

Comprehensive Annual Care Plan (CACP)/ Standard Medication Management Assessment (SMMA) Referral Tool

Date _____

Patient Name _____

Date of Birth _____

Provincial Health Number _____

Physician _____

Height _____ Weight _____

BMI _____ Physical Activity _____

Allergies _____

Affix Patient Label

Lifestyle

Tobacco Use Y / N How many cigarettes per day? _____ How Many Years? _____

Caffeine Use Y / N How much per day/week? _____

Alcohol Consumption Y / N How many drinks/week? _____

Other Recreational Substances _____

Best Possible Medication History

Medications _____ On file? Y / N

Over the counter Medication _____

Herbals/Natural Supplements _____

Topical/Cream/Patch Applications _____

Chronic Diseases [Column A:]	Risk Factors [Column B:]
<input type="checkbox"/> Hypertensive Disease <input type="checkbox"/> Heart Failure	<input type="checkbox"/> Obesity <input type="checkbox"/> Current/History of Addiction <input type="checkbox"/> Tobacco
<input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Ischemic Heart Disease	
<input type="checkbox"/> Asthma <input type="checkbox"/> Mental Condition	
<input type="checkbox"/> COPD	

Comprehensive Annual Care Plan (CACP)/ Standard Medication Management Assessment (SMMA) Referral Tool

Medical Conditions _____

Goals of Therapy/Plan _____

Pharmacist Comments _____

Attachments

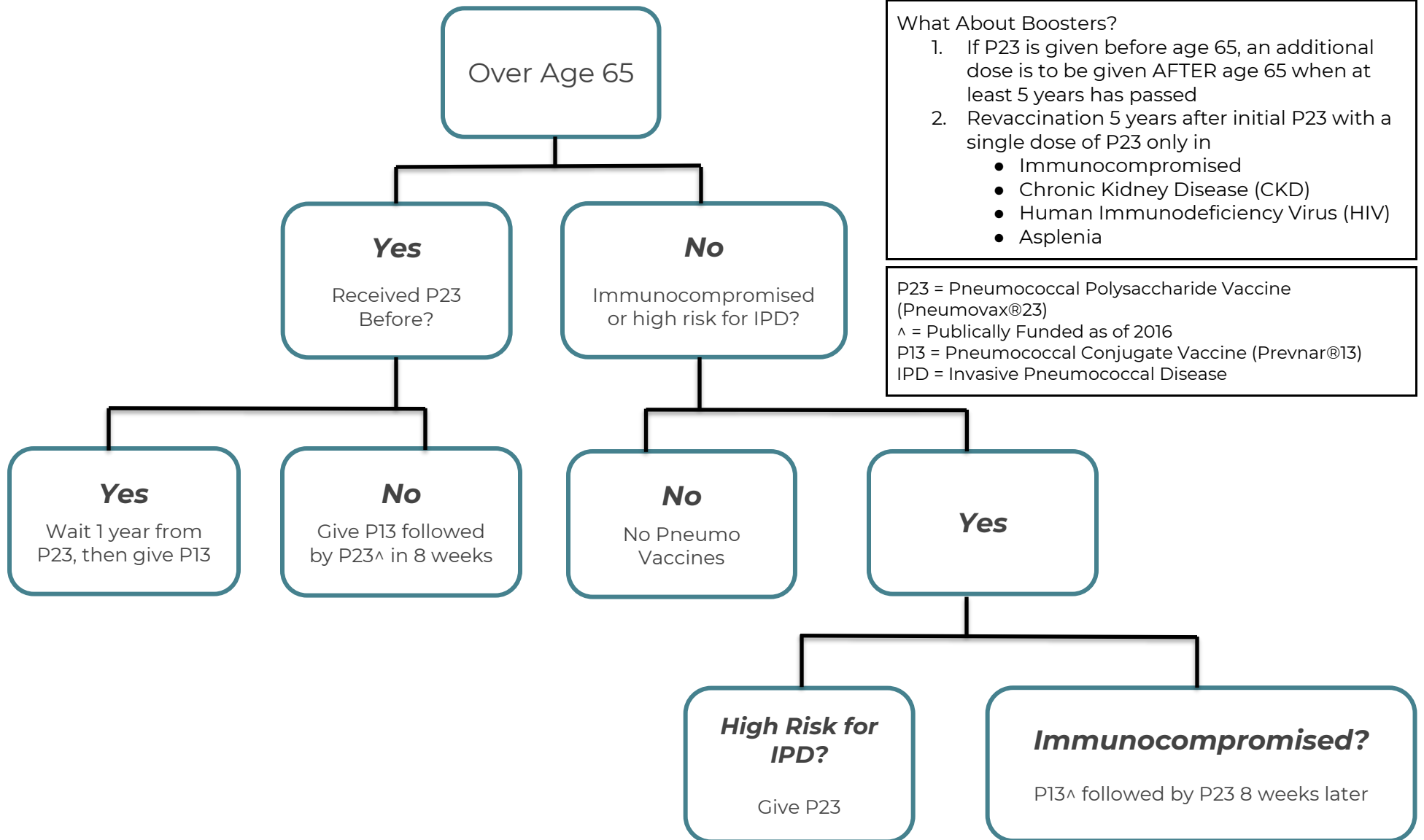
- Netcare Lab Results
- Relevant Netcare History
- Patient Profile Condensed

