

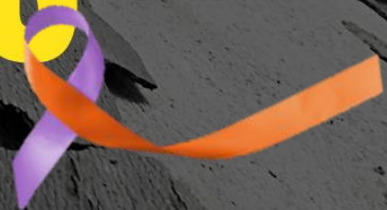


**MINISTRY OF HEALTH MALAYSIA
PHARMACEUTICAL SERVICES PROGRAMME**

**Protocol
Medication Therapy Adherence Clinic (MTAC)**

PSORIASIS

2nd Edition, 2021



2nd Edition, September 2021

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FOREWORD



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Medication Therapy Adherence Clinic (MTAC) was introduced in 2004 as part of clinical pharmacy services in ambulatory settings, which emphasized on medication management to improve quality, safety, and cost-effectiveness of patient care. Since then, the service has been expanded and extended to various disciplines and are available throughout the healthcare facilities under Ministry of Health (MOH). A holistic approach has been practiced whereby pharmacists work closely with other healthcare providers in providing pharmaceutical care to the patients.

Psoriasis is not just a skin disease. Psoriasis is no longer just a skin disease as perceived by many decades ago. Science has since advanced our understanding of psoriasis and how it affects the whole body. Evidence shows that people with mild, moderate, or severe psoriasis may also suffer from psoriatic arthritis and other comorbidities such as cardiovascular disease, metabolic syndrome, and mental health issues. That is why treating psoriasis is as important as treating any other chronic diseases.

This protocol outlines the procedures and documentation involved during MTAC sessions. I hope with the publication of this second edition protocol, it will be helpful to those facilities who wishes to start-up new Psoriasis Medication Therapy Adherence Clinic (PsMTAC). For existing PsMTAC, this will serve as a reference to ensure the standardisation of practice and quality of service provided.

Lastly, I would like to congratulate all the contributors, external reviewer, and editorial committees for their efforts in the publication of this second edition of Protocol Medication Adherence Therapy Clinic (MTAC): Psoriasis.

All the best and thank you.

ACKNOWLEDGEMENT

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INTRODUCTION

Psoriasis is a common, chronic skin disease which affects people of all ages. The global reported prevalence of psoriasis in countries ranges between 0.09% and 11.43%.¹ According to the Tenth Report of the Malaysian Psoriasis Registry 2007-2018, there are a total of 21,735 patients registered during the period from October 2007 to December 2018.²

Psoriasis runs a chronic relapsing course with variable degree of severity and causes significant physical, psychosocial, and economic impact on the patient. Being incurable and need lifelong treatment, it may lead to poor patient compliance especially to medication treatment which will further compromise the overall management of the disease.²

Psoriasis Medication Therapy Adherence Clinic (PsMTAC) is an ambulatory care service conducted by pharmacists in collaboration with physicians with the aim of helping psoriasis patients to improve their medication adherence level towards better disease control. PSMTAC pharmacist will focus on providing counselling and education on disease control, pharmacotherapy, and importance of medication adherence; monitor patient clinical outcome, identify and solve any pharmaceutical related issues. Most importantly, patients will be empowered to progressively self-manage their conditions over time.

OBJECTIVES

1. To educate patients on psoriasis towards better understanding of the disease management.
2. To increase patients' adherence towards psoriasis medication regimen.
3. To minimise adverse effects or complications resulting from multiple drug regimens.
4. To work in collaboration with dermatologist and other healthcare professionals in pharmacotherapy management of psoriasis patients.

SCOPE OF SERVICE

1. The PsMTAC service will operate in the clinic area during clinic days. Subsequent visits shall be carried out in pharmacy/clinic area.
2. The PsMTAC pharmacist will perform a multitude of duties during the session: patient assessment, pharmaceutical care issues (PCI) identification, recommendation and intervention, documentation, and patient's education/counselling.
3. Activities at the clinic should be structured according to the suggested workflow (refer [Appendix I and II](#)).

MANPOWER REQUIREMENT

1. PsMTAC service shall be provided by trained pharmacist(s) who had undergone training program approved by Pharmaceutical Services Program, MOH Malaysia.
2. However, pharmacist who has not undergone training shall work directly under the supervision of a trained pharmacist or any experienced pharmacist from the related field.
3. The number of pharmacists shall depend on the number of patients scheduled per day with a minimum of one pharmacist will be required during PsMTAC session. Preferably, facility to develop a designated team consist of group of pharmacist to conduct PsMTAC to ensure continuity of service.

1. **Appointment**

- a) All PsMTAC appointments shall be scheduled by the PsMTAC pharmacist using a suitable tool e.g., calendar, planner, Pharmacy Information System (PhIS) etc.
- b) The patient's subsequent appointments might be based on the patient's dermatology clinic appointment or medication refill appointment. However, visits might be re-scheduled based on the following reasons:
 - i. Change in patient's medication.
 - ii. Patient experiencing serious drug adverse events or toxicity.
 - iii. Other reasons as determined by the pharmacist that warrant a follow-up.

2. **Missed Visit**

- a) Patient shall be contacted by pharmacist or clinic staff if he/she missed any visit to reschedule the appointment.
- b) All communication with patient shall be documented in the patient's profile.

OUTCOME MEASURES

1. The following measures shall be assessed, documented, and monitored during PsMTAC visit.
 - a) Relevant vital signs, laboratory parameters and disease severity (specific details) [e.g., DLQI (Dermatology Life Quality Index); BSA (Body Surface Area); PASI (Psoriasis Area Severity Index)].
 - b) Medication knowledge [e.g., dose, frequency, indication, method of administration (DFIT)].
 - c) Medication adherence [e.g., Malaysia Medication Adherence Assessment Tool (MyMAAT)].
 - d) Any side effect or adverse drug reaction.

