Polypharmacy Project

Student Name, BSN Student

N322 Introduction to Pharmacology

Lakeview College of Nursing

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Date

PLEASE INSERT YOUR CLIENT SCENARIO HERE – THIS WILL BE PAGE TWO OF THE DOCUMENT

Drug #1	Drug Name (Generic):
Drug Class:	**Drug Name (Trade):**
How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	
Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #2	Drug Name (Generic):
Drug Class:	Drug Name (Trade):
How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions:	

(Daily tobacco use, alcohol, drugs, etc.)	
Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #3	Drug Name (Generic):
Drug Class:	Drug Name (Trade):
How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	
Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the clients past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the	

medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #4	**Drug Name (Generic):**
Drug Class:	**Drug Name (Trade):**

How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	
Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #5	Drug Name (Generic):
Drug Class:	Drug Name (Trade):
How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	

Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #6	Drug Name (Generic):
Drug Class:	**Drug Name (Trade):**
How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	
Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the	

medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #7	**Drug Name (Generic):**
Drug Class:	**Drug Name (Trade):**

How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	
Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #8	Drug Name (Generic):
Drug Class:	Drug Name (Trade):
How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	

Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #9	Drug Name (Generic):
Drug Class:	**Drug Name (Trade):**
How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	
Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the	

medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

Drug #10 **Drug Class:**	**Drug Name (Generic):** **Drug Name (Trade):**

How is the medication taken: (include dose, route, and frequency)	
Specific Directions not included above:	
Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)	
Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)	
Does any of the client's past medical history contradict the use of this medication?	
What is the indication for use of this medication based on the client's past medical history? (If unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	
What would you teach the client about taking this medication?	
How much would medication cost per month if paying out of pocket?	

<u>Is there anything about this medication regimen scenario that might indicate a potential difficulty in maintaining compliance with the orders as listed?</u>

<u>Is there anything about this medication regimen scenario that might assist the client in maintaining the medication regimen as ordered?</u>

What suggestions might you make to the prescriber and/or client (or questions you might ask the prescriber) to help this client scenario? (think about decreasing the potential for interaction(s) through medication reduction, other potential medications, diet changes, lifestyle changes, etc)

What would the patients monthly out of pocket expense for all 10 medications? (Total Cost for all 10 meds)?

Reflective Statement of Experience:

References