

SNS COLLEGE OF PHARMACY AND HEALTH SCIENCES



Affiliated To The Tamil Nadu Dr. MGR Medical University, Chennai

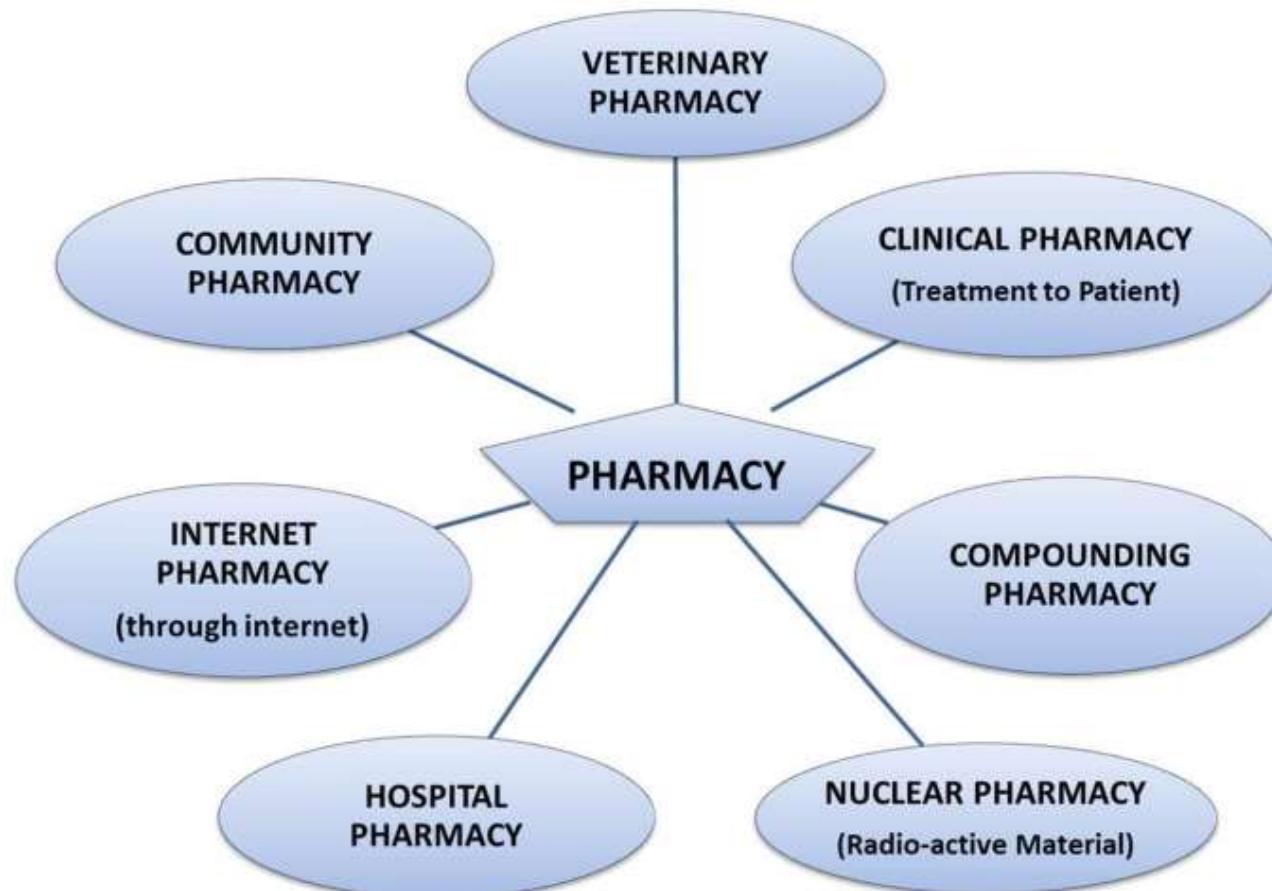
Approved by Pharmacy Council of India, New Delhi.