PATIENT SELECTION

1. All psoriasis patients are managed in the hospital or health clinic under Ministry of Health Malaysia are eligible to join PsMTAC. Patient who meets any of the following criteria should be enrolled into PsMTAC:
 - a) Having co-morbidities related or due to psoriasis
 - b) Prescribed with multiple medications or complex treatment regimen.
 - c) Poor understanding on disease and medication.
 - d) Poor adherence to treatment regimen.

INITIAL ASSESSMENT

1. The pharmacist will introduce him/herself and the following will be explained to the patient:
 - a) The objectives of PsMTAC.
 - b) Plan and expected therapeutic goals for patient (disease control).
 - c) Education on psoriasis disease and preventing aggravating factors.
 - d) The importance of medication knowledge and adherence.
 - e) Anticipated benefits to the patients or care givers.
 - f) Patient's rights and responsibilities in the program.
2. The pharmacist will perform an initial assessment and evaluation involve:
 - a) Past medical, surgical and medication history.
 - b) Social and family history.
 - c) Allergies (drug/ food/ others).
 - d) Any traditional medicine/ supplement use.

- e) Review of vital signs, laboratory parameters and disease severity (specific details) [e.g., DLQI (Dermatology Life Quality Index); BSA (Body Surface Area); PASI (Psoriasis Area Severity Index)].
 - f) Medication knowledge [e.g., dose, frequency, indication, method of administration (DFIT)].
 - g) Medication adherence [e.g., Malaysia Medication Adherence Assessment Tool (MyMAAT)].
3. Any pharmaceutical care issues (or patient concerns) related to the therapy need to be documented properly. Pharmacists should discuss with dermatologist/physician for any medication-related interventions to ensure appropriate disease management.
 4. The pharmacist will schedule the next PsMTAC follow-up visits based on patient's need, current health status, other clinic appointments and medication refill appointments.

SUBSEQUENT VISITS

1. During subsequent visit, pharmacist will review patient as follows:
 - a) Therapeutic goals
 - i. Disease severity [e.g., Dermatology Life Quality Index (DLQI)/ Body Surface Area (BSA)/ Psoriasis Area and Severity Index (PASI)].
 - b) Medication knowledge [e.g., dose, frequency, indication, method of administration (DFIT)].
 - c) Medication adherence [e.g., Malaysia Medication Adherence Assessment Tool (MyMAAT)].
 - d) Education on psoriasis disease and preventing aggravating factors
 - e) Any side effect or adverse drug reaction.
2. Any pharmaceutical care issues (or patient concerns) related to the therapy need to be documented. Pharmacists should discuss with dermatologist/physician for any medication-related interventions to ensure appropriate disease management.

3. Schedule subsequent visits will be based on patient's need, current health status, other clinic appointments and medication refill appointments.

REGISTRATION

1. A registry of all PsMTAC patients must be maintained properly. Example of registry can be referred in Appendices ([refer Appendix III](#)).

PHARMACEUTICAL CARE REVIEW

The pharmaceutical care review must be done at the earliest opportunity during patient selection or after referral of patient by prescribers.

1. Identifying Pharmaceutical Care Issues

- a) Carefully assess and obtain all information to identify pharmaceutical care issues:
 - i. Inappropriate drug regimen (i.e., drug, dose, frequency, duration).
 - ii. Inappropriate prescription (i.e., contraindication, drug-drug interaction, polypharmacy).
 - iii. Side effects, adverse drug reaction and allergy reaction.
 - iv. Incorrect medication administration technique.
 - v. Incorrect topical application site.
 - vi. Non-adherence to medication (i.e., drug-related, drug regimen-related, or patient-related).

2. Solving Pharmaceutical Care Issues

- a) Identify available therapeutic alternatives and consider the pros and cons of each alternative.
- b) Consider whether non-pharmacological therapy may help to overcome the health or medication-related problem.
- c) Formulate a patient-specific action plan including identifying specific health outcomes and suitability of pharmacological and non-pharmacological approach.

- d) Take a holistic approach to patient care (e.g., consider patient's medical, social, financial needs) in establishing the action plan.
- e) Provide feedback to the prescriber and discuss the patient's progress according to the action plan.
- f) All recommendations/ interventions must be documented.

3. Monitoring Pharmaceutical Care Issues (outcome)

- a) Monitor patient's understanding and adherence to the agreed action plan.
- b) Follow-up on patient's progress to ensure the achievement of desired outcomes; suggest modifications to the existing plan if necessary (i.e., dose adjustment and drug modification) by referring to dermatologist/ physician.

MEDICATION DISPENSING AND COUNSELLING

1. Pharmacists shall dispense the medication and counsel the patient at the clinic (when applicable) or pharmacy.
2. Pharmacists shall provide counselling and education based on patient's understanding and need at each PsMTAC visit.
3. In the event of multiple topical therapies prescribed, the patient should be advised on the sequence of application and the areas involved in a systematic way to improve patient's understanding.
4. Pharmacists shall use designated colour sticker and body diagram sheet (refer [Appendix IV](#)) or pictogram label (refer [Appendix V](#)) to improve patient's medication understanding and adherence.

DOCUMENTATION

1. All relevant data must be recorded using PsMTAC Pharmacotherapy Review form (refer [Appendix VI](#)).

2. Any recommendations and intervention done should be communicated with dermatologist/physician and documented in the patient's case notes (or PhIS) for future reference.
3. Any referral for continuation of care (either intra facility or inter facility) should be used Discharge Referral Note (CP4) ([refer Appendix VII](#)).

