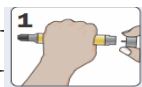

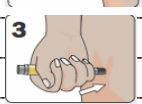


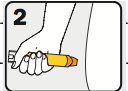

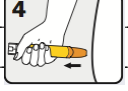


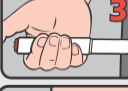

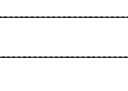


PRAC STUDY CODED DATA COLLECTION SHEET						
Enter to:						
Column	Code	✓	Description			
<b>1. Scenario</b>						
	A	1	Orginal EpiPen			
	A	2	New-look EpiPen			
	A	3	Anapen			
<b>2. Pharmacy Details: B</b>						
	number		<b>2.1 Pharmacy Code:</b>			
			<b>2.2 Location of Pharmacy:</b>			
	C	1	Street			
		2	Medical Centre			
		3	Shopping Centre			
		4	Hospital			
		5	Other (state):			
			<b>2.3 Type of Pharmacy:</b>			
	D	1	Independent			
		2	Chain			
		3	Discount/warehouse/megamart			
			<b>2.4 Numbers of staff and customers in store (estimate)</b>			
	E	number	Staff.....			
	F	number	Customers.....			
			<b>2.5 Time of day when the visit was performed</b>			
	G	1	0800-1100			
		2	1100-1400			
		3	1400-1800			
		4	After 1800			
<b>3. Pharmacist Details</b>						
			<b>3.1 Estimated age (years):</b>			
	H	1	20-30			
		2	31-40			
		3	41-50			
		4	51-60			
		5	60+			

		<b>3.2 Gender:</b>			
<b>I</b>	1	Male			
	2	Female			
		<b>3.3 Did they suspect a simulated patient?</b>			
<b>J</b>	1	Yes			
	2	No			
		<b>3.4 Was the pharmacist distracted or interrupted during the consultation?</b>			
<b>K</b>	1	Yes			
	2	No			
		<b>3.5 Did the pharmacist ask or tell another counsellor to handle the consultation, BEFORE seeing the patient?</b>			
<b>L</b>	1	Yes			
	2	No			
		<b>3.6 Gender of second counsellor:</b>			
<b>M</b>	1	Male			
	2	Female			
	3	No second counsellor			
		<b>3.7 Age of second counsellor (years):</b>			
<b>N</b>	1	20-30			
	2	31-40			
	3	41-50			
	4	51-60			
	5	60+			
	6	No second counsellor			
<b>4. Allergy Assessment</b>		<b>4.1 Did the pharmacist ask: "Do you know what you reacted to?" or "Do you know what caused the allergy/anaphylaxis?" (ie did they identify the allergen?)</b>			
<b>O</b>	1	Yes			
	2	No			
		<b>4.2 Did the pharmacist ask: "Do you have any other allergies?"</b>			
<b>P</b>	1	Yes			
	2	No			
		<b>4.3 Did the pharmacist ask: "Are you seeing an allergy specialist/having allergy tests"</b>			
<b>Q</b>	1	Yes			
	2	No			
		<b>4.4 Did the pharmacist ask: Do you have an Action Plan for Anaphylaxis?</b>			
<b>R</b>	1	Yes			
	2	No			

