Appendix 1 – Pharmacist Patient Acuity Guideline

Pharmacist Patient Acuity Guideline

As part of the medicines reconciliation process, allocate the patient an acuity level. Consider adjusting acuity levels during subsequent clinical reviews.

High Acuity – must be seen daily

Any one of these patient descriptors makes a patient high acuity. All high acuity patients should be reviewed by, or discussed with a band ≥ 7 pharmacist and a plan made for ongoing senior input

- Severely unwell with **more than one** failing organ system (kidney, liver, heart, respiratory, bone marrow, brain)
- On a high risk medicine (HRM*), or a medicine requiring TDM **plus one** acutely decompensated organ
- On Critical Care, or under Critical Care outreach team
- Organ transplant, HIV, CF, PD (on apomorphine pump), being considered for home IVs
- On complex parenteral therapy (DKA, heparin infusion, syringe driver, PN, PCA, epidural, rectus sheath)
- Being considered for a Pbr excluded medicine
- Pregnant/breastfeeding and outlying W&C wards
- Condition, or drug treatment regime lies outside of experience of band 6 pharmacist

If not a high acuity patient then consider if they are a low acuity patient

Low Acuity – all descriptors must be true unless medically fit for discharge (MFFD), usually seen ONCE/TWICE weekly

- Low risk medicines only
- Limited co-morbidities
- Medicines regime stable
- Clinically stable (see twice per week)

OR

- MFFD (see once per week)

If the patient is not a high or low acuity patient then they must be a medium acuity patient

Medium Acuity – usually seen on alternate days

Patient is:

- On a HRM
- Needs TDM
- Has one acutely decompensated organ

***High Risk Medicines (HRMs)**

Anticoagulants (excluding enoxaparin ≤ 40mg), insulin, drugs with narrow therapeutic index, regular strong opiates, chemotherapy, clozapine, antiretrovirals, linezolid, anti-TB medicines, alteplase, anti-epileptics, theophylline (iv).