Entering the information on the web app



For each patient recruited go to New Form to enter data



If you want to enter the feedback from the physician, please click here

The first patient I have recruited: **PACT** demographics and symptoms



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Age 74	Gender Female Male	
DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?		
Palpitations		🖲 Yes 🔍 No 🔍 Don't Know
Shortness of breath		🖲 Yes 🔍 No 🔍 Don't Know
Tiredness		🖲 Yes 🔍 No 🔍 Don't Know
Chest Pain		💿 Yes 🔍 No 🔍 Don't Know
Dizziness		Yes No Don't Know
Irregular pulse		🔍 Yes 🔍 No 💽 Don't Know

The first patient I have recruited: **PACT**

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS? Hypertension Don't Know No Yes Heart muscle disease (also known as failure) Yes Don't Know No Diabetes No On't Know Yes Peripheral arterial disease (painful muscle cramping in the tips, thighs or calves when Don't Know Yes No walking, climbing stairs or exercising) HAVE YOU EVER HAD ANY OF THE FOLLOWING? Stroke or transient ischaemic attack (mini stroke) or Thromboembolism history Yes I No Don't Know (Clot in the body - not the veins of the lungs) Yes No Opn't Know Heart attack CURRENT THERAPY PLEASE INDICATE ONLY ANTIPLATELET AND ANTICOAGULANT THERAPIES

None •



The first patient I have recruited: pulse check

MANUAL PULSE CHECK	
Heart rhythm	Heart rate
Irregular •	50
ALIVE COR	
Do you have Alive Cor (or equivalent)	Alive Cor result:
Yes No	No irregularity Atrial Fibrillation Unclassified trace Inclassified trace





Information generated by the app

Thank you for completing the form!

The patient registration code is: 3498 Please register this number if you refer the patient to a physician.

The assessment detected:

Heart rhythm and heart rate - Out of range heart rate: 50bpm - Irregular heart rhythm.

Symptoms The patient was symptomatic on this occasion

Alivecor was used and identified: - Unreadable- please request additional tests you may find appropriate. Attach print ECG. Note this number in your patient record at the pharmacy (paper based or software) so that you can then track down the patient on subsequent visits to the pharmacy

The estimated CHA2DS2-VASc score was 3

Please refer the patient for physician evaluation.

Because of the changes in rhythm and in rate and also because the patient is not medicated and has a Chads-vasc score of 3, with one or more symptoms, the app is suggesting referral. Ultimately the decision will be yours as responsible and accountable pharmacist!



Information generated by the app

Sínce referral was suggested, you may then regsiter if you have referred or not. If you refer, please mark the referral pathway, as indicated below.

Please refer the patient for physician evaluation.

Contact made with physician: yes, by letter Choose no referral was made yes, by email yes, by letter yes, by telephone yes, face to face

At the end, please do not forget to press "save"

Save

Feedback from the physician



- The letter sent to the physician requested a response
- If after 2 weeks, a response was not obtained, please contact physician and reinforce the need to obtain that information.
- For all patients returning to the pharmacy with a confirmed diagnosis (or rejected), please go back to the webb app and enter the patient code (as shown below).







Feedback from the physician

- After entering the code, you will be able to record:
 - Established diagnosis:
 - Atrial Fibrilation
 - Arrhythmia
 - Atrial flutter
 - Other. Please specify

– Initiated therapy:

- » warfarina
- » acenocumarol
- » dabigatran
- » apixaban
- » edoxaban
- » Rivaroxaban
- » Other. Please specify

From the previous example (my first patient)







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PACT INTERNATIONAL PHARMACISTS FOR ANTICOAGULATION CAPE TAKEPARE

From the previous example (my first patient)



When I press validate code, a new screen appears where i get the opportunity to record the diagnosis and the medication



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AT the end, please do not forget to press "Save feedback"

