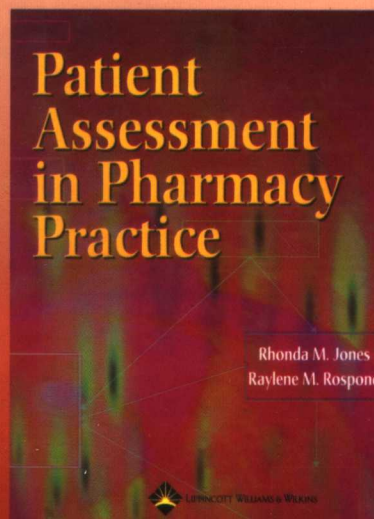


# PATIENT ASSESSMENT IN PHARMACY PRACTICE

## 药学实践中的患者评价

(英文影印版)

Rhonda M. Jones  
Raylene M. Rospond



化学工业出版社  
现代生物技术与医药科技出版中心

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*I dedicate this book to my husband, Mike, and to  
my children, Monica, Emily, and Adam.*

Rhonda M. Jones

*I dedicate this book to my husband, Scott, and to  
my children, Joshua, Heather, Bethany, and Ethan.*

Raylene M. Rospond



# Preface

*Patient Assessment in Pharmacy Practice*, a textbook for pharmacy students and practitioners, presents a practical approach to assessing the patient's health-related problems. With the implementation of pharmaceutical care, the pharmacist is responsible for not only delivery of the drug product, but also improving the health outcomes of the patient. An integral part of the pharmaceutical care process involves patient assessment skills.

Unfortunately, most currently available health assessment books, which are intended primarily for medical and nursing students, focus on physical examination skills. While this is a very important piece of patient assessment, it is not the focus of pharmacy practice. The focus of pharmacy practice is gathering patient-specific information, evaluating that information, identifying drug-related problems, and formulating and implementing a pharmaceutical care plan. Physical examination data plays a limited role as compared to the information gathered through the health and medication history. That is why we developed this book. It has been written with one main goal in mind—to provide students and practitioners with a practical text that relates patient assessment skills to pharmacy practice.

## ORGANIZATIONAL PHILOSOPHY

*Patient Assessment in Pharmacy Practice* is divided into two parts. The chapters in Part 1 discuss global issues that are related to assessment. In addition, Part 1 contains chapters that discuss health-related problems that span many body systems (e.g., pain and nutrition). Dependent on the subject matter, some of these chapters are organized similarly to chapters in Part 2.

Part 2 is presented through a body-system, head-to-toe approach, which is the most efficient and logical method for assessing a patient and for student learning. Within each chapter, we use a patient symptom approach, since that is the most common way a patient assessment situation will arise for the pharmacist.


## CHAPTER STRUCTURE

Each chapter in Part 2 has four major sections: Anatomy and Physiology Overview, Pathology Overview, System Assessment (i.e., subjective information and objective information), and Application to Patient Symptoms (i.e., case studies).

- **Anatomy and Physiology Overview:** This section provides a basic overview—not extensive—so all readers have the same starting point. Preparatory levels may vary for students and practitioners, so we felt that a basic, similar starting point was needed as a foundation for subsequent patient assessment discussion. For more extensive information on anatomy and physiology, the reader is referred to specialty textbooks in these areas.
- **Pathology Overview:** This section discusses the most common disease states a pharmacist will encounter, as well as the most prevalent disease states for that particular

body system. This is not meant to be an all-inclusive discussion of these disease states, but rather a basic overview. Since a large part of patient assessment entails correlating signs and symptoms with possible diseases, we felt that a basic foundational discussion was necessary.

### ■ System Assessment:


- **Subjective Information:** The primary skill that a pharmacist utilizes in nearly all practice settings is communication or, more specifically, patient interviewing to obtain the health and medication history (e.g., symptoms and medication utilization). The interviewing technique (  **INTERVIEW** ) that we utilize is a combination of open-ended questions as a starting point and then closed-ended questions to elicit more specific symptom data concerning the particular symptom. The goal is to provide focused direction to elucidate information relative to the specific disease states/symptoms discussed.
- **Objective Information:** Physical examination and lab/diagnostic tests are discussed as objective information. The physical examination is covered using a step-by-step approach with each technique

(  **TECHNIQUE** ) to allow the novice

learner to be able to easily follow the appropriate procedures. Normal findings are described with the technique and abnormalities

(  **ABNORMALITIES** ) and are highlighted

as a separate section after each technique. In addition,

specific cautions (  **CAUTION** ) are highlighted to emphasize particular maneuvers that are sensitive to error or misinterpretation of results

- **Application to Patient Symptoms:** This section is designed as patient cases to illustrate a practice situation in which pharmacists utilize patient assessment skills. We have attempted to vary the practice settings in which these cases occur; however, the majority are in the community environment.

