

**For Prescribers**

**SK Discharge/Transfer Medication Reconciliation Form**

Saskatchewan Health Authority

**Tonne, Clay**

Age: 66 yrs HSN: 123 456 789  
 DOB: 03/03/1951 MRN# 987654  
 Gender: M Admitted: Oct 30,2018

Location / Patient / Allergy Info pre-populate

Location: SHA CCU-0

Allergies: codeine [CONFUSION]

**Prescribers ONLY complete this form on Discharge to 'Home' or 'Long Term Care' as a Rx**

Patient Address: 123 Easy Street  
 My Town, SK XXX XXX

Prescription - **Discharge to Home**

Prescription - **Discharge to LTC**

Transfer Medication List- External  
 Transfer Orders - Internal

**STOP**  
 DO NOT complete RX until medication list is reconciled

Community Pharmacists: For refills beyond what is listed below, please contact family physician/nurse practitioner.

Prescriber/Community Pharmacist: "No Rx Needed" in the following table implies medication patient was taking prior to admission has not changed (dose, route frequency) and patient has supply, refills on file OR product can be acquired without a prescription (i.e. over the counter medication)

1. Active Inpatient Medications		Medication Status			1. Review current meds, identify & resolve discrepancies (MedRec) & initiate the Rx using 'continue' or 'stop'	Prescriber Orders							
Review MAR and prescriber order sheets for last 72hrs		Reconcile meds from the PIP medrec form, last MARs & Dr orders to discharge form to complete			Same as prior to admission	Adjusted in hospital	New in hospital	Comments/Rationale/Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No RX Needed	STOP
Medication	Dose / Route / Frequency	Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin											
Scheduled medications, followed by PRN active prior to discharge													
WARFARIN tab 1 MG	1 MG (1 TAB) PO DAILY Sched: 16:00			✓		Last dose- Nov 2 at 4 pm	✓	<input type="checkbox"/> 1 Month Or <b>7 days</b>					
amLODIPine BESYLATE tab 5 MG	5 MG (1 TAB) PO DAILY Sched: 09:00		✓			↑ from 2.5 mg Last dose-Nov 2 at 9 am	✓	<input checked="" type="checkbox"/> 1 Month or					
SERTRALINE tab 100 MG	100 MG (2 TABS) PO DAILY Sched: 09:00	✓				Follow up with Psychiatrist in 2 wks Last dose- Nov 2 at 9 am	✓	<input type="checkbox"/> 1 Month or			✓		
SPIRONOLACTONE tab 25 MG	**HOLD** 25 MG (1 TAB) PO DAILY		✓			Restart or <b>Stop med</b>		<input type="checkbox"/> 1 Month or					✓
Active & prn meds will pre-populate (Section 1)													
<b>PRN Medications:</b>													
DimenhyDRINATE TAB 50 MG	50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)			✓		SWO or PPO		<input type="checkbox"/> 1 Month or					
<b>Medications Ordered After Time of Printing</b>													
RANITIDINE 150 MG PO BID	Takes at 0900 and 2100			✓				<input type="checkbox"/> 1 Month or					

"Completed by" – ind. that compares documents to complete "Same as prior to admission", "Adjusted in hospital" or "New in hospital"

Completed by: Dinah Might Title RN  
 Date: November 1/18 Time: 2330

Reviewed by: Ida Care Title BSP

"Reviewed by" – ind. that confirms document is complete & identifies discrepancies to be reconciled OR if left BLANK, indicates prescriber reconciled meds & needs only to sign Authorized Prescriber box

Authorized Prescriber: \_\_\_\_\_ # \_\_\_\_\_  
Dr Al Better  
Dr Al Better (print)  
 (sign)  
 Phone #: (XXX) XXX-XXXX  
 Date: Nov 2/18  
111 Any Street My town, SK 555-0000  
Use Address for orders for narcotics, controlled substances and gabapentin

**4. Prescriber/Most Responsible Physician completing the Rx signs & dates every completed page. Exception: if there are no med orders, do not need to sign**



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**Tonne, Clay**  
Age: 66 yrs HSN: 123 456 789  
DOB: 03/03/1951 MRN#: 987654  
Admitted: Oct 30, 2018

Location: SHA CCU-0

5. Review meds not ordered or stopped on admission and 'restart' or 'stop' accordingly. Assists to communicate med changes to community pharmacy / other health services

