medSask
YOUR MEDICATION INFORMATION SERVICE

PHARMACIST ASSESSMENT AND PRESCRIPTION – COMPOUNDED IBUPROFEN SUSPENSION

Patient Information

Name:	HSN:	DOB: Age: <4mo → Alternative preferred
Address:	Telephone:	

Assessment:

Weight (for weight-based dosing):	☐ Unable to swallow tablets or attain dose with OTC dosage forms

Use of Compounded Product Considerations (discuss prior to prescribing)**:**

☐ Where to have compound prepared
☐ Expectations for cost, beyond-use date, and storage
☐ Timeline for when it will be ready

Medical History

☐ No known allergies	☐ Allergies

Precautions/Contraindications:

☐ Age: < 4 months old → Prefer other treatment options
☐ Pregnancy (No NSAIDs if planning, 1st trimester, or 20+ weeks)
☐ History of, or risk factors for cardiovascular or cerebrovascular disease → Prefer treatment options other than NSAIDs
☐ History of, or risk factors for gastrointestinal disorders → Prefer treatment options other than NSAIDs
☐ Renal impairment (CrCl = ☐) If < 60 mL/min → Use NSAIDs with caution; if <30 mL/min → Prefer different treatment than NSAIDs
☐ Dehydration → Prefer treatment options other than NSAIDs
☐ Asthma with previous reaction to an NSAID or ASA → Prefer treatment options other than NSAIDs
☐ Bleeding disorders → Prefer treatment options other than NSAIDs
☐ Concomitant interacting medications → Prefer treatment options other than NSAIDs
☐ Use of NSAID → do not use additional NSAIDs

Indication: ☐ Mild to moderate pain ☐ Fever

Dosing Options for Compounded Ibuprofen Suspension:

☐ Weight-based Dosing (≤43 kg or <12 years old): 5-10 mg/kg per dose every 6 to 8 hours as needed (maximum single dose: 400 mg; maximum daily dose: 40 mg/kg/**day** up to 1,200 mg/**day**)

☐ Fixed Dosing (>43 kg and ≥12 years old): 200-400 mg per dose every 4 to 6 hours as needed (maximum daily dose: 1,200 mg/**day**)

Weight-based Dosing Calculation 5-10 mg/kg per dose [maximum single dose: 400 mg; maximum daily dose: 40 mg/kg/**day** up to 1,200 mg/**day**)]

Prescription Issued for Compounded Ibuprofen Suspension

☐ Informed consent obtained ☐ May have prescription filled at pharmacy of choice that can compound ibuprofen

Rationale for prescribing:

Rx: [drug and strength (mg)]:

Dosage directions:

Quantity: 7-day supply (Duration of treatment: Maximum: 3 days for fever and 5 days for pain without seeing a physician)

Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Date:
Telephone:	Fax:

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