Each case includes:

- *Patient-pharmacist* initial interaction.
- *Interview questions* with patient responses.
- *Objective assessment information* pertinent to the patient situation.
- *Discussion* to assist the student in analysis/evaluation of the subjective and objective patient data (i.e., the patient assessment process).
- *Patient assessment algorithms, or decision trees*, to illustrate the assessment steps that may be used for that particular case. These decision trees provide a logical approach to triaging the patient and determining when a patient may require referral to another health care professional.

- *Pharmaceutical care plan* Documentation is required for all health care professionals. However, pharmacists are relatively new in documenting their patient care interactions. The pharmaceutical care plan provides an example of documentation that should accompany pharmaceutical care activities. We chose the SOAP note approach since it is the most common method of documentation used across all health care professions.
- *Self-assessment and critical thinking questions* to assist the student in learning important information from the chapter. Answers to the self-assessment questions are provided at the end of the book.

## PEDAGOGICAL FEATURES

Nearly all chapters include numerous pedagogical features that enhance the book's mission as a practical text that applies patient assessment skills to the pharmacy practice setting.

### ■ Boxes and Tables:

Throughout each chapter, special boxes highlight consistent categories of information from chapter to chapter. These include:

- ☛ **Signs and Symptoms:** list the most common subjective and objective findings related to the primary disease states discussed in that chapter.
  - ☛ **Drug-Induced Symptoms:** list drugs that may cause signs or symptoms that are discussed in that chapter.
  - ☛ **Causes of Disease:** list common non-drug-related causes of diseases.
  - ☛ **General boxes:** list content material that requires emphasis but does not fit the previous categories.
  - ☛ **Tables** are also utilized throughout the text to highlight important information that may be more challenging for the reader/student to understand in basic text format.
- **Key Terms** (boldface text) for each chapter are listed immediately prior to the Anatomy and Physiology Overview. These terms are defined textually directly fol-

lowing each term as well as in the glossary at the end of the book.

## ART

To illustrate the textbook, figures have been chosen that will assist the reader's understanding of the patient assessment process. Specifically, photographs are used in nearly all chapters to illustrate physical examination techniques and abnormal findings. Line drawings are used to illustrate normal anatomy and physiology. In addition, a color-plate insert of abnormal findings is included at the beginning of the book.

## SPECIAL INCLUSIONS/EXCLUSIONS

It was a challenge to the authors to decide how to approach the physical examination techniques in this text. As previously stated, this area of pharmacy practice is frequently limited. However, the role of the pharmacist is expanding. Collaborative drug therapy management is on the rise, and thus the role of the pharmacist in pharmaceutical care is growing. In addition, schools and colleges of pharmacy take varied approaches when teaching this material in their curriculum. Therefore, we chose to include physical examination techniques that are commonly used in practice today (e.g., blood pressure measurement), as well as techniques that may be used only in specialty practices today or may provide future practice opportunities (e.g., auscultating breath sounds).

## SUMMARY

*Patient Assessment in Pharmacy Practice* is a textbook that assists the student in applying patient assessment skills to the pharmacy practice setting. It is the result of years of pharmacy practice experience and teaching. Throughout the manuscript preparation and book production, every effort has been made to develop a book that is informative, instructive, and practical. It is our hope that we have accomplished these goals.



# Acknowledgments

It is our pleasure to recognize the many wonderful people who helped make this textbook possible. For their encouragement, help, and support, we send our gratitude:

To our friend and colleague, Amy Haddad, RN, PhD, who inspired and encouraged us to write this book. Without her guidance, expertise, and continual encouragement, this book would only be a wish and dream. In addition, many other friends and colleagues were a willing resource of information, constructive comments, and encouragement. We are particularly grateful to Michael Monaghan, Pharm.D., BCPS, and Victoria Roche, PhD, for their support and inspiration.

To all our contributing authors who are listed at the beginning of each chapter we extend our thanks for their professional contribution to the content. To the pharmacy faculty and students who reviewed our draft manuscripts and provided valuable feedback for revision.

To our colleague, Jean DeMartinis, PhD, who provided guidance and expertise with the physical examination photos.

To the tenacious team at Lippincott Williams & Wilkins, who have the skills, expertise, and persistence to mold our manuscript into a professional product. Their patience, assistance, and encouragement made this book possible. Specifically, thank you to

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To our pharmacy students whose enthusiastic response and energy for learning were an inspiration for this book.

