

Pharmacy · Codeine cough syrup request for a toddler

SPK-PHA-01 | Original simulated candidate card

Setting: Community pharmacy

You are a pharmacist in a community pharmacy. Ms Diana Cowgill, aged 31, has come to the counter asking for a codeine-containing cough syrup for her 3-year-old son. A friend recommended it. Her son has had a cold with a dry cough, mainly at night, for four days.

Interlocutor: PARENT

Your tasks

1. Find out about her son's symptoms and general health (breathing, temperature, eating and drinking, what has been tried so far)
2. Explain why codeine and other cough medicines are not suitable for her son (safety risks in young children)
3. Advise on safe ways to ease his symptoms at home
4. Respond to her concerns about her friend's advice and her son's cough
5. Explain the warning signs that need medical attention and agree a plan

Pharmacy · Stopping metformin because of stomach upset

SPK-PHA-02 | Original simulated candidate card

Setting: Community pharmacy

You are a community pharmacist. Ms Revathi Vasudevan, aged 54, was diagnosed with type 2 diabetes about six weeks ago, and her GP started her on immediate-release metformin 500 mg tablets: one tablet once a day with the evening meal for the first week, then one tablet twice a day with meals. She has come in to collect her second month's supply. She has just told you she stopped taking it because of nausea and diarrhoea, and that she plans to manage her diabetes with diet alone.

Interlocutor: PATIENT

Your tasks

1. Find out how Ms Vasudevan has been taking her metformin and about her symptoms (timing, food, how long, how severe)
2. Explain that stomach side effects are common when starting metformin and describe ways to reduce them (taking it with or straight after meals, increasing the dose slowly)
3. Persuade her not to give up her diabetes medication long term without first discussing it with her GP (diet alone may not be enough, other options may be available)
4. Agree a plan for the next few days (what to do about her tablets until she speaks to her GP, when to stop them temporarily and get urgent advice)

Pharmacy · Warfarin patient wanting ibuprofen for back pain

SPK-PHA-03 | Original simulated candidate card

Setting: Community pharmacy

You are a pharmacist. Mr Mitchell Quarrell, aged 68, has come to the counter asking to buy ibuprofen for lower back pain that started after gardening. Your pharmacy records show he takes warfarin for atrial fibrillation, prescribed by his GP. He says paracetamol 'does nothing' for him.

Interlocutor: PATIENT

Your tasks

1. Find out about his back pain and how he has been using paracetamol (and anything else he has taken)
2. Explain why ibuprofen is not recommended with warfarin (increased risk of bleeding)
3. Respond to his annoyance and encourage safer ways to manage the pain (heat, staying gently active; paracetamol only with care while on warfarin)
4. Agree a plan, including when he should contact his GP and which symptoms need emergency or same-day attention

Pharmacy · New medicines after hospital discharge

SPK-PHA-04 | Original simulated candidate card

Setting: Community pharmacy

You are a community pharmacist. Mrs Rudo Tipene, aged 49, has brought in a discharge prescription for her father, aged 82, who went home from hospital yesterday after an admission for heart failure. The discharge summary shows that his perindopril was stopped and, after the required 36-hour gap, sacubitril with valsartan was started in hospital; bisoprolol, dapagliflozin and furosemide have also been started, ibuprofen is to be stopped and atorvastatin is unchanged. His discharge action plan says: weigh every morning and contact the GP or heart failure team within 24 hours if weight rises by more than 2 kg in two days or swelling or breathlessness worsens; if vomiting, having diarrhoea or unable to eat and drink normally, withhold dapagliflozin and seek advice promptly for an individual plan for his other heart medicines and restarting; stop dapagliflozin and get urgent medical help for possible ketoacidosis (abdominal pain, vomiting, unusual drowsiness, deep or fast breathing), even if blood glucose is not high; and call an ambulance (000) for severe breathlessness, chest pain, or swelling of the face, tongue or throat. Mrs Tipene is confused about the changes and needs to return to work shortly.

Interlocutor: RELATIVE

Your tasks

1. Find out how her father manages his medicines at home, which old tablets he still has, and whether he has taken any perindopril since leaving hospital
2. Explain in simple terms which medicines he should stop and which new ones he should start (old blood pressure tablet replaced, no anti-inflammatory painkillers)
3. Explain the key safety points for the new medicines (dizziness, daily weighing and action plan, sick days, warning signs needing urgent help)
4. Reassure her about her worries and offer a dose administration aid
5. Agree a plan that fits her time constraints (today's supply, removing old medicines, follow-up)

Pharmacy · Demanding antibiotics for a sore throat

SPK-PHA-05 | Original simulated candidate card

Setting: Community pharmacy

You are a pharmacist. Mr Dindo Magbanua, aged 27, has asked to speak to you about a sore throat he has had for two days. He tells the pharmacy assistant he has a mild fever and wants antibiotics because he has an important job interview. He seems irritated about having to wait.

Interlocutor: PATIENT

Your tasks

1. Find out about Mr Magbanua's symptoms and exactly which medicines he has already taken (products, strengths, amounts and times)
2. Explain why antibiotics are unlikely to help his sore throat (cause, limited benefit, side effects and resistance)
3. Respond to his frustration and his insistence on antibiotics
4. Explain any concern about the medicines he has taken, arrange appropriate advice before further pain relief, and recommend safe symptom relief for his interview
5. Agree on which warning signs mean emergency help, which mean an urgent same-day doctor review, and when to see a GP