**Appendix 3**

**Case Write-up in Support of Paediatric Pharmacy Specialist Accreditation Application**

**Notes to applicants:**

1. Please provide the required details in the table below for a minimum of 10 cases to be submitted and comprising of:

a) Minimum of 1 case each from the 7 compulsory disease/condition categories as follows (with up to 1 repeat for any of the categories):

1. Critical care
2. Gastrointestinal / Hepatology
3. General paediatrics
4. Infectious diseases
5. Nephrology
6. Neurology/psychiatry
7. Pulmonary

b) The remaining cases can be from any of the other paediatric disease/condition categories as follows:

1. Cardiovascular
2. Rheumatology
3. Endocrine / metabolic
4. Haematology
5. Neonatology
6. Oncology
7. Information provided will be subjected to audits by MOH and PSAB/PSAC.

**Disease / Condition:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Patient’s Initials** |  | **Age** |  |
| **Gender** |  | **Ethnicity** |  |
| **Weight** |  | **Height** |  |

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| --- | --- |
| **Admitting / encounter diagnosis:** |  |
| **Comorbidities:** |  |

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| **Synopsis of case (Please provide sufficient information for the reviewer to appreciate the situation):** |
|  |
| **Pertinent Lab Results / Vitals:** |
|  |

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| --- | --- | --- |
| **Drug regimen**  **(i.e. route, dose, frequency)** | **Intervention Done & Reason for Intervention** | **Pharmacotherapeutic Plan**  **(i.e. To stop or escalate therapy, things to monitor & pertinent adverse effects and management)** |
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I hereby certify that the information indicated above is correct and accurate to the best of my knowledge.

Name & Signature of Pharmacist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_