

EXEMPLAR

EPA-1 Medicine Dispensing

Key themes Paediatric, antibiotic choice and dose, quantity supplied, ancillary labels

Scenario in prose

A carer presents to the community pharmacy with a prescription for cefalexin oral liquid, for their 5-year-old son Jalu Jacobs, who was diagnosed by the local doctor last night with mild cellulitis affecting his right leg. The prescription is received by the intern in this dispensing activity. The supervising pharmacist and intern agree this is an opportunity to perform a short practice observation (SPO) of the intern's dispensing process, starting with making a decision about the prescription's safety/appropriateness and then accurately dispensing the prescription.

History of presentation

The problem began with a small cut sustained whilst playing in the park. There is some pus that is present around the site of infection (e.g. purulent cellulitis). Otherwise, the child is well, with no fever, and no signs of systemic infection. A diagnosis of cellulitis was confirmed within the last 24 hours, and an antibiotic has been prescribed to treat the condition.

Medications

- fluticasone propionate 50mcg MDI (Flixotide Jnr) - inhaled twice daily via a spacer
- salbutamol 100mcg MDI (Ventolin) – inhaled 1-2 puffs qid via a spacer prn (not required for at least 6 months).
- adrenaline 150mcg (Epipen Jr) – to be used IM if required (not used yet)

Patient information

- Jalu Jacobs
- 5-year-old boy, current weight 18kg

Medical history, including allergies and adverse drug reactions

- Asthma – currently well controlled
- Allergic to peanuts (anaphylaxis). Nil known antibiotic allergies

Prescription presented

Dr Yun Hwang (Medical Practitioner) 111 The Avenue Pharmville 8292 Tel: 55566677 Prescriber no. 444XXX		Dr Yun Hwang (Medical Practitioner) 111 The Avenue Pharmville 8292 Tel: 55566677 Prescriber no. 444XXX	
Patient's Medicare no. 2323123456 Pharmaceutical benefits entitlement no. <input type="text"/> <input type="checkbox"/> PBS Safety Net entitlement cardholder (cross relevant box) <input type="checkbox"/> Concessional or dependant RPBS beneficiary or PBS Safety Net concession cardholder		Patient's Medicare no. 2323123456 Pharmaceutical benefits entitlement no. <input type="text"/> <input type="checkbox"/> PBS Safety Net entitlement cardholder (cross relevant box) <input type="checkbox"/> Concessional or dependant RPBS beneficiary or PBS Safety Net concession cardholder	
Patient's name Address Jalu Jacobs (5 years old) 28 Grand Drive Maptown 8989		Patient's name Address Jalu Jacobs (5 years old) 28 Grand Drive Maptown 8989	
Date XX/XX/XX PBS <input checked="" type="checkbox"/> RPBS <input type="checkbox"/> Brand substitution not permitted		Date XX/XX/XX PBS <input checked="" type="checkbox"/> RPBS <input type="checkbox"/> Brand substitution not permitted	
Pharmacist patient COPY	Cefalexin 250mg/5 mL (powder) 225mg 6 hourly for five days Qty: 1 Repeat: 0		Medicare / DVA
If not a Medical Practitioner, tick your prescriber type: Dentist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Midwife <input type="checkbox"/> Optometrist <input type="checkbox"/>		I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.	
Prescriber to sign original and duplicate		Turn over for privacy notice	
<input type="text"/> <input type="text"/>		Patient's or agent's signature <input type="text"/> Date of supply <input type="text"/> / <input type="text"/> / <input type="text"/> Agent's address <input type="text"/> PB023.1711	

Performance Outcomes (PO)¹ to be demonstrated

Performance outcome(s)	Description
3.14	Dispensing medicines safely and accurately in accordance with current legislation, scope of practice, Pharmacy Board of Australia (PharmBA) guidelines, and other relevant jurisdictional requirements to optimise patient outcomes
3.8	Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.
3.9	Recognising and responding to the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice.

