

RESIDENTS AND RELATIVES NEWSLETTER

Issue 13, June 2020

Residential Medication Management Reviews (RMMRs)

Who is Meditrax?

Meditrax are Medication Management Specialists. With over 20 years' experience working with Residential Aged Care Facilities, our team of dedicated Clinical Pharmacists provide RMMRs in consultation with your GP and the facility nursing staff. We have a person-centred approach to make sure medications are managed appropriately and safely.

What is an RMMR?

An RMMR is a comprehensive assessment of your medication regimen by a Clinical (Accredited) Pharmacist. This is done in consultation with your GP and nursing staff at the aged care home, to ensure optimal medication management. The GP authorises the review before an RMMR is done.



This is a **Free** service provided to you.
The government has provided this service as they believe RMMRs are important

Is Consent needed?



Prior to the review, you or your legal representative will be contacted to sign a written consent form. Alternatively, verbal consent can be given.

What happens after Consent is given?

The RMMR can go ahead. The Meditrax Pharmacist will discuss with you any medication related concerns where possible and ensure these are considered.



What are the benefits of RMMRs?

Identification of Medication-related Problems

When conducting an RMMR, the Meditrax Pharmacist will check the medicines prescribed are working effectively to achieve the intended benefit and ensure the dosages are appropriate, as well as identify any unwanted side-effects, interactions or risk of harm. As we age, the way medicines work and are eliminated from our body changes.

Clinical Pharmacists are trained to assist doctors to identify any risks. However, the doctor or specialist will ultimately decide.

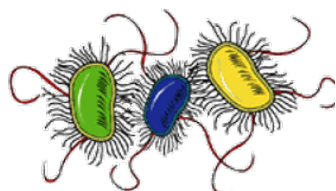


REPORT

The Meditrax Pharmacist will write a report to the GP explaining any medication-related problems and suggest possible actions. These may include additional monitoring or to consider a change in dosage or medication.

Case Study 1

Mrs Jones was experiencing recurrent urinary tract infections and was prescribed another course of antibiotic at the time she was reviewed by the Meditrax Pharmacist. When discussing her medications, she reported use of Ural, which is an over-the-counter medication to help relieve the burning and discomfort when urinating. This was not prescribed on her medication chart. It was identified that Ural reduces the efficacy of her antibiotic and further discussion with her GP saw a change in her antibiotic agent to ensure her infection is adequately treated.



Case Study 2

Mr Smith has poor lung function and had been authorized by his GP to self medicate his inhaler medications, which includes preventer and reliever agents. His condition recently declined and he was indicated for continuous oxygen use via nasal prongs and rarely came out of his room due to shortness of breath experienced on exertion. When reviewing his medications, it was identified that his technique for use of inhalers was not optimal, prompting suggestion to GP to change to a different inhaler that he can inhale using a spacer.