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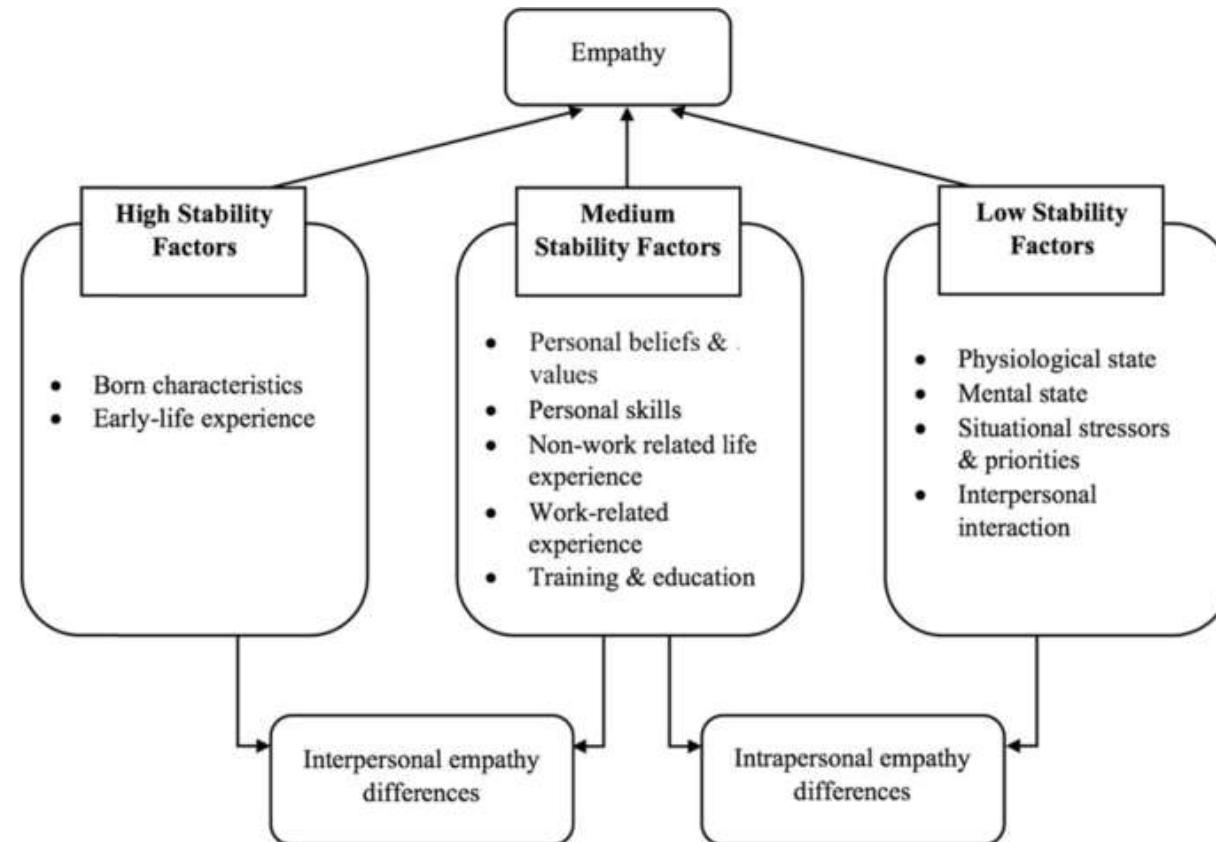
COURSE NAME : PHARMACOVIGILANCE (BP805ET)

