**NSAID checklist**

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| --- | --- |
| Patient NHI/Name | Date |

**Process measures**

1. If the patient is prescribed a Triple Whammy, is there documented evidence the prescriber was notified?

Yes □ No □ N/A (not on Triple Whammy) □

2. If the patient is considered in high-risk group **and** not on gastroprotection, is there documented evidence the prescriber was notified?

Yes □ No □ N/A (not a high-risk patient) □

3. Is there documented evidence there was a discussion about how to use the medicine?

Yes □ No □

4. Is there documented evidence there was a discussion about possible side effects?

Yes □ No □

5. Is there documented evidence there was a discussion about the risks of a dehydrating illness and to keep hydrated?

Yes □ No □

6. Is there documented evidence the patient was offered written information about the medicine?

Yes □ No □

**Patient outcome measures**

7. Was the patient able to correctly describe (dose and frequency) how to use their medicine?

Yes □ No □ N/A □

8. Was the patient able to identify a possible side-effect of their medicine?

Yes □ No □ N/A □