DISCHARGE CRITERIA

1. Patient who fulfilled the following criteria can be discharged from PsMTAC service:

At least (1) of the following criteria:

- a) Achieved good disease control and target goals for other clinical parameters (reduction of BSA $\geq 50\%$).
- b) Good understanding of medication [e.g., dose, frequency, indication, method of administration (DFIT) = $>90\%$] for at least two consecutive visits.
- c) Good medication adherence [e.g., Malaysia Medication Adherence Assessment Tool (MyMAAT) ≥ 54] for at least two consecutive visits.

OR (1) of the following:

- a) Defaulted two (2) consecutive PsMTAC appointments despite being contacted (effort must be made to contact patient / caregiver by telephone call).
- b) Patient requests to be discharged from PsMTAC service.
- c) Discharged or transferred out to other facilities.

2. Discharge of patients from this service shall be based on pharmacist justification. However, all discharges shall be discussed with prescribers.

REFERENCES

1. World Health Organization. (2016). Global report on psoriasis. World Health Organization. Available from <http://www.who.int/iris/handle/10665/204417>.
2. The Tenth Report of the Malaysian Psoriasis Registry 2007-2018.
3. Malaysian Clinical Practice Guidelines: Management of Psoriasis Vulgaris (June 2013).
4. Hatah E, Rahim N, Makmor-Bakry M, Mohamed Shah N, Mohamad N, Ahmad M, et al. (2020) Development and validation of Malaysia Medication Adherence Assessment Tool (MyMAAT) for diabetic patients. PLoS ONE 15(11): e0241909. <https://doi.org/10.1371/journal.pone.0241909>.

APPENDICES

The list of appendices are:

Appendix I: Psoriasis MTAC Workflow (First Visit)

Appendix II: Psoriasis MTAC Workflow (Subsequent Visit)

Appendix III: Psoriasis MTAC Registry

Appendix IV: Body Diagram Sheet

Appendix V: Pictogram Label

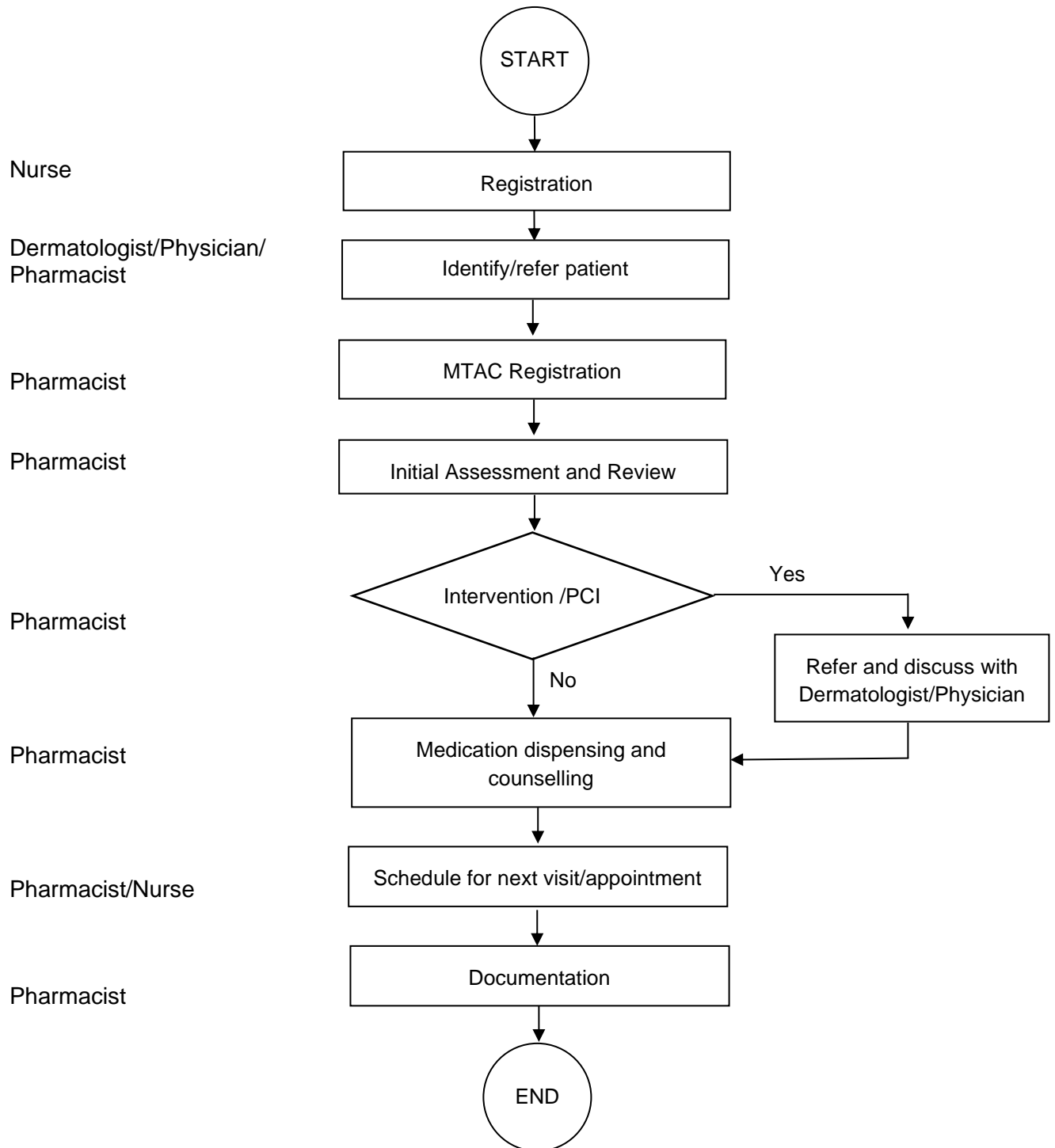
Appendix VI: Psoriasis Medication Therapy Adherence Clinic (PsMTAC)
Pharmacotherapy Review Form