<b>5. Autoinjector Demonstration</b>					
		<b>5.1 Did the pharmacist physically demonstrate the use of the EpiPen/Anapen?</b>			
<b>S</b>	1	Yes			
	2	No			
		<b>5.2 What did the pharmacist use for the physical demonstration?</b>			
<b>T</b>	1	Patient's 'live' EpiPen/Anapen			
	2	Pharmacist's trainer device			
	3	Both the patient's 'live' device and a trainer device			
	4	No physical demonstration performed			
		<b>5.3 Did the pharmacist verbally explain how to use EpiPen/Anapen?</b>			
<b>U</b>	1	Yes, verbal explanation provided during the physical demonstration			
	2	Yes, provided verbal explanation <b>without</b> physical demonstration			
	3	No verbal explanation provided			
		<b>5.4 What did the pharmacist use for the verbal explanation?</b>			
<b>V</b>	1	Patient's 'live' EpiPen/Anapen			
	2	Written material (Action Plan, CMI)			
	3	Verbal counselling without any physical prompts			
	4	Both patient's 'live' EpiPen/Anapen and written material			
	5	No verbal demonstration performed			
	6	Training video shown			
		<b>5.5 Did the pharmacist refer the patient to the instructions on their EpiPen/Anapen?</b>			
<b>W</b>	1	Yes, during the physical demonstration			
	2	Yes, during the verbal demonstration			
	3	Yes, but without any demonstration			
	4	No, not at any stage			
		<b>5.6 Did the pharmacist consult any references, including reading the patient's EpiPen/Anapen, before demonstrating or counselling EpiPen/Anapen?</b>			
<b>X</b>	1	Yes			
	2	No			
	3	No physical demonstration or verbal counselling performed			
		<b>5.7 Did the pharmacist ask another staff member to <u>demonstrate</u> the Anapen/EpiPen? (AFTER seeing the patient)</b>			
<b>Y</b>	1	Yes			
	2	No			

		<b>5.8 If the pharmacist asked another staff member to <u>demonstrate</u> the Anapen/EpiPen, who did they ask?</b>			
<b>Z</b>	1	Second pharmacist			
	2	Pharmacy Intern			
	3	Pharmacy Assistant			
	4	Unsure			
	5	Did not ask for another staff member to demonstrate			
		<b>5.9 Did the pharmacist provide any anaphylaxis counselling or information other than device demonstration BEFORE patient asked for antihistamine?</b>			
<b>AA</b>	1	Yes			
	2	No			
		<b>5.10 If refused, select the reason for demonstration refusal</b>			
<b>AB</b>	1	Doctor will show you when you see him/her			
	2	Pharmacy is too busy now, please come back later			
	3	Other (state):.....			
	4	No refusal			
<b>AC</b>		<b>5.11 If the pharmacist used a device other than the patient's own device in the demonstration, what did they use?</b>			
	1	Original EpiPen trainer			
	2	New-look EpiPen trainer			
	3	Both Original and New look EpiPen trainers			
	4	Anapen trainer			
	5	Live EpiPen from pharmacy stock (original or new look)			
	6	Live Anapen from pharmacy stock			
	7	No other device used			
		<b>5.12 Device Demonstration: Identify the steps demonstrated</b>			
		Code 0 = Device not assessed, 1=Demonstrated, 2=Not Demonstrated			
		<b>ORIGINAL EPIPEN ONLY</b>			
<b>AD</b>		1. Form a fist around Original EpiPen and remove GREY safety cap			
<b>AE</b>		2. Place BLACK end against outer mid thigh (with or without clothing)			
<b>AF</b>		3. Push down HARD until a click is heard or felt and hold in place for 10 seconds			
<b>AG</b>		4. Remove EpiPen and do not touch needle. Massage injection site for 10 seconds			

		<b>NEW-LOOK EPIPEN ONLY</b>			
AH		1. Form a fist around New-look EpiPen and pull off BLUE safety release			
AI		2. Place ORANGE end against outer mid thigh (with or without clothing)			
AJ		3. Push down HARD until a click is heard or felt and hold in place for 10 seconds			
AK		4. Remove EpiPen. Massage injection site for 10 seconds.			
		<b>ANAPEN ONLY</b>			
AL		1. Pull off BLACK needle shield			
AM		2. Pull off GREY safety cap from RED button			
AN		3. Place needle end firmly against outer mid-thigh (with or without clothing)			
BV		4a. Press RED button so it clicks and hold for 10 seconds.			
BW		4b. Remove Anapen and do not touch needle. Massage injection site for 10 seconds.			
		<b>5.13 Which of the following errors were made in device demonstration?</b>			
		Code 1=Error Made, 2=Error NOT made			
AP		Incorrect order for removal of black shield and grey cap (Anapen)			
AQ		Removal of safety release caps not stated			
AR		Thumb positioned over the end of EpiPen			
AS		Thumb not used to inject Anapen (Used EpiPen technique)			
AT		Did not say "Massage injection site for 10 seconds" (or similar)			
AU		Wrong site for injection (eg buttock, arm, wrong part of leg)			
AV		Incorrect arm technique for EpiPen (wide swinging, 90 degrees)			
AW		Did not say "Push down hard until a click is heard" (or similar)			
AX		Did not say "Hold for 10 seconds" after injection (or similar)			
AY		Did not say "Don't touch needle" (Original EpiPen and Anapen) after removal of EpiPen/Anapen (or similar)			