To the many patients with whom we have worked throughout the years—they are the source from which came many of the cases in this book and have always been an inspiration for our passion of pharmacy practice. It is our hope that students will apply the skills and principles of this text to enhance patient care.

Most importantly, we are grateful to our wonderful families. Their love, and steadfast support and encouragement kept us going when discouragement seemed rampant.

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# Color Plates

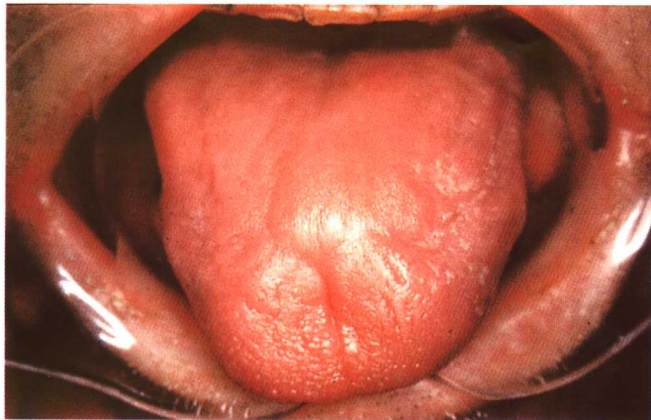


PLATE 1 Atrophic "bald" tongue.

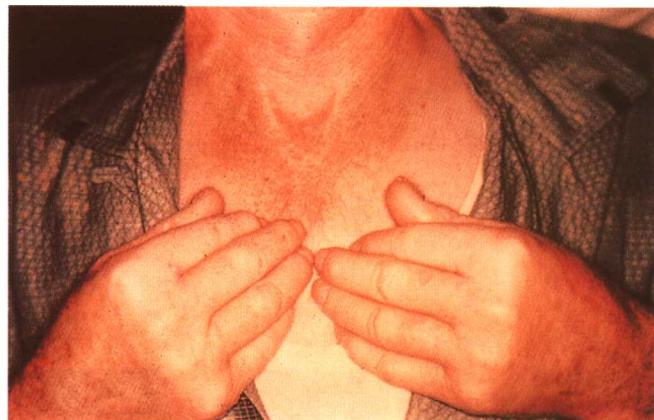


PLATE 2 Pellegra.

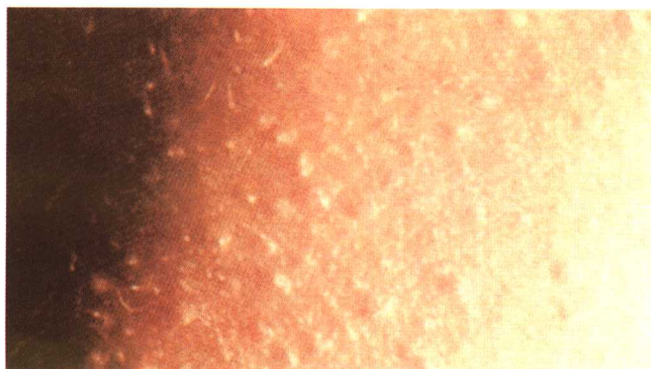


PLATE 3 Follicular hyperkeratosis.



PLATE 4 Bitot's Spots.



PLATE 5 Contact Dermatitis.



PLATE 6 Acne.



PLATE 7 Atopic Dermatitis, (eczema).



PLATE 8 Diaper Rash.





PLATE 9 Koplik's spots with measles.



PLATE 10 Varicella (chicken pox).



PLATE 11 Impetigo.



PLATE 12 Tinea pedis (athlete's foot).



PLATE 13 Tinea corporis (ringworm).



PLATE 14 Candidiasis.



PLATE 15 Drug Reaction.

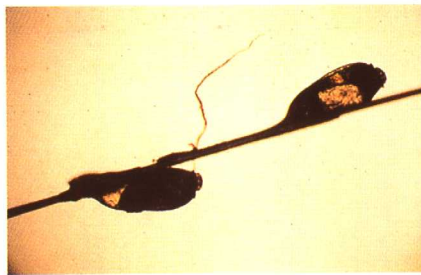


PLATE 16 Pediculosis (lice).



PLATE 17 Basal cell carcinoma.



PLATE 18 Squamous cell carcinoma.



PLATE 19 Melanoma.



PLATE 20 Folliculitis.





PLATE 21 Onychomycosis.