1. Assessment
2. Disease Severity (Specific Details)
3. Review of Patient's Understanding of Medication (DFIT)
4. Medication Adherence Assessment Tool (e.g., MyMAAT)
5. Pharmaceutical Care Issues
6. Dermatology Life Quality Index (DLQI)
7. Body Surface Area (BSA)
8. Psoriasis Area and Severity Index (PASI)

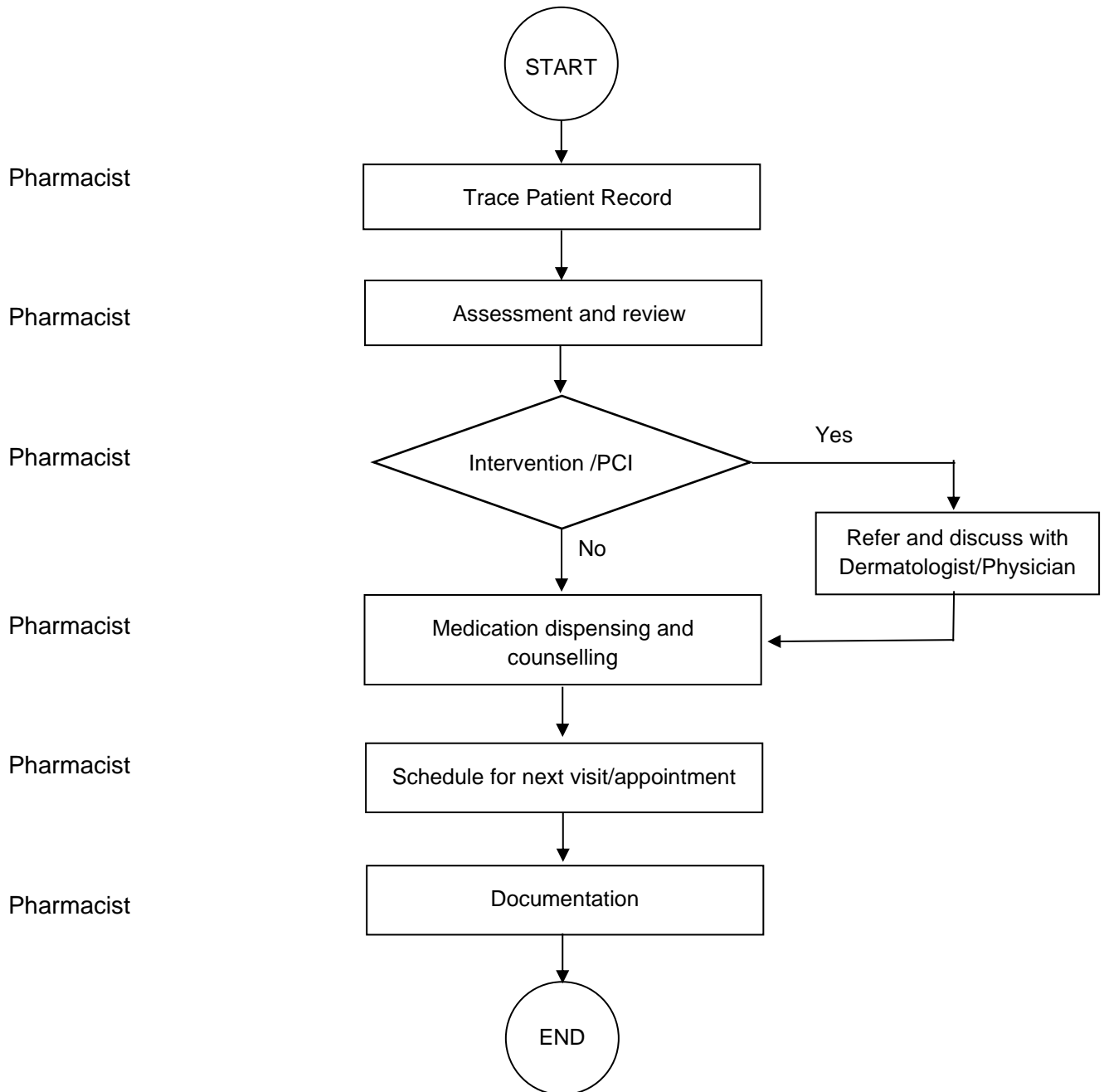
Appendix VII: Discharge Referral Note (CP4)