VIII SEM / IV YEAR

TOPIC 3 : CLINICAL PHARMACY CONCEPT



MINDMAP



Empathize

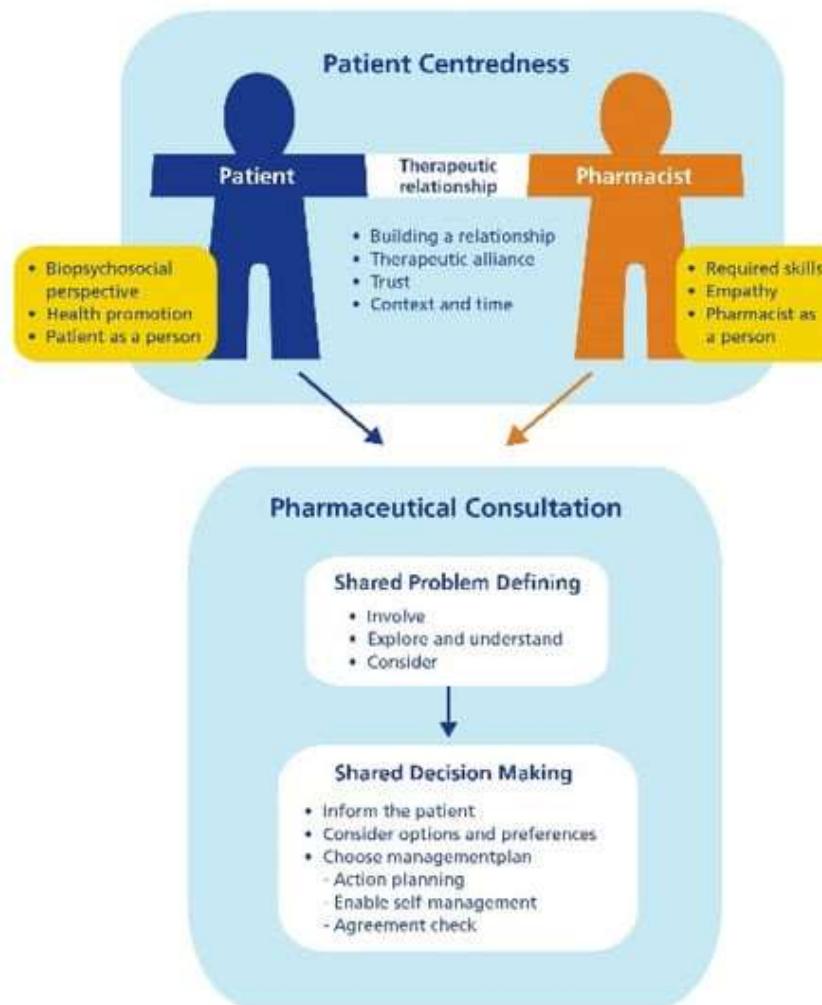
INTRODUCTION



Empathize



Empathize

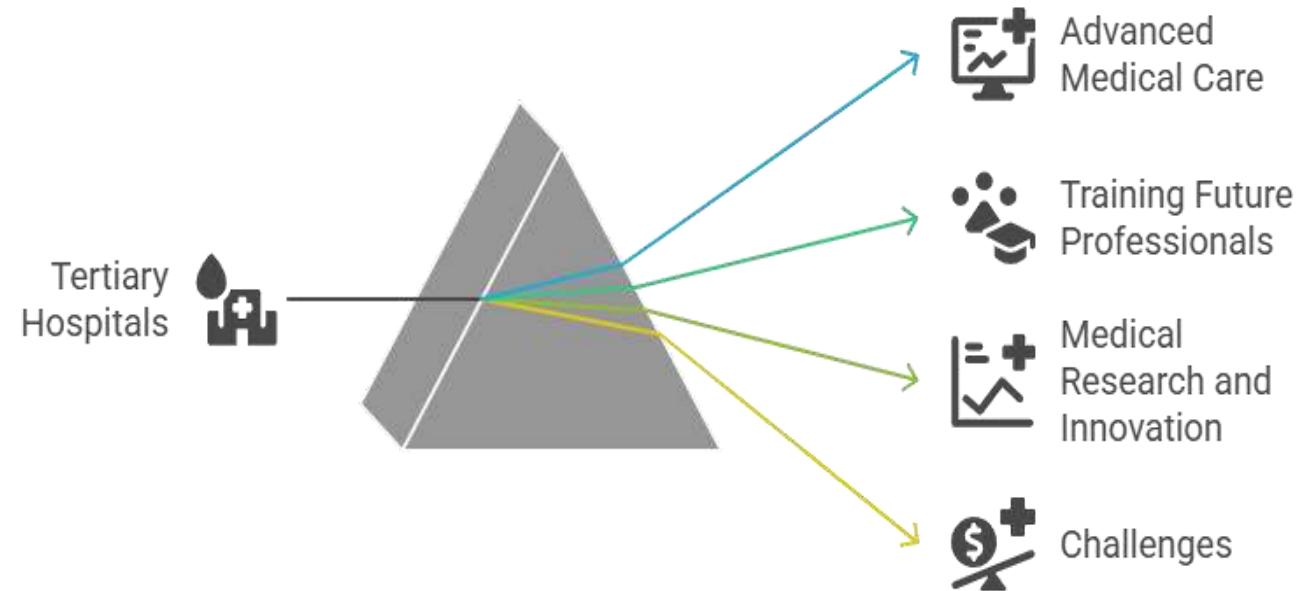


Empathize

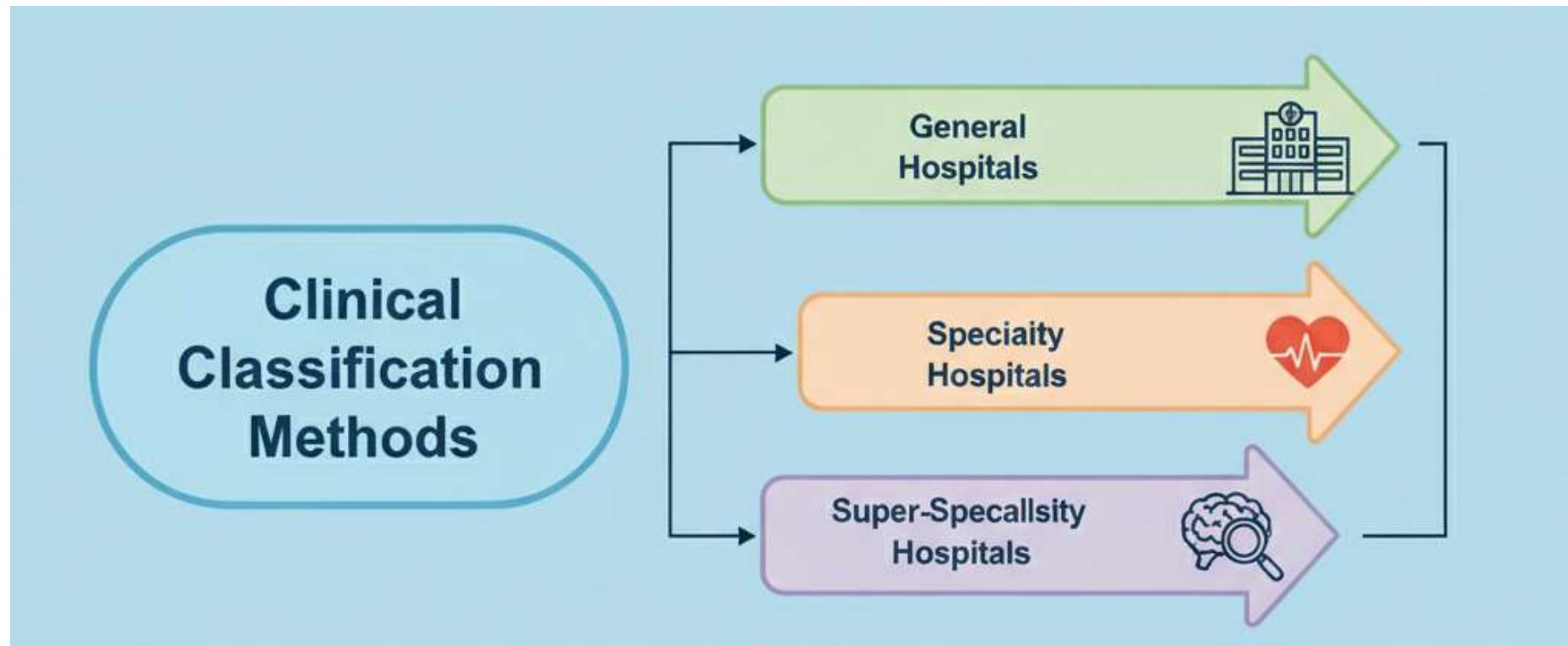


Define

Unveiling the Multifaceted Role of Tertiary Hospitals



Define



Ideate

Based on ownership, size, management.
Ownership: Government, Private, Voluntary.

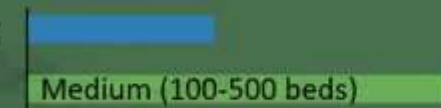


Government



Private

Size:



Size:



0

Management

100





Prototype



Role of pharmacist in ward round participation

Gain an improved understanding of patient's clinical status and progress, currently planned investigations & therapeutic goals

01

Detect, manage & prevent adverse drug reactions and drug interactions. Also provide additional information about medication compliance.

