

## Teleconsultation Adherence Checklist for Blinkit only.

1. **Start every call with:** ""Hello, I am Dr. <Full Name> calling to verify your medicine order at Blinkit.".
2. **Ask for symptoms** — no leading questions (Don't state symptoms).
3. **Always confirm** drug allergies and current medications.
4. **Oral steroids should not be prescribed without prior consultation** with a doctor (for the time being, the Oral steroids are restricted at App, so the patient will not be able to add that into the cart).
5. **Injections** - have been restricted from the app. Only Approve Insulin Injections after taking the history as a refill to continuation of therapy.
6. **For ED meds** - take proper history. Do not approve if the customer has no prior prescription or is using it for the first time.
7. **Steroid ointments/cream** - Follow the protocol we are following right now.
8. **Paediatric meds** - Follow the protocols as we are following right now. Special mention to follow the protocol for cough syrups.
9. **Don't hesitate to share basic queries when asked by patient** ie. Qualification, Practice location, Experience.

### Important points to consider:

#### 1. Caregiver Approvals

Caregiver-related requests should not be approved without first speaking directly with the patient to confirm the need and ensure clinical appropriateness.

#### 2. Antibiotic Evaluation

Antibiotics must be approved only after a comprehensive clinical evaluation. They should not be authorised in cases where the prescribing doctor identifies a potential for unnecessary use or risks of longer-term adverse effects.

**3. Sensitive Medications** (Examples - Insulin, Thyroid therapy, Pregnancy, Hormones, Paediatric Medicines, etc)

All sensitive or high-risk medications should undergo a detailed clinical review. Relevant SOPs must be strictly followed to ensure safe and compliant decision-making.

**SOPs** - [Important Links MyRx Training for Doctors - Docversity](#)

**Question be be asked for Symptom Evaluation:** *Ask 2-3 specific questions based on patient complaint*

**For fever/cold/cough:**

- What's your temperature right now?
- Any chest pain or difficulty breathing?

**For headache:**

- Where exactly is the pain? (One side, both sides, front, back)
- Any vomiting, vision changes, or neck stiffness?

**For body pain/muscle pain:**

- Which part of your body hurts?
- Did you have any injury or strain?

**For acidity/stomach pain:**

- Where exactly does it hurt in your stomach?
- Any vomiting or burning sensation in the chest?

**For loose motions/diarrhoea:**

- How many times today?
- Are you able to drink water and keep it down?

**For skin rash/allergy:**

- Can you describe the rash?
  - Location specifically
- Any itching, swelling, or breathing issues?

**For period pain:**

- Is this your usual pattern or something different?
- Any unusually heavy bleeding?

**For cough/throat pain:**

- Dry cough or with phlegm?
- Any fever along with it?

**For eye problems:**

- Redness, itching, discharge, or pain?
- Any vision changes?

**For urinary issues:**

- Burning while passing urine?
- Any fever or back pain?

**For weakness/fatigue:**

- When did you last eat properly?
- Any dizziness when you stand up?

**For chronic condition (Tagged medications) follow-up:**

- When did you last check your sugar/BP levels?
- Are you taking your regular medicines properly?

**Safety Check (10 seconds)** I hope all the information that you have provided in this session is accurate and legit. Is there anything that you want me to know?

**Treatment Understanding (10 seconds)** Based on what you've told me, I've prescribed you the medication. [Do you have any questions?](#)