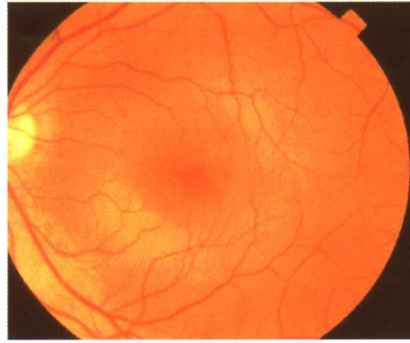


PLATE 22 Fundus of the eye:retina.

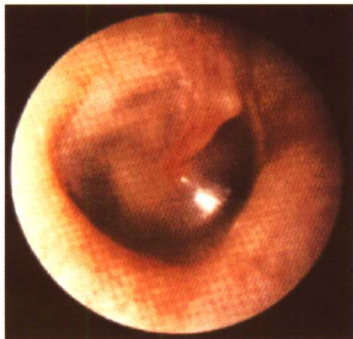


PLATE 23 Otoscopic view of the normal tympanic membrane.

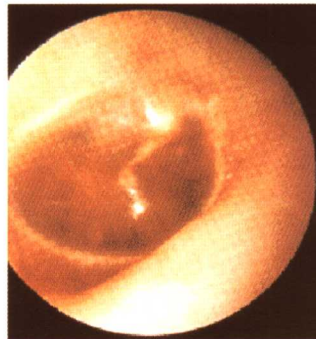


PLATE 24 Acute otitis media.

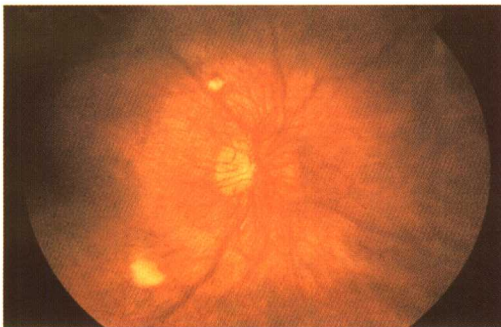


PLATE 25 Diabetic retinopathy.



PLATE 26 Gingivitis.



PLATE 27 Periodontitis.



PLATE 28 Acute necrotizing ulcerative gingivitis.



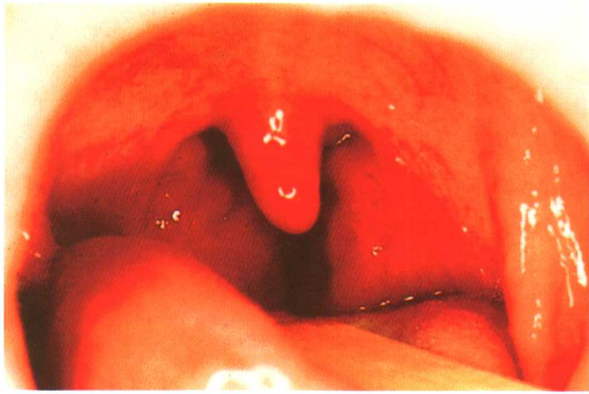


PLATE 29 Severe pharyngitis.

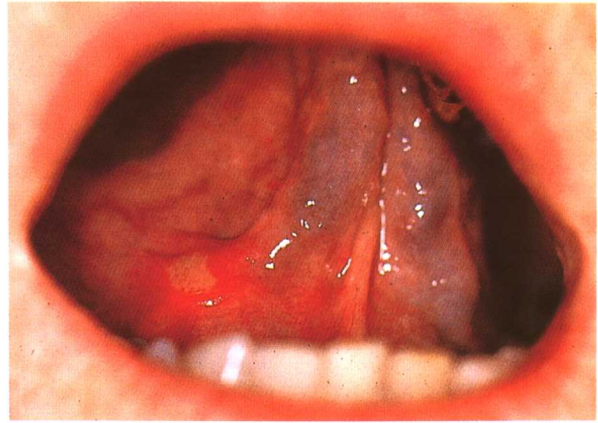


PLATE 30 Aphthous ulcer.

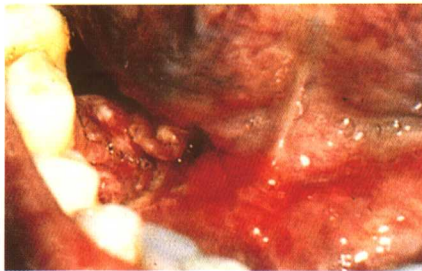


PLATE 31 Carcinoma of the mouth.



PLATE 32 Candidiasis.



PLATE 33 Leukoplakia.



PLATE 34 Corneal arcus.



PLATE 35 Xanthelasma.



PLATE 36 Xanthomas.

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