02

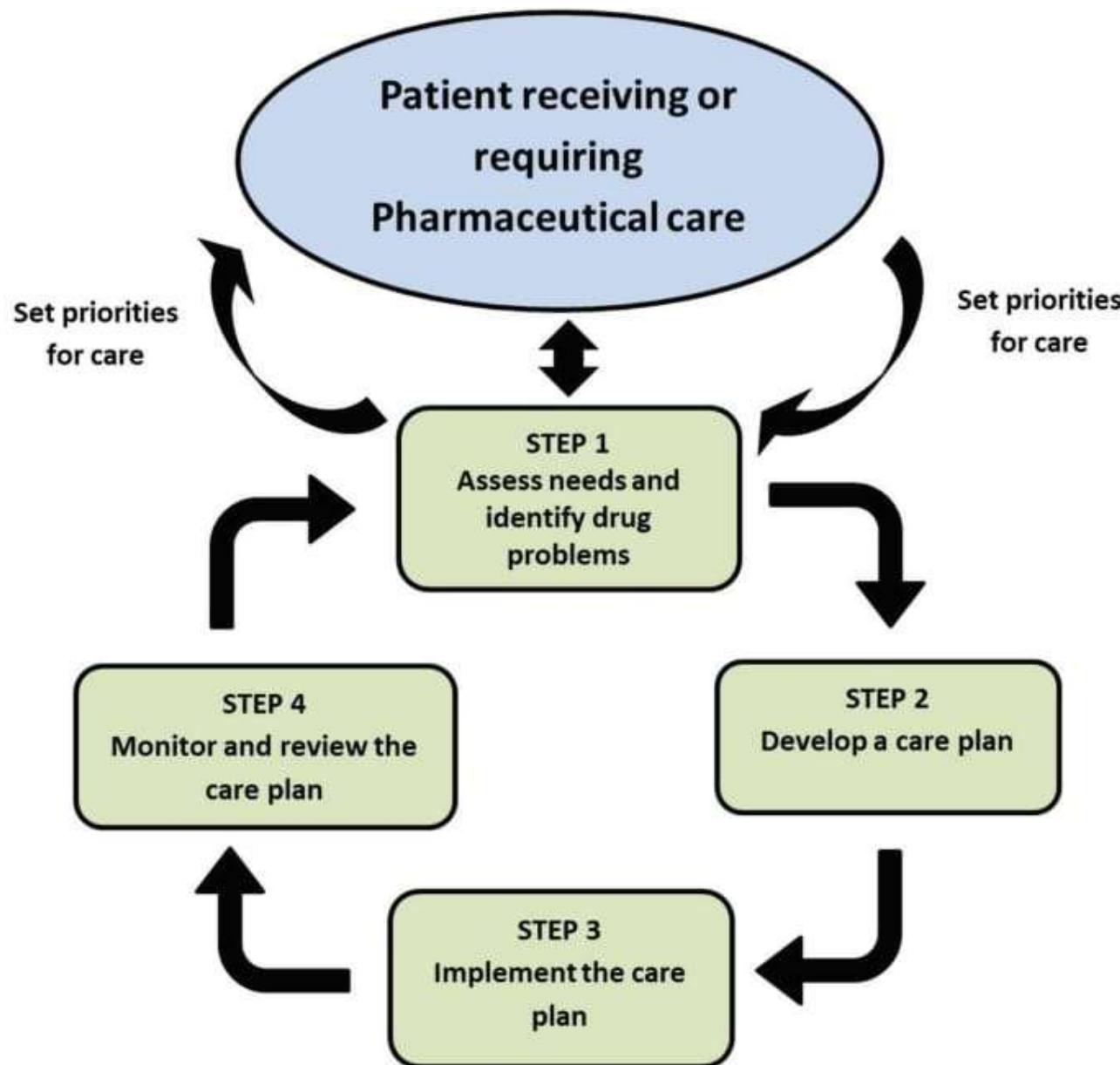
Provide relevant information on optimizing drug therapy by selecting right drug, therapy monitoring and follow up

03