**PSORIASIS MTAC WORKFLOW
(FIRST VISIT)**

Location: Dermatology Clinic



**PSORIASIS MTAC WORKFLOW
(SUBSEQUENT VISIT)**
Location: Pharmacy/ Dermatology Clinic

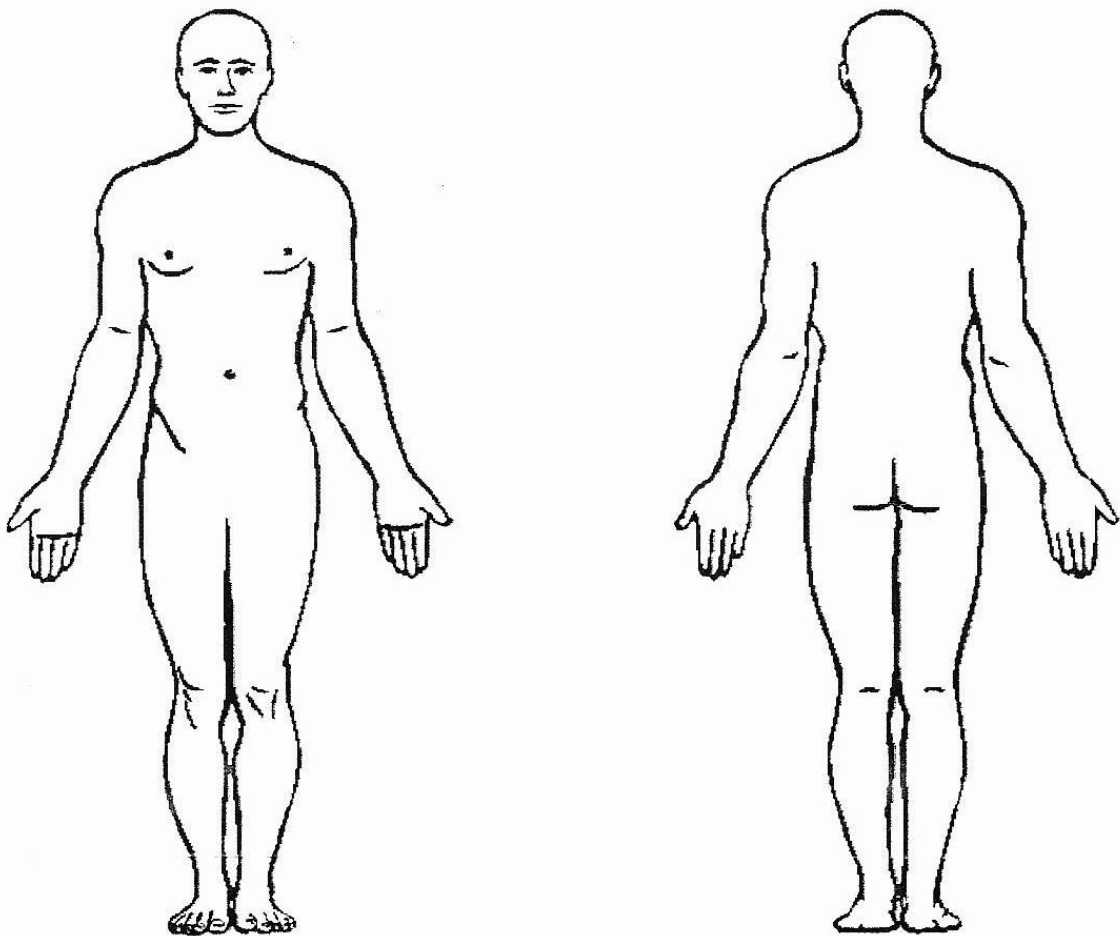


PSORIASIS MTAC
HOSPITAL.....

Body Diagram Sheet

Nama :
Tarikh :

Sila rujuk kepada kod warna atau nama ubat untuk memastikan ubat disapu pada bahagian badan yang betul.

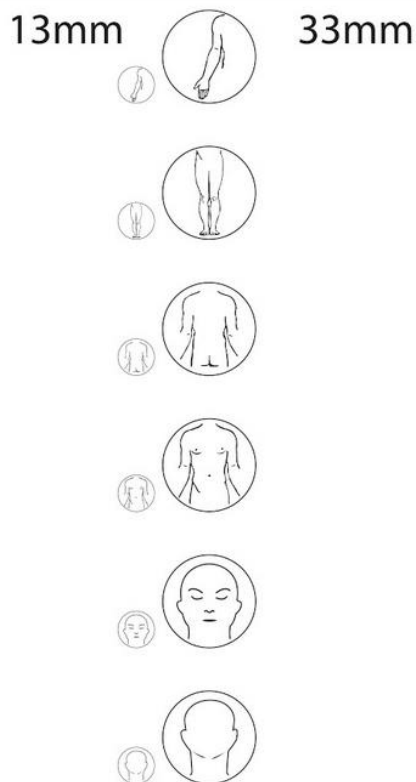


PICTOGRAM LABEL

a) Pictogram label A

Nama:		Tarikh:	
RN/IC:		Tarikh:	
Sapu ____ kali sehari pada tempat yang berkenaan sahaja.			
			
Kuantiti:			
UBAT TERKAWAL (Untuk Kegunaan Luaran Sahaja)			
Indikasi:			
MTAC PSORIASIS HOSPITAL _____ Tel: _____			

b) Pictogram label B



Tel:

**PSORIASIS MEDICATION THERAPY ADHERENCE CLINIC (PsMTAC)
PHARMACOTHERAPY REVIEW FORM
PHARMACEUTICAL SERVICES DIVISION
MINISTRY OF HEALTH, MALAYSIA**

REGISTRATION INFORMATION

MRN	:	Date of Birth	:
Patient Name	:	Age	:
ID No	:	Gender	:
Other ID Number	:	Phone (Mobile)	:
Pensioner	:		:

PATIENT DETAILS

Address	:	Race	:
		Religion	:
		Nationality	:
Postcode	:	Email	:
State	:	Status	: Active/Discharge/Defaulted

1. ASSESSMENT

1. ASSESSMENT			
SOCIAL HISTORY		FAMILY HISTORY	
Smoking		Marital Status	
Pregnancy		No of Children	
Education Level		Lives with	
Alcohol Drinking		Family History of Illness	
Drug Abuse			
Diet & Lifestyle			
MEDICAL HISTORY			
Surgical History:		Concurrent Traditional Medicine/ Supplements (Please State Drug/Dose/Frequency):	
		Allergies (Drug/Food/Others):	
PAST MEDICATION HISTORY (CP1):			

