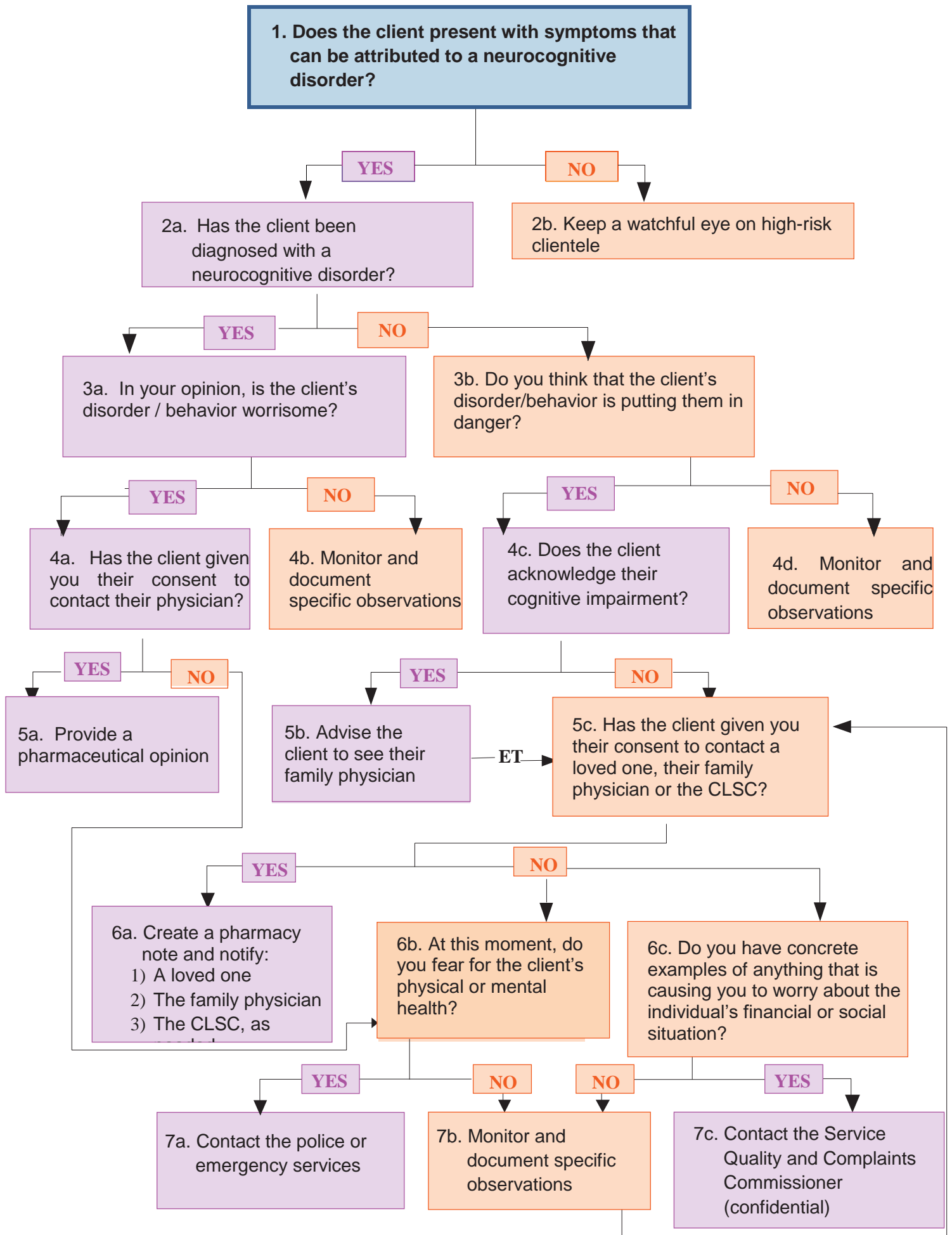


DECISION-MAKING ALGORITHM, INTENDED FOR DISPENSING PHARMACISTS, FOR CLIENTS AT RISK OF NEURODEGENERATIVE DISORDERS*



* Professionals are required to use their judgement in accordance with the law and their code of ethics. The Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'île-de-Montréal is not responsible or liable for decisions made by a professional. If there is any doubt, the professional is invited to contact their professional order.