<b>6. Additional Anaphylaxis Advice</b>					
		<b>6.1 Did the pharmacist counsel on signs of anaphylaxis? (any of the signs of anaphylaxis on the ASCIA Action Plan)</b>			
<b>AZ</b>	1	Yes			
	2	No			
		<b>6.2 Did the pharmacist tell the patient to call an ambulance after using Epipen/Anapen?</b>			
<b>BA</b>	1	Yes			
	2	No			
<b>BB</b>		<b>6.3 Did the pharmacist explain storage conditions? (DO NOT refrigerate, store at 15-25C)</b>			
	1	Yes			
	2	No			
<b>BC</b>		<b>6.4 Did the pharmacist explain any of the side effects of adrenaline? (eg tremor, palpitations, headache)</b>			
	1	Yes			
	2	No			
<b>BD</b>		<b>6.5 Did the pharmacist identify the expiry date of the device?</b>			
	1	Yes			
	2	No			
<b>7. Antihistamine Assessment and Recommendation</b>					
		<b>7.1 Did the pharmacist offer a choice of sedating or non sedating antihistamine?</b>			
<b>BE</b>	1	Yes			
	2	No			
		<b>7.2 Did the pharmacist counsel on the use of antihistamines in anaphylaxis?</b>			
<b>BF</b>	1	Yes, counselled in the context of anaphylaxis			
	2	No, counselled in the context of other allergy			
	3	Directed to pack instructions without verbal counselling			
	4	No counselling with the sale of an antihistamine			
	5	No counselling as antihistamine not sold			
		<b>7.3 Did the pharmacist state the dose of antihistamine?</b>			
<b>BG</b>	1	Yes			
	2	No			
	3	No antihistamine sold			

		<b>7.4 Did the pharmacist state when to use the antihistamine: (in the context of mild to moderate allergic reaction that may precede anaphylaxis)</b>			
<b>BH</b>	1	Yes			
	2	No			
	3	No antihistamine sold			
		<b>7.5 Did the pharmacist state: If no improvement after antihistamine, administer adrenaline autoinjector</b>			
<b>BI</b>	1	Yes			
	2	No			
	3	No antihistamine sold			
		<b>7.6 Did the pharmacist sell an antihistamine to the patient?</b>			
<b>BJ</b>	1	Yes			
	2	No			
		<b>7.7 Select the reasons stated by the pharmacist for NOT recommending the patient use an antihistamine</b>			
	Code 1=Yes, 2=No				
<b>BK</b>		Anaphylaxis occurs too fast for an antihistamine to be of benefit			
<b>BL</b>		Antihistamines are ineffective in treating anaphylaxis			
<b>BM</b>		Other: (state).....			
<b>BN</b>		No reason given for non recommendation of antihistamine			
<b>BO</b>		Antihistamine was recommended and sold			
		<b>7.8 Antihistamine sold: select the product chosen</b>			
<b>BP</b>	1	Dexchlorpheniramine			
	2	Promethazine			
	3	Cetirizine			
	4	Desloratidine			
	5	Fexofenadine			
	6	Levocetirizine			
	7	Loratidine			
	8	Other (state):			
	9	No antihistamine sold			
		<b>END OF DATA COLLECTION SHEET</b>			