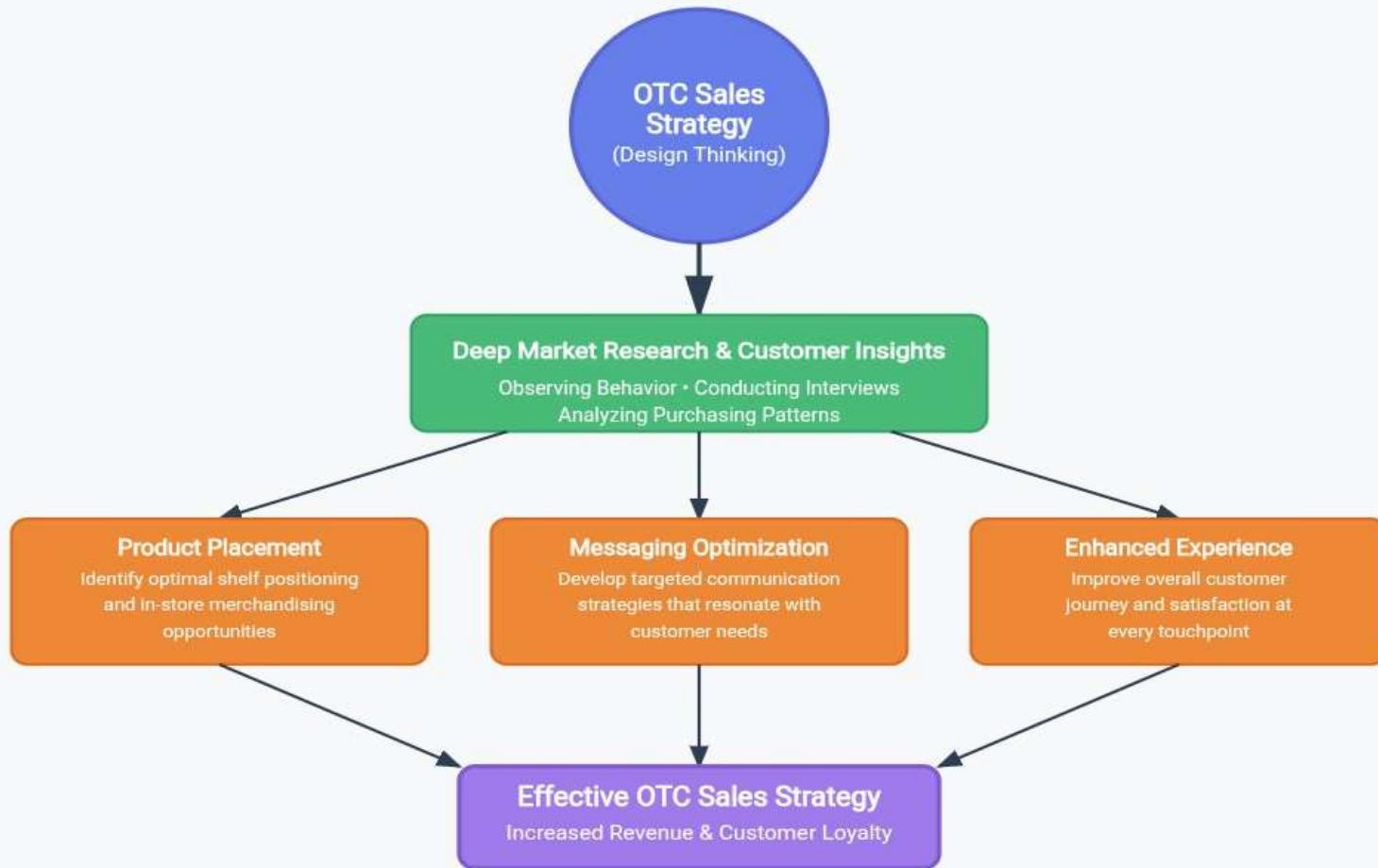
Also provide opportunity to participate in the in-patient discharge planning and preparation of treatment chart review

