

WHAT DOES A HEALTH-SYSTEM PHARMACIST DO?

Health-system pharmacists are responsible for overseeing all aspects of medication use. They directly interact with physicians, nurses and other medical professionals as part of the healthcare team.

Duties could include:

- reviewing patient charts.
- monitoring drug therapy.
- ensuring appropriate use of medications.
- providing information to other members of the healthcare team.
- educating patients on medication use.
- preparing specialized medication forms, such as injections.
- coordinating medication research.

WHAT DOES A COMMUNITY PHARMACIST DO?

Community pharmacists practice in your neighborhood pharmacy. In addition to providing patients with their medications, pharmacists help to manage patients' diseases through patient education, careful monitoring and observation and working closely with other members of the healthcare team.

Duties could include:

- screening for medication-related problems.
- recommending nonprescription medications.
- consulting with other healthcare professionals, such as doctors.
- counseling patients about their medications.
- answering patient questions.
- instructing patients on the proper use of medical equipment.
- preparing unique or specialized medications.

WHAT ARE THE OTHER AREAS IN WHICH PHARMACISTS CAN PRACTICE?

Pharmacists can practice in a number of nontraditional and specialized areas. These include, but are not limited to, the following:

- Government service
- Healthcare administration
- Home infusion
- Hospice
- Managed care
- Nuclear pharmacy
- Professional associations
- Education



MICHIGAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS



MICHIGAN PHARMACISTS ASSOCIATION

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*Young
Your Pharmacist*

CONTACT INFORMATION

Name _____

Date of Birth _____

Home Phone _____

Alternate Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

INSTRUCTIONS: Maintain your most current health information on this card and take it with you to each visit with healthcare providers (doctor, hospital, pharmacy, etc.) Use pencil and update this list as needed.

ALLERGY INFORMATION

Allergy	What Happened
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____

PHARMACY

Name _____ Ph. # _____

PRIMARY PHYSICIAN

Name _____ Ph. # _____

OTHER PHYSICIANS

Name _____ Ph. # _____

Name _____ Ph. # _____

VACCINATIONS

Flu _____ (date) Tetanus _____ (date)

Pneumococcal _____ (date) Other _____ (date)

WORKING TOGETHER



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