

palliPHARM CHECKLIST

Community Pharmacy Support for Palliative Care

1.	Ask all pharmacy staff	ources available on th	e <i>palli</i> PHARM				
	microsite (www.psa.or	rg.au/pallipharm) hos	ted by PSA				
	In particular, aim to rev	iew:			_		
	palliPHARM Factsheet						
	 Core Palliative C 	Care Medicines List for	Queensland Comi	munity Patients Factsh	eet		
	• palliPHARM Letter of Intent						
	Also check out:						
	Pharmacist Reso	rmacists					
		mation and Carer Supp	•		and hooklets for		
		provide to consumers	ortion a range of	brochures, racisficets	and bookiets for		
	pharmacists to p	provide to consumers					
2.	Download the palliME	DS App					
3. Nominate pharmacists to undertake CPD accredited training on palliative care*							
3.	Nominate pharmacists	s to undertake CPD ac	credited training	g on palliative care*			
3.		PSA Palliative Care	•	g on palliative care* palliPHARM \	Vorkshop		
3.	Nominate pharmacists Name of Pharmacist		E Essential CPE Recorded in	<u> </u>	Certificate of		
3.		PSA Palliative Care	E Essential CPE Recorded in CPD Plan	palliPHARM \	Certificate of Attendance		
3.		PSA Palliative Care	Recorded in CPD Plan Yes/No	palliPHARM \	Certificate of Attendance Yes/No		
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3.		PSA Palliative Care	Recorded in CPD Plan Yes/No Yes/No Yes/No	palliPHARM \	Certificate of Attendance Yes/No Yes/No Yes/No		
3.	Name of Pharmacist	PSA Palliative Care Date of Completion	Recorded in CPD Plan Yes/No Yes/No Yes/No Yes/No Yes/No	palliPHARM V	Certificate of Attendance Yes/No Yes/No Yes/No Yes/No		
3.	Name of Pharmacist *palliPHARM face to face w	PSA Palliative Care Date of Completion	Recorded in CPD Plan Yes/No Yes/No Yes/No Yes/No Yes/No	palliPHARM V	Certificate of Attendance Yes/No Yes/No Yes/No Yes/No		
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	*palliPHARM face to face w Therapeutic Update	PSA Palliative Care Date of Completion	Recorded in CPD Plan Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Available on 19/03/2	palliPHARM N Date of Attendance 2021 as part of PSA Queen	Certificate of Attendance Yes/No Yes/No Yes/No Yes/No Yes/No Sland Annual		
	*palliPHARM face to face we Therapeutic Update Liaise with local prescu	PSA Palliative Care Date of Completion vorkshop opportunity also ribers and palliative c	Recorded in CPD Plan Yes/No Yes/No Yes/No Yes/No Yes/No available on 19/03/2	palliPHARM N Date of Attendance 2021 as part of PSA Queen identify which medici	Certificate of Attendance Yes/No Yes/No Yes/No Yes/No Sland Annual		
	*palliPHARM face to face we Therapeutic Update Liaise with local prescriptative Care Medicing	PSA Palliative Care Date of Completion workshop opportunity also ribers and palliative cones List for Queenslar	Recorded in CPD Plan Yes/No Yes/No Yes/No Yes/No Yes/No Available on 19/03/2	palliPHARM V Date of Attendance 2021 as part of PSA Queen identify which medicinations should be stood	Certificate of Attendance Yes/No Yes/No Yes/No Yes/No Sland Annual		
	*palliPHARM face to face we Therapeutic Update Liaise with local prescription of the Palliative Care Medicing Send palliPHARI	PSA Palliative Care Date of Completion workshop opportunity also ribers and palliative cones List for Queenslar M GP Letter to local GP	Recorded in CPD Plan Yes/No Yes/No Yes/No Yes/No Yes/No available on 19/03/2	palliPHARM N Date of Attendance 2021 as part of PSA Queen identify which medicinations should be stock the conversation	Certificate of Attendance Yes/No Yes/No Yes/No Yes/No Sland Annual		
	*palliPHARM face to face we Therapeutic Update Liaise with local prescription of the Palliative Care Medicing Send palliPHARI	PSA Palliative Care Date of Completion workshop opportunity also ribers and palliative cones List for Queenslar	Recorded in CPD Plan Yes/No Yes/No Yes/No Yes/No Yes/No available on 19/03/2	palliPHARM N Date of Attendance 2021 as part of PSA Queen identify which medicinations should be stock the conversation	Certificate of Attendance Yes/No Yes/No Yes/No Yes/No Sland Annual		





5.	Order the relevant core palliative care medicines (minimum stock levels to be decided locally) and schedule regular audits to ensure adequate stock on hand and stocks held are in date					
6.	Complete and sign the 'Letter of Intent' and forward to the <i>palli</i> PHARM team via post, facsimile or email. Alternatively, an online version of the 'Letter of Intent' can be completed by using the link below or scanning the QR Code.					
	Post: palliPHARM Facsimile: 1300 008 227 PO BOX 2274 Runcorn, QLD, 4113					
	Email: Visit: https://www.surveymonkey.com/r/7K5ZD9C or scan					
7.	 Register or update your pharmacy details on QFinder 2.0 QFinder 2.0 – Pharmacy user guide available on the palliPHARM microsite under palliPHARM project resources (www.psa.org.au/pallipharm) To register your pharmacy as providing "Palliative Care Support" on QFinder 2.0, follow the instructions on pages 10 and 11 of the QFinder 2.0 – Pharmacy user guide 					
8.	. Display the <i>palli</i> PHARM consumer-facing poster within your pharmacy, and/or use the digital version for promotional purposes					
9.	Print factsheets for consumers on:					
10	10. Print Anticipatory Medicines: Statewide Guideline for Queensland for use by pharmacists (Available Mid 2021)					





For community pharmacies that service residential aged care facilities (RACFs)

Additional steps for your pharmacy include:

•	Review the Example Policy and Procedures: Community pharmacy supporting Queensland residential aged care Facilities with palliative care medicines imprest systems, featured on the <i>palli</i> PHARM microsite (www.psa.org.au/pallipharm) (Available March 2021)	
•	Pharmacist representatives for local Medicines Advisory Committees (MAC) to discuss the establishment of a Palliative Care Medicines Imprest System within the RACF at the next MAC meeting	
•	Discuss with RACF management the list of core palliative care medicines and quantities your pharmacy will keep	_