2. DISEASE SEVERITY (SPECIFIC DETAILS)

TEST	VISIT 1	VISIT 2	VISIT 3	VISIT 4	VISIT 4	VISIT 6
	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DLQI						
BSA (%)						
PASI						

Key: **DLQI** (Dermatology Life Quality Index); **BSA** (Body Surface Area); **PASI** (Psoriasis Area Severity Index)

Psoriasis Severity	Definition		
	DLQI	BSA	PASI
Mild	<10	<10%	<10
Moderate	10 - 20	10% – 30%	10 - 20
Severe	>20	>30%	>20

4. MEDICATION ADHERENCE ASSESSMENT TOOL (e.g., MyMAAT)



ALAT PENGUKURAN TAHAP KEPATUHAN PESAKIT TERHADAP PENGAMBILAN UBAT DI MALAYSIA MALAYSIA MEDICATION ADHERENCE ASSESSMENT TOOL (MyMAAT)

Hospital/ <i>Hospital</i>			
Nama Pesakit/ <i>Patient's Name</i>	No. Pendaftaran/ <i>Reg. No.</i>		
	Tarikh/ <i>Date</i>		
No. KPI/ <i>IC No.</i>	Lokasi/ <i>Location</i>		

Bahagian I : Persepsi Tahap Kepatuhan Pesakit Terhadap Pengambilan Ubat-Ubatan
Part I : Perception on Patient's Adherence Towards Medication

Soal selidik ini dijalankan untuk mendapatkan maklumat mengenai amalan pengambilan ubat oleh pesakit dan sebaik-baiknya diisi oleh pesakit/ penjaga.

*Sila tandakan (√) pada kotak yang berkenaan.

This survey will ask about your current practice related to medication taking and preferably to be filled by patient/ care taker.

** Please tick (√) in the appropriate boxes.*

Bil./ No.	Perkara/ <i>Item</i>	Skor/Score				
		Sangat Tidak Setuju/ Strongly Disagree	Tidak Setuju/ Disagree	Neutral/ Neutral	Setuju/ Agree	Sangat Setuju/ Strongly Agree
		5	4	3	2	1
1.	Dalam sebulan yang lepas, saya kerap tidak mengambil ubat seperti yang diarahkan oleh doktor. <i>In the past one month, I frequently failed to take my medication in accordance with the doctor's instruction.</i>					
2.	Dalam sebulan yang lepas, saya mengurangkan pengambilan ubat apabila berasa sihat. <i>In the past one month, I reduced my medication intake when I felt better.</i>					
3.	Dalam sebulan yang lepas, saya mengambil ubat secara berselang-seli. <i>In the past one month, I took my medication alternately.</i>					
4.	Saya sering terlewat/terlepas untuk temujanji pengambilan ubat susulan di kaunter farmasi. <i>I was often late on / missed the appointment date to get the supplies of my follow-up medication at the pharmacy counter.</i>					

Malaysia Medication Adherence Assessment Tool (MyMAAT)_2020/ KKM & UKM (Pindaan 1/2020)

1/3

Bil./ No.	Perkara/ Item	Skor/Score				
		Sangat Tidak Setuju/ Strongly Disagree	Tidak Setuju/ Disagree	Neutral/ Neutral	Setuju/ Agree	Sangat Setuju/ Strongly Agree
		5	4	3	2	1
5.	Daripada bekalan ubat yang diterima, saya mempunyai banyak lebihan ubat di rumah. <i>I have excess supply of the prescribed medication at home.</i>					
6.	Saya hanya mengambil sebahagian sahaja daripada ubat yang diberikan kerana merasakan ianya tidak perlu/tidak penting. <i>I did not fully comply with the prescriptions because I felt it was unnecessary/insignificant.</i>					
7.	Dalam sebulan yang lepas, saya sering terlupa untuk mengambil ubat saya. <i>In the past one month, I frequently failed to remember to take my medication.</i>					
8.	Saya sering mengurangkan pengambilan ubat kerana bimbang akan kesan sampingnya terhadap badan. <i>I regularly take less medication than prescribed for fear of the side effects to my body.</i>					
9.	Saya tidak mengambil ubat apabila tiada sesiapa mengingatkan saya. <i>I will miss/not take my medication if no one reminds me to do so.</i>					
10.	Saya tidak begitu pasti tentang dos ubat yang perlu diambil setiap hari. <i>I am uncertain about my daily medication doses.</i>					
11.	Saya tidak boleh menguruskan pengambilan ubat saya dengan baik. <i>I am unable to manage my medication intake properly.</i>					
12.	Ketiadaan sokongan atau pertolongan dari orang tersayang menyebabkan saya tidak bermotivasi untuk mengambil ubat yang diberikan oleh doktor. <i>Without support or help from the loved ones, I lack motivation to take my medication as prescribed by the doctor.</i>					
	JUMLAH/ TOTAL Skor minimum = 12; Skor maksimum = 60 <i>Minimum score = 12; Maximum score = 60</i>					

SOAL SELIDIK TAMATI/ END OF SURVEY

TERIMA KASIH/ THANK YOU

ALAT PENGUKURAN TAHAP KEPATUHAN PESAKIT TERHADAP PENGAMBILAN UBAT DI MALAYSIA
MALAYSIA MEDICATION ADHERENCE ASSESSMENT TOOL (MyMAAT)

Bahagian II : Kategori Kepatuhan Pesakit Terhadap Pengambilan Ubat-Ubatan
Part II : Category of Patient's Adherence Towards Medication

Kategori kepatuhan mengikut jumlah skor adalah seperti berikut:
Patient's adherence category based on total score as stated below:

Kategori/ Category	Jumlah Skor/ Total Score
Kepatuhan baik/ Good adherence	≥ 54
Kepatuhan sederhana dan lemah/ Moderate and poor adherence	< 54

Bahagian III : Rumusan Tahap Kepatuhan Pesakit Terhadap Pengambilan Ubat-Ubatan
Part III : Summary on Patient's Adherence Towards Medication

Untuk diisi oleh pegawai farmasi/ To be filled by pharmacist.

