Additional file 1 – Medication Review Screening Tool (MRST)

Pharmacist in Community Palliative Care Multidisciplinary Teams Project **Medication Review Screening Tool**	Patient Details: Name: Address: UR Number

Medication use

- □ Taking 5 or more medications, or more than 12 doses of medication per day
- □ Significant changes to medication treatment regimen in the last 3 months
- □ Started new medication in the last 4 weeks
- □ Taking medication not commonly used in primary care……
- □ High alert medication ……
- □ Use of alternative health care products
- □ Enteral feeding tube in-situ
- □ Symptoms suggestive of an adverse drug reaction
- □ Medication plan is not current
- □ Suspected non-adherence or inability to manage medication

Other

- □ Literacy or language difficulties, confusion/dementia or other cognitive difficulties
- □ Other co-morbidities or lifestyle practices [eg alcohol, tobacco, illicit drugs] which affect pharmacodynamics and pharmacokinetics……
- □ Living alone or in Supported Residential Services, poor carer support or carer concerns

- □ Recent discharge from a hospital (in the last 4 weeks)
- □ Attending different healthcare providers eg, general practitioner, specialist

Diagnosis: ……

Allergy/adverse drug reactions: ……

Renal function: ……

Hepatic function: ……

Comments:

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Signature: ……..Date: ……