

Table 1 – Patient risk stratification tool. (RST)

<b>RISK FACTORS</b>	<b>RISK WEIGHTING</b>	<b>PATIENT SCORE</b>
Lives alone & manages own medicines <sup>1</sup>	3	
Cognitively impaired and manages own medicines <sup>2</sup>	3	
Initiated onto warfarin during admission	3	
Past history/suspicion of non-compliance/adherence that will interfere with the effectiveness of prescribed medicines	3	
Changes made to regular drug regimen made during hospital stay with the potential for confusion (excluding short-term courses < 14 days i.e. antibiotics)	3	
Lives alone and assisted with medication administration.	1	
Cognitively impaired and assisted with medication administration.	1	
Four or more medications when initially seen (excluding prn medications)	1.5	
Taking a drug requiring dose adjustments by patient after discharge (e.g warfarin, insulin, amiodarone, prednisolone)	1	
Unable to read dispensing labels	1	
Taking cardiovascular or diabetic drugs	1	
History of significant drug allergy or intolerance	1	
Renal or hepatic impairment <sup>3</sup>	1	
Over 65 and taking drugs that increase risk of falls or GI problems. <sup>4</sup>	1	
The clinical impression of the care team is that a post-discharge medication review (PREDMR) is warranted – document reason(s) ..... .....	5	
Other factors – pt is seeing multiple GPs, pharmacies, no regular GP, has a cognitively impaired carer.	1	
Patient has had recurrent admissions to hospital (e.g. 2 within 6 months).	3	
<b>TOTAL SCORE</b>		

**A score > 5 requires that a pre-discharge medication review by a clinical pharmacist is organized.** <sup>5</sup>

Doctor’s signature:

Provider number:

DATE:

Patient’s name (PRINT)..... UR:

<sup>1</sup> Lives alone – includes living in a granny flat.

<sup>2</sup> As assessed by MMSE

<sup>3</sup> CrCl < 30mL/min; LFTs > 3xULN, or with sequelae

<sup>4</sup> Anticholinergics, benzodiazepines, opiates, phenothiazines ( antipsychotics); NSAIDs

<sup>5</sup> Adapted from “Implementing and evaluating a parallel post-discharge HMR model”. Angley M *et al.* p.11