Jumlah Skor/ Total Score	
Kategori Kepatuhan/ Adherence Category	<input type="checkbox"/> Kepatuhan baik/ Good adherence <input type="checkbox"/> Kepatuhan sederhana dan lemah/ Moderate and poor adherence
Nota Pegawai Farmasi/ Pharmacist's Note	

Tandatangan & Cop Pegawai Farmasi/ :
Pharmacist's Signature & Stamp

Tarikh/ :
Date

5. PHARMACEUTICAL CARE ISSUES

(Medication-related problem encountered during drug counselling)

Date	Pharmaceutical Care Issues (Pharmacist Note)	Pharmacist Recommendation / Intervention (Pharmacist Plan)	Outcome	Pharmacist Name (chop)	Next Follow-up Date

6. DERMATOLOGY LIFE QUALITY INDEX (DLQI)

Dermatology Life Quality Index (DLQI)

The aim of this questionnaire is to measure how much your skin problem has affected your life **OVER THE LAST WEEK**.

Objektif kaji-selidik adalah untuk memahami setakat manakah masalah kulit anda mempengaruhi kehidupan anda **SEPANJANG MINGGU YANG LALU**.

Name : _____
 Visit No : _____
 RN/IC : _____
 Date : _____

Instruction: Please tick one box for each question/ Arahan: Sila tandakan satu kotak untuk setiap soalan "✓"

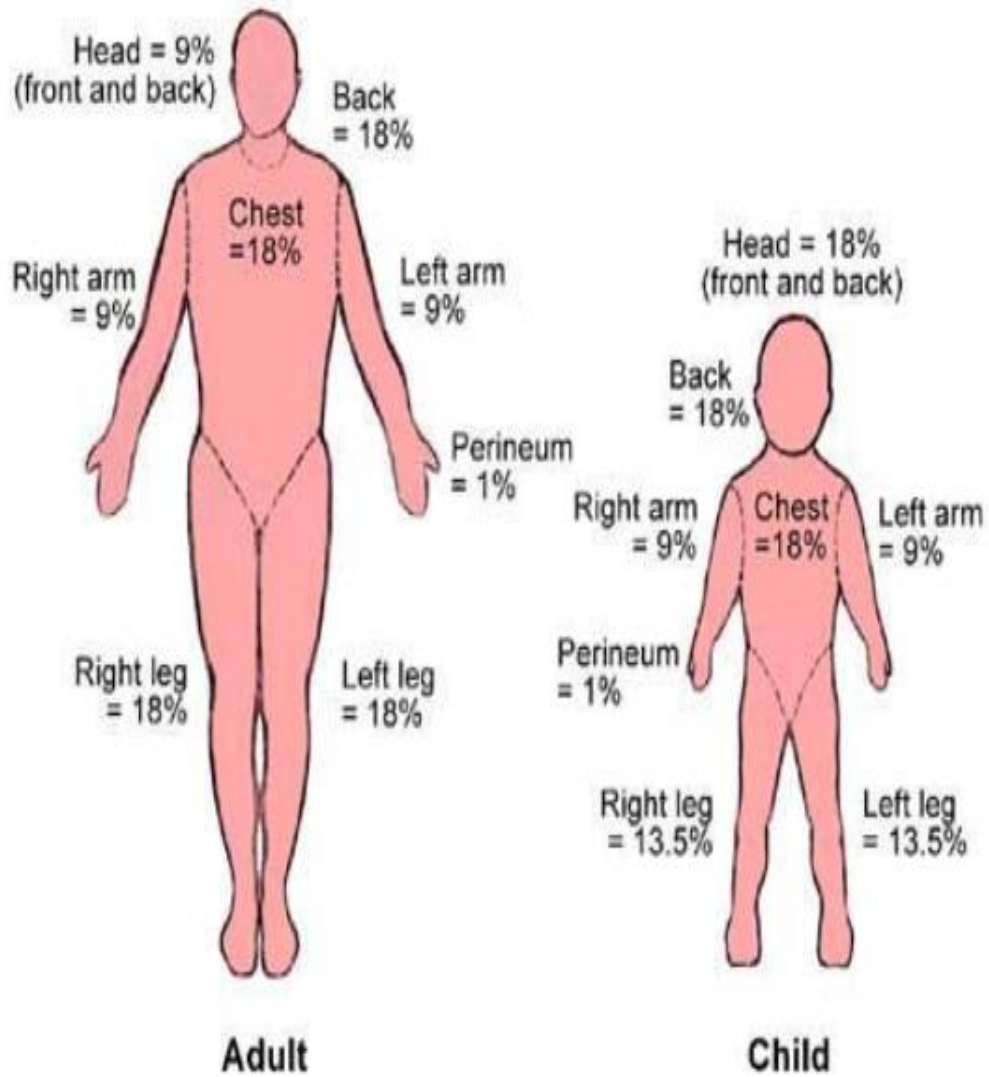
Over the last week Sepanjang minggu yang lalu...	Very much Sangat banyak	A lot Banyak	A little Sedikit	Not at all Tidak Langsung	Not relevant Tidak berkenaan
1. How itchy, sore, painful or stinging has your skin been? Setakat manakah kulit anda berasa gatal atau sakit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How embarrassed or self conscious have you been because of your skin? Setakat manakah anda berasa malu atau segan, disebabkan oleh kulit anda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much has your skin interfered with you going shopping or looking after your home or garden? Setakat manakah kulit anda mengganggu anda daripada pergi membeli-belah atau menjaga rumah atau berkebun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How much has your skin influenced the clothes you wear? Setakat manakah kulit anda mempengaruhi pakaian yang anda pakai?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How much has your skin affected any social or leisure activities? Setakat manakah kulit anda mengganggu aktiviti-aktiviti sosial atau masa lapang anda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How much has your skin made it difficult for you to do any sport? Setakat manakah keadaan kulit anda menyebabkan anda tidak selesa semasa bersukan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your skin prevented you from working or studying? Adakah kulit menyebabkan anda tidak dapat kerja atau belajar? <input type="checkbox"/> Yes/ya <input type="checkbox"/> No/Tidak <input type="checkbox"/> Not relevant/tidak berkenaan • If "No", over the last week how much has your skin been a problem at work or studying? Jika 'Tidak', setakat manakah kulit anda menjadi masalah semasa kerja atau belajar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How much has your skin created problems with your partner or any of your close friends or relatives? Setakat manakah kulit anda menimbulkan masalah dengan teman, rakan baik atau saudara-mara anda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How much has your skin caused any sexual difficulties? Setakat manakah kulit anda menyebabkan sebarang masalah hubungan seks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time? Setakat manakah rawatan kulit anda menimbulkan masalah seperti mengotori rumah anda atau mengambil masa anda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check you have answered **EVERY** question. Thank you. / Sila semak sama ada **SETIAP** soalan telah dijawab. Terima kasih.

