



Guidelines for Pharmacist Counseling of Geriatric Patients

Guidelines of the American Society of Consultant Pharmacists

The geriatric patient can pose significant challenges to counseling by the pharmacist—complex medication regimens, physical limitations, cognitive impairment, economic issues, adherence, and attitudes toward sickness and medications—requiring the counseling process to occur with a responsible party or family member.

The American Society of Consultant Pharmacists (ASCP) believes pharmacists should educate and counsel all geriatric patients to the extent possible. These guidelines provide specific guidance for counseling geriatric patients and their caregivers.

Definitions

- *Counseling*: Patient counseling involves a one-to-one interaction between a pharmacist and a patient and/or caregiver. It is interactive and should include an assessment of whether the information was received as intended and understood by the patient enough to improve the probability of positive therapeutic outcomes.¹



- *Medication-related problem*: An event or circumstance involving a patient's medication treatment that actually or potentially interferes with the achievement of an optimal outcome.
- *Patient*: Patient and/or caregiver.

Guidelines

1. Knowledge and skills

Pharmacists should possess the following knowledge and skills to effectively counsel the geriatric patient²:

- Current knowledge of geriatric pharmacotherapy and aging
- Knowledge of the geriatric patient's culture and

attitude toward health and illness

- Awareness of the patient's sensory or cognitive impairments

2. Pharmacist and patient roles²

The pharmacist verifies that the patient has sufficient understanding, knowledge, and skill to follow the pharmacotherapeutic regimen and monitoring plan, including disease information, if appropriate. The pharmacist also:

- Seeks ways to motivate the patient to learn about the treatment and to be an active partner in care.
- Collaborates with other appropriate interdisciplinary team members to determine what specific information and counseling are required in each patient care situation.

The patient or caregiver adheres to the pharmacotherapeutic regimen, monitors for medication effects, reports experiences to the pharmacists or other members of the interdisciplinary team, seeks information, and presents concerns that may make compliance difficult.

3. Process steps for counseling²

Steps in the patient education and counseling process may vary according to needs of the individual, environment, and practice setting.

- Establish a relationship that will maximize effective communication by demonstrating genuine interest, acceptance, and rapport.
- Address people using their preferred name.
- Introduce yourself as a pharmacist, explain the purpose and expected length of the session, and obtain the patient's agreement to participate.
- Determine patient-specific barriers to communication and implement a strategy to overcome barriers.
- Assess the patient's knowledge about health problems and medications, physical and mental capability to use the medications appropriately, and attitude toward the health problems and medication.
- Provide information orally and use visual aids or demonstrations to fill the patient's gap in knowledge and understanding. Show the patient the colors, sizes, shapes, and markings on oral solids. For oral liquids and injectables, show patients the dosage marks on measuring devices. Demonstrate the assembly and use of administration devices

such as nasal and oral inhalers. As a supplement to face-to-face oral communication, provide written handouts to help the patient recall the information.

- Use active listening skills, good eye contact, and gestures when appropriate.
- Observe nonverbal cues such as body language, behavior or facial expression, for reactions.
- Give support, encouragement, and feedback.

4. Special considerations in communicating with elderly patients include:

- Focusing on abilities, rather than disabilities.
- Assessing individually and reassessing often.
- Using family or the caregiver as a resource when the person is unable to give information.
- Considering environment. Education and counseling are most effective when conducted in a room or space that ensures privacy and opportunity to engage in confidential communication. Patients, including those who are disabled, should have easy access and seating. Space and seating should be adequate for family members or caregivers. The design and placement of desks and counters or beds and wheelchairs should minimize barriers to communication. Distractions and interruptions should be few, so that the patient and pharmacist can have each other's undivided attention. The environment should be equipped with appropriate learning aids such as graphics, anatomical models, medication administration devices, memory aids, written material, and audiovisual resources.
- Being aware of the potential for interference in communication abilities due to emotion, anxiety, anticipation, fatigue, or pain.
- Adjusting the pace and allowing adequate time for response.
- Employing a variety of communication media, as appropriate (signs, pictures, or other aids).
- Assessing comprehension by restating the patient's statements to ensure comprehension.
- Adapting goals to what the patient can comprehend.
- Being respectful and reinforcing with nonverbal cues.
- Returning when the patient is more receptive if there is a lack of response or cooperation.
- Giving simple, relevant information.