The activity may also provide evidence relating to other performance outcomes and this should be recorded in the 'Intern assessment and feedback form'

Key activities undertaken during the short practice observation

<p>Decision making phase</p> <p><i>Intern discusses their thought process as they determine the safety/appropriateness of the prescription with the preceptor.</i></p>	<p>The intern:</p> <ul style="list-style-type: none"> confirms the antibiotic prescribed is appropriate for the patient's indication acknowledges that patient has no history of allergy to antibiotics. consults the <i>Therapeutic Guidelines</i>² to confirm the dose prescribed and accurately calculates that the usual dose is (child: 12.5 mg/kg up to 500 mg) orally, 6-hourly for 5 days. Therefore, for this patient the recommended dose is 225mg 6 hourly (= 4.5mL of 250mg/5mL mixture). Suggests to the preceptor that they should contact the prescriber as flucloxacillin is considered first line for cellulitis¹. The preceptor alerts intern that later in this therapeutic guideline section it comments that "<i>cefalexin is often preferred to dicloxacillin or flucloxacillin in children, because the liquid formulation is better tolerated</i>"¹. does not acknowledge if the patient has any other medical conditions or medications. does not comment on whether the amount dispensed would be sufficient for the full course (in this case, 5 days at 4.5mL x 4 times a day = 90mL so it is sufficient). <p>Intern and preceptor resolve to dispense the prescription. The preceptor advises the intern that they will observe them preparing the prescribed medicine and may ask the intern to discuss their process from time to time.</p>
<p>Technical dispensing process phase</p> <p><i>Intern performs procedural aspects of preparing medicine for supply</i></p>	<p>The intern:</p> <ul style="list-style-type: none"> enters the prescription details accurately using dispense system, selects the correct product verified by barcode scanning, and measures the required amount of distilled water to reconstitute mixture does not label the bottle with "Shake the Bottle", "Label 6" or a revised "expiry date" information (14 days from mixing). <p>The preceptor corrects these errors and asks the intern to prepare for counselling the carer about this medication</p>

¹ Entrustable professional activity (EPA) 1: Dispensing medicines Preceptor and intern user guide. [Intern Workplace-based Assessment | Australian Pharmacy Council](#)

² Therapeutic Guidelines, 2022. Antibiotic. "Empirical therapy for cellulitis and erysipelas without systemic features"

Entrustment discussion	<p>Preceptor and Intern then regroup to have an entrustment discussion.</p> <p>Key elements of discussion</p> <ul style="list-style-type: none"> • Appropriateness of antibiotic for patient age and diagnosis • Patient history and other medical conditions • Ancillary labels and total amount supplied <p>Potential additional questions about the case</p> <ul style="list-style-type: none"> • “What if this patient had eczema that typically occurred around the same area of the cellulitis?” • “What if the quantity (oral liquid) was not sufficient for the full course and we only provided one bottle?” • “What if there was some remaining liquid at the end of the course and the carer decided to use it as the manufacturer expiry showed it was still in date?”
Feedback and assessment of EPA	<p>At the end of the entrustment discussion, the preceptor pharmacist provides the intern with written and verbal feedback. The preceptor’s feedback (summarised below) describes the strengths that the intern had demonstrated and suggests some opportunities to develop their practice further.</p> <p>An assessment of EPA is documented via the ‘Assessment of EPA-1 Form’. In this form:</p> <ul style="list-style-type: none"> • The intern documents their reflection on their performance before the preceptor completes their feedback. • The preceptor notes that the intern demonstrated achievement of some performance outcomes outside the scope of the EPA and recommends areas for development.

Performance outcome(s)	Preceptor feedback and expectations of Intern**
3.14	<p>The intern is considering most of the factors when deciding if a medication is safe/appropriate to dispense but must always consider past medical history and concurrent medications.</p> <p>The intern has correctly pointed out that flucloxacillin is first-line in cellulitis but has not considered patient-centred factors (i.e., taste) that could affect compliance.</p> <p>The intern should check that the quantity provided will complete the duration of the course prescribed.</p> <p>Intern is performing most of the required technical components to dispense prescription but needs to consider importance of additional cautionary/advisory labels for patient education</p>

***Note that the feedback and expectations of the Intern should consider and be tailored to the stage of training of the Intern.*