I hereby confirm that 1: I have reviewed and discussed this CACP/updated CACP/SMMA/Updated SMMA (care plan or medication review) with the Clinical Pharmacist who prepared it. 2: I understand and accept the goals and potential risks of the medication therapy as outlined in this CACP/updated CACP/SMMA/Updated SMMA (care plan or medication review) And 3: I have been provided a copy of this CACP if requested

Date _____ Signature _____ Pharmacist _____

National Advisory on Immunization (NACI) Guidelines - Pneumococcal Vaccines in Adults 65 Years and older

Reference [Update on the use of pneumococcal vaccines in adults 65 years of age and older – A Public Health Perspective](#) & Consultation with Carlene Oleksyn BSc Pharm, RPh



What About Boosters?

1. If P23 is given before age 65, an additional dose is to be given AFTER age 65 when at least 5 years has passed
2. Revaccination 5 years after initial P23 with a single dose of P23 only in
 - Immunocompromised
 - Chronic Kidney Disease (CKD)
 - Human Immunodeficiency Virus (HIV)
 - Asplenia

P23 = Pneumococcal Polysaccharide Vaccine (Pneumovax®23)
 ^ = Publically Funded as of 2016
 P13 = Pneumococcal Conjugate Vaccine (Prenvar®13)
 IPD = Invasive Pneumococcal Disease

National Advisory on Immunization (NACI) Guidelines - Pneumococcal Vaccines in Adults 65 Years and older

Reference [Update on the use of pneumococcal vaccines in adults 65 years of age and older – A Public Health Perspective](#) & Consultation with Carlene Oleksyn BSc Pharm, RPh

High Risk for Invasive Pneumococcal Disease (IPD)

- Residents of long term care facilities
- Smokers (Recommended, but not publically funded)
- Persons with Alcoholism
- Homeless Persons
- Chronic cerebrospinal fluid (CSF) leak
- Chronic Neurological Disorder that may impair clearance of oral secretions
- Cochlear Implants (including children and adults who receive implants)
- Chronic Heart Disease
- Diabetes Mellitus
- Chronic Liver Disease (including Hepatic Cirrhosis due to any cause)
- Chronic Lung Disease (including COPD)
- Asthma requiring medical care in the preceding 12 months

Immunocompromised

- Sickle Cell Disease
- Asplenia, or Splenic Dysfunction
- Congenital Immunodeficiencies involving any part of the immune system
- Immunocompromising therapy, including use of long-term corticosteroids, chemotherapy, radiation therapy, and post organ transplant
- Human Immunodeficiency Virus (HIV) Infection
- Malignant neoplasms, including leukemia and lymphoma
- Nephrotic Syndrome
- Solid organ or isle transplant (Candidate or Recipient)