04

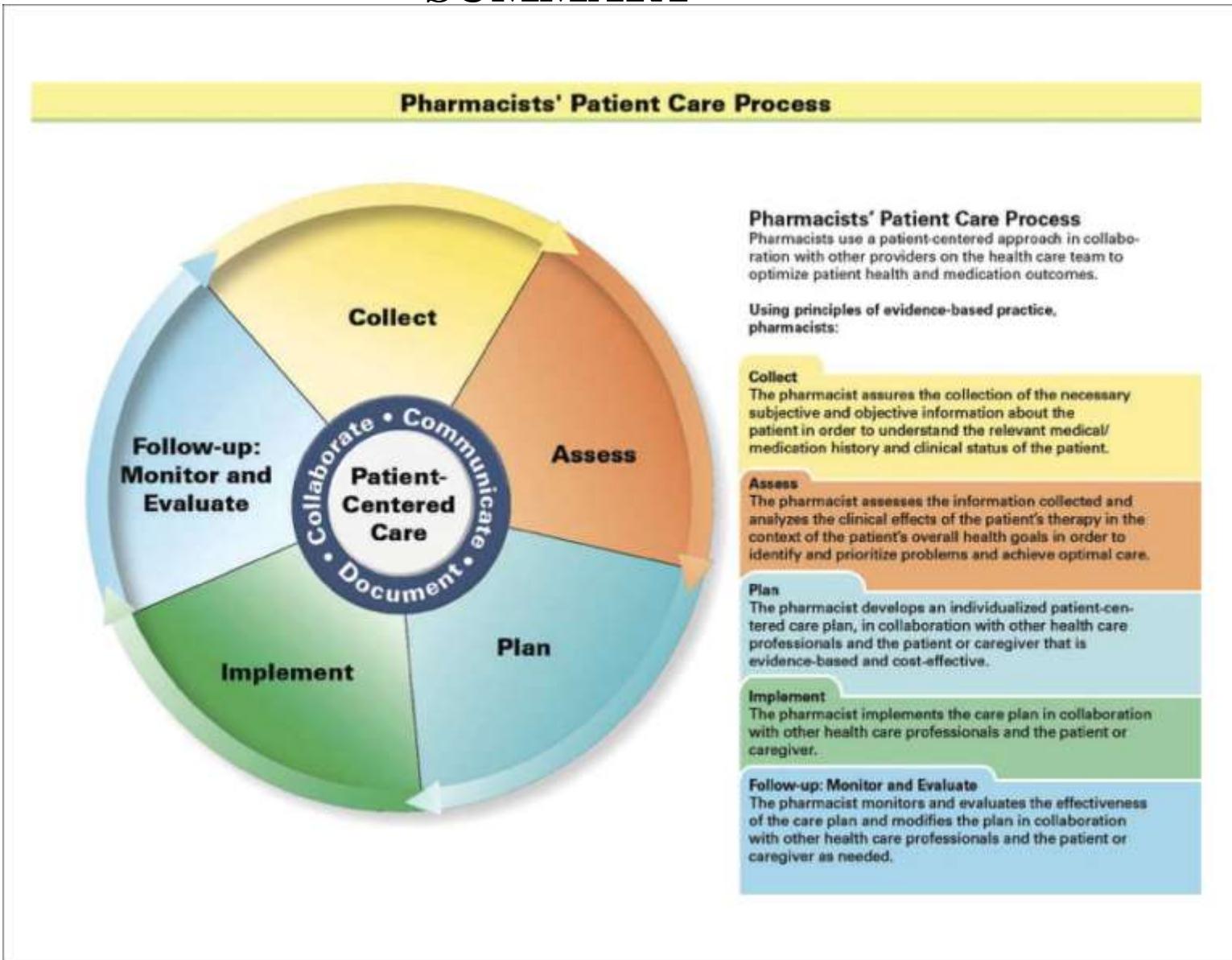
ROLES



Market Research and Customer Insights Strategy



SUMMARY





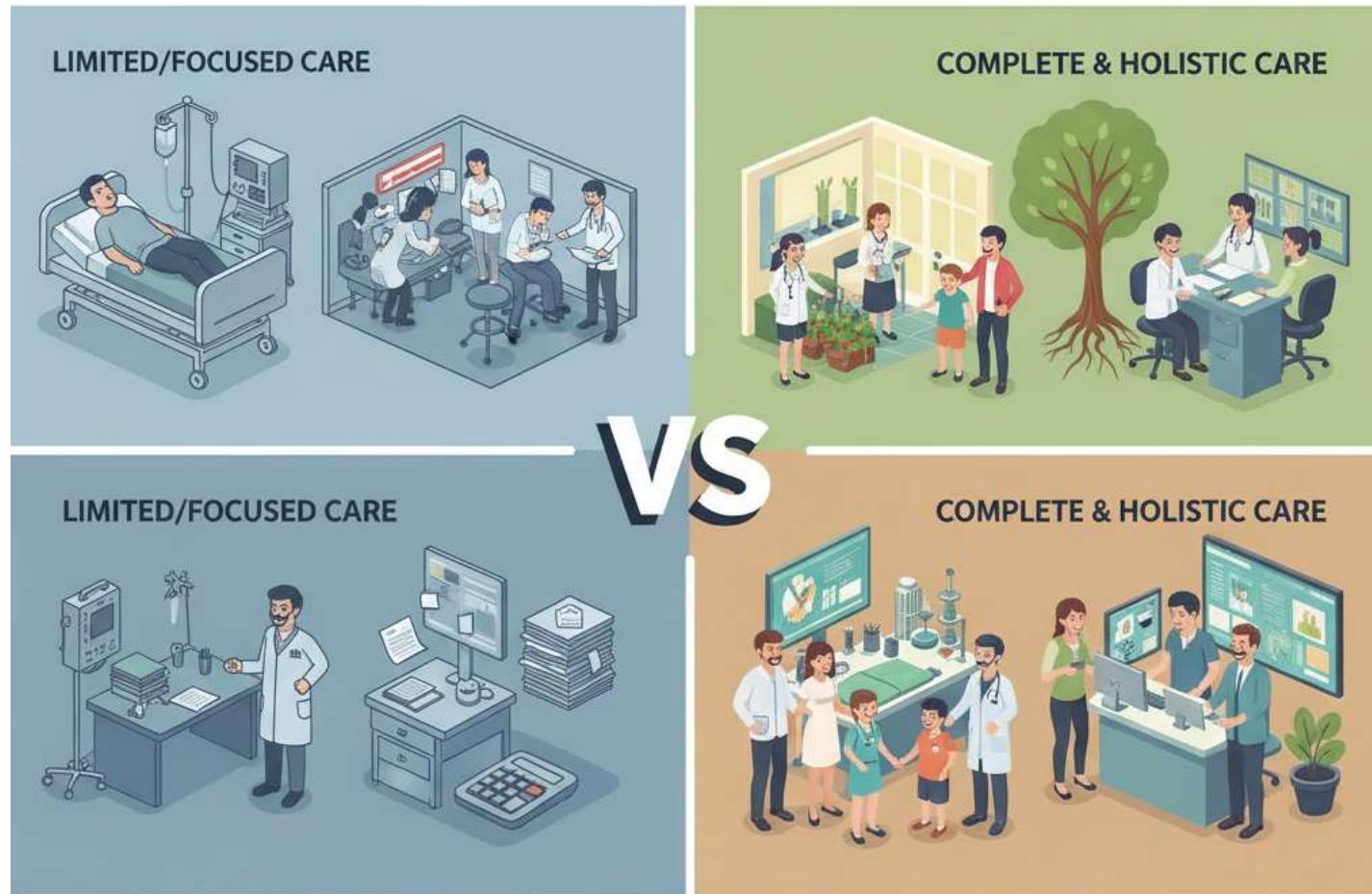
CLASS ASSESSMENTS

- 1. A patient with the HLA-B*57:01 allele is prescribed abacavir. What is the most appropriate action to prevent a severe adverse drug reaction?**
 - a. Proceed with standard dosing and monitor liver enzymes
 - b. Avoid abacavir and select an alternative antiretroviral
 - c. Reduce abacavir dose by 50%
 - d. Add corticosteroid prophylaxis before starting abacavir





CLASS ASSESSMENTS





CLASS ASSESSMENTS

Which genotype is most associated with life-threatening skin reactions (e.g., Stevens–Johnson syndrome) when exposed to carbamazepine in certain Asian populations?

- a. TPMT poor metabolizer
- b. HLA-B*15:02 positive
- c. CYP2D6 ultrarapid metabolizer
- d. VKORC1 -1639G→A variant



a. Primary hospital



General check-ups, basic emergencies, preventative care, family medicine

b. Secondary hospital



General surgery, common illness, specialties, emergency room

c. Tertiary hospital



Advanced surgery, intensive care, rare diseases, research, medical education

VS

d. Specialty hospital



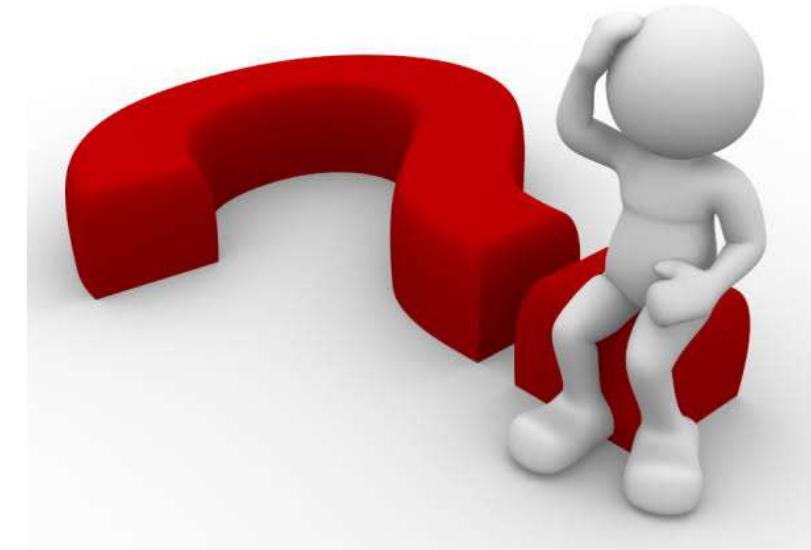
Specific medical focus (e.g., Cardiac, Cancer, Orthopedic), specialized treatments



CLASS ASSESSMENTS

