

FAQs for Statewide Protocol: Influenza, Strep, UTI

What if the patient has additional risk factors not specifically outlined in the Protocol?

If the pharmacist has any concerns about patient risk, the pharmacist should always exercise their independent clinical judgment. The patient may need referral to their primary care provider or an urgent/emergent care facility.

Should the pharmacist proceed with testing and treatment under the Protocol if the patient is not excluded by the exclusion criteria but the pharmacist has additional concerns?

No, the pharmacist should always exercise their independent clinical judgment. The patient may need referral to their primary care provider or an urgent/emergent care facility.

Does the Protocol require an authorizing physician signature?

No, the Collaborative Drug Therapy Management Committee has authorized the Protocol for use by Kansas pharmacists that meet the training requirements.

Can a pharmacist accept vital signs reported by the patient?

No, the pharmacist must verify patient vital signs during the patient encounter.

Can a pharmacist delegate patient evaluation or testing to a pharmacy intern or technician?

No, the pharmacist is required to personally carry out the Protocol.

Is the pharmacist required to use the Committee-approved Appendix A: Pharmacist Assessment, Evaluation and Prescribing Protocol Form?

No, this is a sample form. Pharmacies may use their own paper or electronic form(s) as long as they contain the information required by the Protocol.

Can the Protocol be used if a patient is only requesting testing?

No, the Protocol is for testing and appropriate treatment in the event of a positive test.

Can a specimen collection be repeated during the patient encounter if there is an error, issue, or contamination with the collection or sample?

Yes, while not outlined in the Protocol, specimen collection may be repeated by the Pharmacist if there is contamination, insufficient sample, an error with the initial CLIA-waived test, etc.

Can a test be repeated during the patient encounter if there is an error/issue with the initial CLIA-waived test?

Yes, while not outlined in the Protocol, a CLIA-waived test may be repeated by the Pharmacist if there is a problem (i.e., control failed, no clear result, test contaminated).

Can a pharmacist sign a separate protocol for these conditions with an authorizing Kansas physician?

No, K.S.A. 65-16,131 authorizes a statewide protocol adopted by the Collaborative Drug Therapy Management Committee. No other test/treat protocols are allowed under law.

Can a patient be evaluated and tested under the Protocol at one location/pharmacy and receive therapy from an alternate location/pharmacy?

No, the Committee determined that all steps under the Protocol should be performed by the Protocol pharmacist at one location/pharmacy where the patient presents.

Can a pharmacy use shared services to fulfil any dispensing under the Protocol?

No, the Committee determined that all steps under the Protocol should be performed by the Protocol pharmacist at one location/pharmacy where the patient presents.

Can a patient request the Protocol pharmacist provide a note for work or school regarding a test result?

Yes, the Committee encourages pharmacists and pharmacies to provide necessary documentation to patients presenting at the pharmacy.

Can the Adult Protocol be used for an emancipated minor?

No, the Under 18 Protocol should still be used for emancipated minors. However, an emancipated minor would not require a legal guardian with proper documentation of their emancipated status.

If the pharmacist plans to evaluate presenting patients of any age, does the pharmacist have to sign both the Adult Protocol and the Under 18 Protocol?

Yes, each Protocol is separate and distinct for the noted patient populations.

Is the pharmacy or pharmacist required to provide information about cost, insurance coverage, and payment options?

Though not required by the Kansas Pharmacy Act, the Committee encourages pharmacists and pharmacies to provide necessary transparency to patients presenting at the pharmacy regarding cost and payment options available for testing and treatment.

The exclusion criteria in the protocols for influenza under 18 and acute streptococcal pharyngitis under 18 include CrCl < 10 ml/min. with instructions for obtaining creatinine clearance levels for patients with a history of chronic kidney disease. Are there any requirements for obtaining creatinine clearance levels for patients without a history of chronic kidney disease?

There is no requirement for obtaining a creatinine clearance level for a patient without a history of chronic kidney disease or other indications of decreased kidney function.