radio"/> naproxen sodium 375 mg (Naprogenic, Alleve, Nurolasts, house/generic brand)
	<input type="radio"/> Topical NSAID
	<input type="radio"/> Paracetamol <input type="radio"/> 500 mg tablets <input type="radio"/> modified release tablets
	<input type="radio"/> Aspirin <input type="radio"/> plain 300 mg tablets <input type="radio"/> soluble 300 mg tablets
<input type="radio"/> Was the product supplied recommended by Guidelines (as shown in Section B)?	
<input type="radio"/> Yes	
<input type="radio"/> No (specify reasons below – you may mark more than one response)	
<input type="radio"/> drug of choice (as recommended by Guidelines) tried but found ineffective	
<input type="radio"/> patient expressed preference for a drug different from what is recommended by Guidelines	
<input type="radio"/> doctor recommended a drug different from what is recommended by Guidelines	
<input type="radio"/> other (please specify) _____	
<input type="radio"/> Additional management (you may mark more than one response)	
<input type="radio"/> Provided verbal advice about the medication supplied	
<input type="radio"/> Provided Consumer Medicine Information (CMI) leaflet with product	
<input type="radio"/> Provided other written information	
<input type="radio"/> Other (please specify) _____	
<input type="radio"/> Referral	
<input type="radio"/> Patient's symptoms frequent and severe: referred to GP	
<input type="radio"/> Patient using other potentially interacting medicines: referred to GP	
<input type="radio"/> Patient had concurrent medical conditions that may put the patient at risk: referred to GP	
<input type="radio"/> Other reason/referral (please specify) _____	

Oral NSAID is preferred to topical NSAID due to limited evidence of efficacy of topical NSAIDs⁴

If patient reported paracetamol tried but found ineffective, always check the dose used was adequate (i.e. up to 4 g in divided doses over 24 hours)

SECTION D: Self-assessment (<i>to be completed for all customers</i>)	
SECTION D	Which staff members were involved with this customer? (you may mark more than one response)
	<input type="radio"/> Pharmacist <input type="radio"/> Pharmacy assistant <input type="radio"/> Pre-registration pharmacist <input type="radio"/> Pharmacy student
	Did section A of the self-audit form indicate that the pharmacist should see the customer?
	<input type="radio"/> Yes <input type="radio"/> No
	Do you think that this customer received quality advice about OTC NSAIDs and the management of presenting symptoms?
	<input type="radio"/> Fully <input type="radio"/> Substantially <input type="radio"/> Partially <input type="radio"/> No
	Please indicate all barriers to providing quality advice (more than one response may apply)
<input type="radio"/> Pharmacist busy <input type="radio"/> Pharmacy staff busy <input type="radio"/> Customer did not want to see the pharmacist	
<input type="radio"/> Customer in a hurry <input type="radio"/> Customer not the patient <input type="radio"/> Customer not receptive to questioning	
<input type="radio"/> Other (please specify) _____	