A patient with reduced TPMT and NUDT15 activity is starting thiopurine therapy (e.g., mercaptopurine). What adverse reaction risk is increased and how should therapy be adjusted?

- a. Increased hepatotoxicity; switch to abacavir
- b. Increased myelosuppression; consider profound dose reduction or alternative therapy
- c. Increased nephrotoxicity; add dose-dependent hydration
- d. Increased cardiotoxicity; monitor with baseline echocardiogram



CLASS ASSESSMENTS

a. Performing medical treatments



General check-ups, basic emergencies, preventive care, family medicine

b. Overseeing policy and strategic direction



Planning, governance, future development

c. Managing daily patient care



Managing daily patient care
Hands-on care, medication, rounds, monitoring

VS

d. Handling financial transactions



Billing, insurance, budgets, accounting

REFERENCES

1. Merchant S.H. and Dr. J.S.Quadry. A textbook of hospital pharmacy, 4th ed. Ahmadabad: B.S. Shah Prakakshan; 2001.
2. Parthasarathi G, Karin Nyfort-Hansen, Milap C Nahata. A textbook of Clinical Pharmacy Practice- essential concepts and skills, 1st ed. Chennai: Orient Longman Private Limited; 2004.
3. William E. Hassan. Hospital pharmacy, 5th ed. Philadelphia: Lea & Febiger; 1986.
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5. Scott LT. Basic skills in interpreting laboratory data, 4th. American Society of Health System Pharmacists Inc; 2009.

Thank
you!