

Creating a DMMR / HMR referral

Best Practice

Domiciliary Medication Management Review (DMMR) (Item 900) also known as **Home Medicines Review (HMR)**.

1. Open the **Patient Clinical File**.
2. Open **Letter Writer** by clicking on the Letter Writer Icon.

File Open Request Clinical View Utilities Help

Name: Anastasia Abbott D.O.B.: 25/02/2004 Age: 19
 Address: 12 John St Aspley Creek 4035 Phone: (h) 07 50505050
 Medicare No: 4133180467 12/08 Record No.: 104 Pension No.:
 Occupation: Tobacco:
 Blood Group: BreastFeeding: Parity: Pre

Allergies / Adverse Drug Reactions:

Item	Reaction	Severity	Type	Due
Penicillin	Anaphylaxis	Severe	Outstanding requests	11/01/21
Aluminium Hydroxide	Diarhoea	Moderate	Preventive health	30/04/21
Traile	Nausea	Moderate		

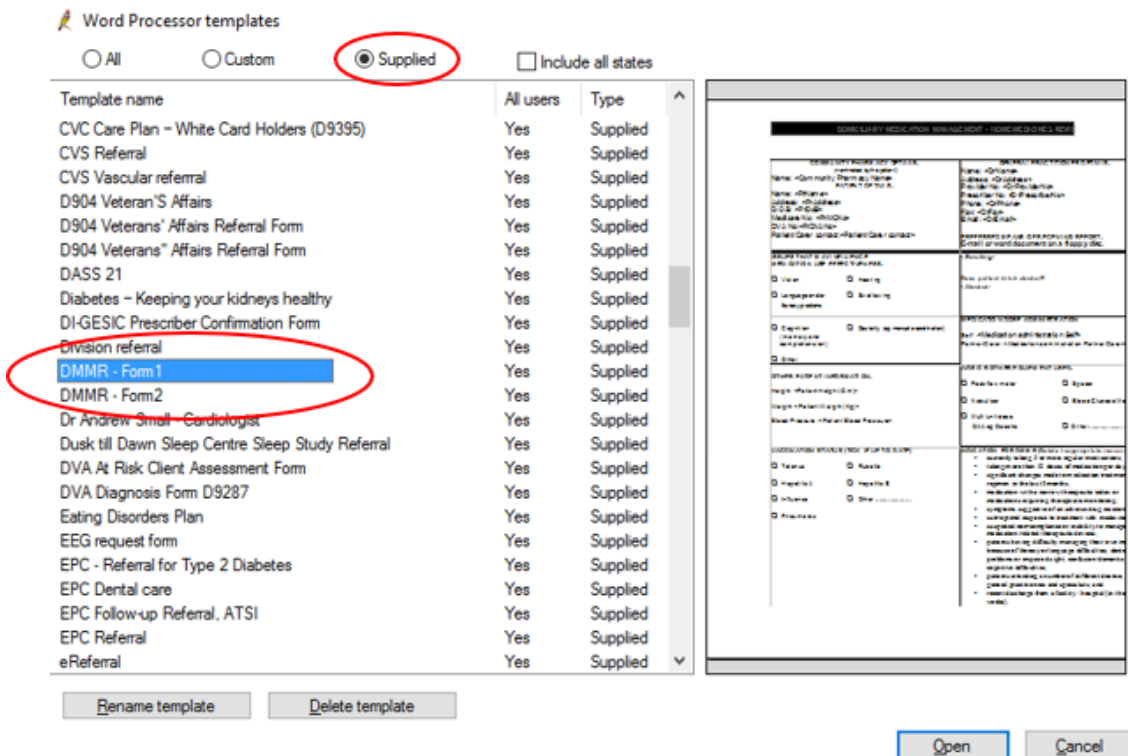
3. Select **Templates** from the top drop-down menu and select **Use Template**.

