



DO NOT SEND TO E.P.I.C. SERVICES, FORWARD TO FACILITY FAX (###) ###-####

Pharma-Care, Inc.
Health Care Consultation Specialists
WWW.PHARMACAREINC.COM

Printed: MM/DD/YYYY

To: Example Facility Name
Attn: *Usually sent to the Director of Nursing*
From: *Consultant Pharmacist*
Subject: **Electronic Pharmacist Information Consultation**
Date: Date of Review

Patient: Example Last Name, First Name
Room: 2nd Floor – Room 2012
Physician: Dr. John Doe

Nursing Recommendations:

1. **Clinically Significant** Patient profile shows an allergy to Codeine Phosphate, Morphine and Dilaudid. A possible allergic reaction may occur with Demerol. Be sure to document what actions were taken by nursing and pharmacy about the use of Demerol and what instructions were issued by the physician.
2. Identify and monitor target behaviors for the use of clonazepam.
3. Do not exceed the use of three (3) grams of acetaminophen per day from ALL sources, or as per facility policy.
4. Do not crush Protonix.
5. Please chart a blood pressure and pulse rate weekly (or as per facility policy) with the administration of diltiazem.

Nurse Signature

Date

1 of 1

136 Central Avenue – Clark, NJ 07066 – Telephone: 732-943-3573 – Fax: 732-574-3469 / 732-574-3926



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Physician Recommendations:

1. **Clinically Significant** Patient profile shows an allergy to Codeine Phosphate, Morphine and Dilaudid. A possible allergic reaction may occur with Demerol. Be sure to document what actions were taken by nursing and pharmacy about the use of Demerol and what instructions were issued by the physician.

Response: Accepted Not Accepted

Comment or Reason for not accepting: _____

2. In the geriatric population, Klonopin increases the risk of cognitive impairment, delirium, falls, and fractures. If continuing present therapy, please document the risk vs. benefit.

Response: Accepted Not Accepted

Comment or Reason for not accepting: _____

Physician's Signature

Date