

Supplementary Figure S1. Counselling tool.

COUNSELLING TOOL

Patient's first and last name _____ Sex _____

Date of birth _____ Birthplace _____

Weight _____ Unit _____ Bed _____

Admission Date _____

THERAPY

RECOGNITION			RECONCILIATION				
Therapy	Dose	Route of administration	Therapy withdrawal	Change in therapy	No therapy interruption	New therapy	Comments

Clinical question

Pharmacological analysis