Word Processor - Untitled

View Insert Format Table Templates Utilities Help

- New template
- Edit template
- Import template
- Export template
- Use template**
- Edit letterhead
- Customise system templates

- Select **Supplied** template tab.
- Double click supplied **DMMR – Form1**.



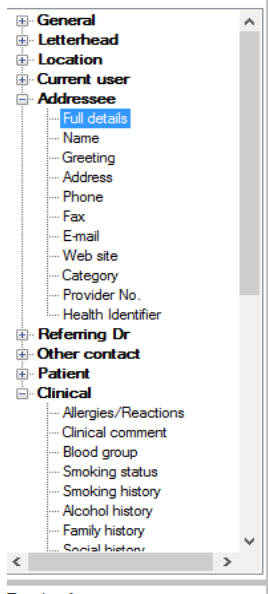
- Free text a Credentialed (Accredited) Pharmacist Name OR a Community Pharmacy Name.** Search local Credentialed Pharmacists using [HealthPathways Medication Management Review](#)
- Alternatively see Cheat Sheet '**Best Practice – Updating DMMR Form 1**' to enable access to **practice address book** and option to include reference to **CREDENTIALLED PHARMACIST** in the template.
- Complete relevant fields.

DMMR - Form1

Community Pharmacy Name	Credentialed Pharmacist OR Community Pharmacy
Patient/Carer contact	
Smoking	
Alcohol	
Medication administration Self	Yes No
Medication administration Partner/Carer	Yes No
Patient Height (Cm)	
Patient Weight (Kg)	
Patient Blood Pressure	
Consented to releasing Medicare card?	HAS HAS NOT
DMMR Date	<input type="checkbox"/> 30/04/2024

Insert Cancel

Double click on an item in the list to insert it into the document.



7. Access **left hand menu** to insert:
- Investigation results
 - Observation results
 - Additional relevant information

Please note: Ensure the cursor is positioned at the location where the additional information needs to be inserted in the document.

8. Specify **indications for DMMR**. Delete inappropriate reasons. Free text indications for HMR not listed.

<p>OTHER PATIENT INFORMATION:</p> <p>Height:</p> <p>Weight:</p> <p>Blood Pressure:</p>	<p>AIDS OR OTHER EQUIPMENT USED:</p> <p><input checked="" type="checkbox"/> Peakflow meter <input checked="" type="checkbox"/> Spacer</p> <p><input type="checkbox"/> Nebuliser <input type="checkbox"/> Blood Glucose Meter</p> <p><input type="checkbox"/> Multi/unit dose DAA eg Doseette <input type="checkbox"/> Other</p>
<p>VACCINATION STATUS (TICK IF UP-TO-DATE)</p> <p><input checked="" type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Rubella</p> <p><input checked="" type="checkbox"/> Hepatitis A <input checked="" type="checkbox"/> Hepatitis B</p> <p><input checked="" type="checkbox"/> Influenza <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Pneumovax</p>	<p>INDICATION FOR DMMR (Delete inappropriate reasons)</p> <ul style="list-style-type: none"> • currently taking 5 or more regular medications; • taking more than 12 doses of medication per day; • significant changes made to medication treatment regimen in the last 3 months; • medication with a narrow therapeutic index or medications requiring therapeutic monitoring; • symptoms suggestive of an adverse drug reaction; • sub-optimal response to treatment with medicines; • suspected non-compliance or inability to manage medication related therapeutic devices; • patients having difficulty managing their own medicines because of literacy or language difficulties, dexterity problems or impaired sight, confusion/dementia or other cognitive difficulties; • patients attending a number of different doctors, both general practitioners and specialists; and • recent discharge from a facility / hospital (in the last 4 weeks).

9. Read through the generated referral and **manually check** any boxes to provide further information, such as issues that may influence medication use, dosing aids and medication administration devices.
10. Sign and send the referral to the **Credentialed Pharmacist** or **Community Pharmacy** by chosen secure messaging method.

Please note: To manually check a box, **backspace the box and press 'X' on the keyboard**. This will add a check box symbol.