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7. BODY SURFACE AREA (BSA)

BODY SURFACE AREA (%): ASSESSMENT



8. PSORIASIS AREA AND SEVERITY INDEX (PASI)

PSORIASIS AREA AND SEVERITY INDEX (PASI): ASSESSMENT

Name :
 RN/IC :
 Visit :
 Date :














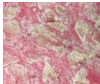

Head: $0.1 \times \square \times (\square + \square + \square) = \square$
 Area Erythema Scaliness Thickness

Arms: $0.2 \times \square \times (\square + \square + \square) = \square$
 Area Erythema Scaliness Thickness

Trunk: $0.3 \times \square \times (\square + \square + \square) = \square$
 Area Erythema Scaliness Thickness

Legs : $0.4 \times \square \times (\square + \square + \square) = \square$
 Area Erythema Scaliness Thickness

TOTAL SCORE

Score	Area	Erythema	Scaliness	Thickness
0	No psoriasis involvement for the region			
				
1	<10%	Slight pink 	Fine scale 	Slight plaque elevation 
2	10<30%	Pink 	Coarse scales with most lesions partially covered by scale 	Moderate elevation with rounded or sloped edges 
3	30<50%	Red 	Coarse scales with almost all lesions covered and a rough surface 	Marked elevation with marked sharp edges 
4	50<70%	Dark red/purple 	Very coarse thick scales covering all lesions, very rough surface 	Very marked elevation with very hard sharp edges 
5	70<90%			
6	90-100%			

Discharge Referral Note

CP4



NOTA RUJUKAN PESAKIT

Jabatan Farmasi, Hospital/ Klinik Kesihatan _____

Kepada: Pegawai Perubatan/ Pegawai Farmasi/ Penolong Pegawai Perubatan/ Jururawat
Hospital/Klinik Kesihatan _____

PER: PESAKIT: _____

NAMA	MRN	NO. K/P
------	-----	---------

Pesakit ini **TELAH/BELUM DIBERI KAUNSELING UBAT-UBATAN** untuk dinilai tahap kefahaman/kepatuhan terhadap terapi ubat yang dipreskripsikan. Diharap pihak tuan/puan dapat memberi kaunseling dan penilaian susulan yang diperlukan untuk meningkatkan keberkesanan rawatan.

2. DIAGNOSIS: _____

3. SENARAI UBAT TERKINI:

NAMA UBAT/DOS DAN FREKUENSI/JANGKAMASA RAWATAN

4. PENILAIAN KEFAHAMAN & KEPATUHAN TERHADAP TERAPI UBAT (tidak berkenaan jika pesakit belum dikaunsel)

- a. Pesakit telah dikaunsel dan faham tentang ubat/alat bantuan pengubatan yang dipreskripsikan Ya Tidak
- b. Tahap kepatuhan terhadap ubat-ubatan Memuaskan Tidak memuaskan
- c. Alat bantuan kepatuhan Pill box Risalah ubat Lain-lain Tiada

5. TINDAKAN SUSULAN YANG DIPERLUKAN (Sila tanda (v) di kotak yang disediakan)

<input type="checkbox"/>	Kaunseling ubat-ubatan dan alat bantuan pengubatan yang dipreskripsikan
<input type="checkbox"/>	Menilai kepatuhan dan kefahaman terhadap terapi ubat yang dipreskripsikan
<input type="checkbox"/>	Pemantauan terapeutik : (sila nyatakan) _____
<input type="checkbox"/>	Isu penyimpanan ubat-ubatan
<input type="checkbox"/>	Lain-lain: (sila nyatakan) _____

Sekian, terima kasih.

Tandatangan dan Cop Pegawai Farmasi

No. Tel. :

Tarikh:

(Salinan asal: untuk dihantar kepada fasiliti yang dirujuk)

(Salinan pendua: untuk simpanan Jabatan Farmasi)

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Protocol Medication Therapy Adherence Clinic (MTAC) Psoriasis 2nd Edition 2021



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