5. Consider "alternative" approaches based on special needs (aphasia, hearing, visual, cognitive impairments).

- Use signs, signals, writing pads, and pictures with aphasic or hearing-impaired patients.
- Eliminate background noise, check a patient's hearing aid, speak slowly and clearly, and face the patient directly.
- Use talking books and tapes for visually impaired patients and written materials in large fonts and black and white type.
- Discuss one topic at a time, and provide simple, relevant information for patients who are cognitively impaired.

6. Content²

The pharmacist's responsibility is to ensure that the patient understands the intended use of their medications, the goals of therapy, and safety concerns and convenience of use. The following points are applicable to both prescription and nonprescription medications:

- The medication's trade name, generic name, common synonym, or other descriptive name(s) and, when appropriate, its therapeutic class and efficacy.
- The medication's use and expected benefits and action. This may include whether the medication is intended to cure a disease, eliminate or reduce symptoms, arrest or slow the disease process, or prevent the disease or a symptom.
- The medication's expected onset of action and what to do if the action does not occur.
- The medication's route, dosage form, dosage, and administration schedule (including therapy duration).
- Directions for preparing and using or administering the medication. This may include adaptations to fit patients' lifestyles or work environments.
- Action to be taken in case of a missed dose.
- Precautions to be observed during the medication's use or administration and the medication's potential risks in relation to benefits. For injectable medications and administration devices, concerns about latex allergy may be discussed.
- Potential common and severe adverse effects that may occur, actions to prevent or minimize their occurrence, and actions to take if they occur, including notifying the prescriber, pharma-

“ Perhaps one has to be very old before one learns to be amused rather than shocked. ”

– Pearl S. Buck

cist, or other healthcare provider.

- Techniques for self-monitoring of pharmacotherapy.
- Potential medication–medication (including non-prescription), medication–food, and medication–disease interactions or contraindications.
- The medication’s relationships to radiologic and laboratory procedures (eg, timing of doses and potential interferences with interpretation of results).
- Prescription refill authorizations and the process for obtaining refills.
- Instructions for 24-hour access to a pharmacist.
- Proper storage of the medication.
- Proper disposal of contaminated or discontinued medications and used administration devices.

Additional content may be appropriate when pharmacists have authorized responsibilities in collaborative disease management for specified categories of patients. Depending on the patient’s disease management or clinical care plan, the following may be covered:

- The disease: whether it is acute or chronic and its prevention, transmission, progression, and recurrence.
- Expected effects of the disease on the patient’s normal daily living.
- Recognition and monitoring of complications.

7. Documentation²

Pharmacists should document education and counseling in patients’ permanent medical records as consistent with the patients’ care plans and applicable policies and procedures, and state and federal laws. When pharmacists do not have access to patients’ medical records, education and counseling may be documented in the pharmacy’s patient profiles or on a specially designed counseling record. The pharmacist should record that counseling was offered and was accepted and provided or refused and the pharmacist’s perceived level of the patient’s understanding. As appropriate, the content should be documented (for example, counseling about food–medication interactions). All documentation should be safeguarded for patient privacy and state/federal laws.

The complete guidelines are available at: www.ascp.com. These guidelines are printed with permission of the American Society of Consultant Pharmacists. ALC

References

1. Beardsley RS. Review of literature: oral patient counseling by pharmacists. Proceedings of the National Symposium on Oral Counseling by Pharmacists About Prescription Medicines. 1997 Sep 19-21; Lansdowne, VA.
2. Adapted from the American Society of Health-System Pharmacists. ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling. *Am J Health-Syst Pharm.* 1997;54:431-434.

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