LEGEND

1

Memory : The client has difficulty finding the right words, forgets to come pick up their medication and/ or repeatedly asks the same question.

Disorientation : Time (ex.: forgets the date, month, year, season), space (ex.: the client gets lost coming to the pharmacy or cannot find their car in the parking lot).

Language : Difficulty expressing themselves, decreased ability to understand what is being explained (ex.: requires repetition).

Executive function : Changes in the ability to organize themselves, manage emotions or demonstrate inhibitory control.

Attention : Difficulty doing two things at once.

2a

Client diagnosed with a major neurocognitive disorder (NCD) or medications suggestive of a NCD: acetylcholinesterase inhibitors (donepezil, galantamine, rivastigmine), NMDA receptor antagonists (memantine), antipsychotics (for those with behavioural or psychological symptoms of dementia).

2b

If there is no diagnosis, keep a watchful eye on those at high-risk: aged 65 years and older with a history of stroke or TIA, recent delirium, first episode of depression after the age of 65 years or diagnosed with Parkinson's.

3a

Client whose thoughts and words are confused, who appears disorganized, who presents a danger to himself or to others (ex.: forgets to take his medication or doubles the dose, shows impaired judgement, or lacks self-criticism).

3b

Client presents an imminent danger to himself or to others (ex.: forgets to take their medication or doubles the dose, shows up without a coat in the winter or shows significant signs of dehydration during a heat wave).

4a

Explain to the client why you would like to contact their physician, the advantages and disadvantages of sharing or not sharing information. Make sure that the client understands what you are saying. Document the client's consent or refusal (verbal or written).

4b

Examples of relevant information: client appears disorganized, client mentions having gotten lost, client no longer recognizes you (document specific examples.)

4c

For example : the client says he is worried about his memory.

5a

Document the cognitive impairments that you have observed in the client's file by giving examples, the date on which it started and the frequency, if possible. If relevant, notify the physician of the medications that may be inducing the symptoms.

5b

You could say: "It seems that you are concerned about your memory, perhaps you could make an appointment with your physician to talk about it."

6a

Notify their loved one of your concerns and, if needed, suggest that they submit a request to the CLSC. Inform the physician of what you have observed. If the client does not have a contact person, you may contact the CLSC yourself by dialing la ligne partenaire du guichet d'accès aux personnes en perte d'autonomie (GAPPA) 514 - 255-2018.

Relevant information for the CLSC includes: the client's risk of danger to them self (ex.: social isolation, cognitive impairment and/or loss of independence).

6b

Section 19.0.1. of the Act Respecting Health Services and Social Services (ARHSSS) states: "Information contained in the record of a user may be communicated, in order to prevent an act of violence, including a suicide, where there is reasonable cause to believe that there is a serious risk of death or serious bodily injury threatening the user, another person or an identifiable group of persons and where the nature of the threat generates a sense of urgency (...). "(ARHSSS, S-4.2, s. 19.01)

"For the purposes of the first paragraph, "serious bodily injury" means any physical or psychological injury that is significantly detrimental to the physical integrity or the health or well-being of a person or an identifiable group of persons." (ARHSSS, S-4.2, art. 19.01).

The Code of Ethics of Pharmacists adds that: "In such a case, pharmacists may only communicate the information to a person exposed to the danger, that person's representative, and to the persons who can come to that person's aid; pharmacists may only communicate such information as is necessary to achieve the purposes for which the information is communicated. If the interest of the person exposed to the danger so requires, pharmacists must consult another member of the Order, a member of another professional order or any other qualified person provided the consultation will not prejudicially delay communication of the information." (RLRQ c P-10, r 7, s. 68)

6c

For example : example: the client never has enough funds to pay for his medications.

7c

If you suspect abuse, you can contact the Service Quality and Complaints Commissioner at 514-252-3400 #3387. The Elder Mistreatment Helpline can also advise you in cases of mistreatment: 1-888-489-2287.