**NSAID checklist**

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| --- | --- |
| Patient NHI/NameClinical Checks | Date |

1. **If the patient is prescribed a Triple Whammy, is there evidence the prescriber was notified?**

Yes □ No □ N/A (not on Triple Whammy) □

1. **If the patient is considered high-risk group and not on gastroprotection, is there evidence the prescriber was notified?**

Yes □ No □ N/A (not a high-risk patient) □

Patient Counselling

1. **Is there evidence the patient was informed how to use their medicine?**

Yes □ No □

1. **Is there evidence there was a discussion about possible side effects?**

Yes □ No □

1. **Is there evidence the patient was informed of the risks of a dehydrating illness and to keep hydrated?**

Yes □ No □

1. **Is there evidence the patient was offered written information about the medicine?**

Yes □ No □

1. **Was the patient able to correctly describe (dose and frequency) how to use their medicine?**

Patient Outcomes

Yes □ No □ N/A □

1. **Was the patient able to identify a possible side-effect of their medicine?**

Yes □ No □ N/A □

1. **Was the patient able to identify who to ask for help with their medicines?**

Yes □ No □ N/A □