**2. Pre-admission medications as listed on Best Possible Medication History**

RESTART pre-admission medications not ordered or stopped in hospital  
STOP pre-admission medications no longer required

Medication	Dose / Route / Frequency	Comments/Rationale/ Indication
Furosemide	20 MG PO BID	Stopped on admission

**Prescriber Orders**

Also add written quantity for narcotics, controlled substances, benzodiazepines and gabapentin

Restart	Quantity Discharge Only	Refills Discharge Only	No RX Needed	STOP
	<input type="checkbox"/> 1 Month or			✓
	<input type="checkbox"/> 1 Month or			
	<input type="checkbox"/> 1 Month or			

**3. New Medications to START after discharge**

Medication	Dose / Route / Frequency	Comments/Rationale/ Indication
Tylenol #3	1-2 tabs q4h prn for pain	10 (ten) tabs

6. 'Handwrite' all NEW meds to start AFTER discharge & complete the quantity (Rx)

**Prescriber Orders**

Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin

Quantity Discharge Only	Refills Discharge only
<input type="checkbox"/> 1 Month Or	
<input type="checkbox"/> 1 Month or	
<input type="checkbox"/> 1 Month or	

7. Cross out all blank lines after Rx is completed

**Other Medication Instructions/Comments:**

8. Review Rx to identify & resolve discrepancies (med rec). If discrepancy noted, reconcile directly onto form or prescriber will be contacted to return ASAP. If prescriber not available, s/he will need to contact the Pharmacy directly to reconcile

Copied/Faxed to:	Name of Recipient / Fax#	Date	Copied /faxed to:		
<input checked="" type="checkbox"/> Community Pharmacy	Drugs R' US 555-5555	Nov 2/18	<input type="checkbox"/> Receiving Facility		
<input type="checkbox"/> Long Term Care			<input checked="" type="checkbox"/> Family Physician/ Nurse Practitioner	Dr Al Better 555-0000	Nov 2/18
<input type="checkbox"/> Home Care			<input type="checkbox"/> Other <input checked="" type="checkbox"/> Copy to Patient		Nov 2/18

A copy of the completed Rx will be faxed to the prescriber's office for follow-up appointments

Please note: If faxed to Community Pharmacy, stamp original FAXED and retain in chart.

Completed by: Dinah Might Title RN

9. Prescriber #, Address, Phone number - completed when narcotics/controlled substances/gabapentin are ordered (Prescription Review Program)

Reviewed by: Ida Care Title BSP

Date: November 2/18 Time: 1645

Authorized Prescriber: \_\_\_\_\_ # \_\_\_\_\_

Dr Al Better  
(print)

Dr Al Better  
(sign)

Phone #: (XXX) XXX-XXXX

Date: Nov 2/18

111 Any Street My town, SK 555-0000  
Prescriber Address for orders for narcotics, controlled substances and gabapentin



# SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

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Allergies: nitrofurantoin [CONFUSION]	Patient Address:
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Prescription - Discharge to Home <input type="checkbox"/>	Prescription - Discharge to LTC <input type="checkbox"/>	Transfer Medication List - External <input type="checkbox"/>
		Transfer Orders - Internal <input type="checkbox"/>

Community Pharmacist: For refills beyond what is listed below, please contact family physician/nurse practitioner.  
 Prescriber/Community Pharmacist: "No Rx Needed" in the following tables implies medication patient was taking prior to admission has not changed (dose, route, frequency) and patient has supply, refills on file OR product can be acquired without a prescription (i.e. over the counter medication)

1. Active Inpatient Medications		Medication Status			Prescriber Orders									
Review MAR and prescriber order sheets for last 72hrs					Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin									
Scheduled medications, followed by PRN active prior to discharge		Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication					Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Medication	Dose / Route / Frequency													
<b>Scheduled Medications:</b>														
Bowel Care per Protocol	Sched:									<input type="checkbox"/> 1 month Or				
RIVAROXABAN TAB 10 MG (XARELTO)	20 MG (2 TAB) PO DAILY Sched: 17:00									<input type="checkbox"/> 1 month Or				
ATORVASTATIN tab 10 mg (LIPITOR)	20 MG (2 TAB) PO HS Sched: 21:00									<input type="checkbox"/> 1 month Or				
NITROGLYCERIN PATCH 0.4 MG	APPLY 0.4 MG (1 PATCH) DAILY 2100H, REMOVE 0900H ROTATE ADMINISTRATION SITES Sched: 21:00									<input type="checkbox"/> 1 month Or				
BISOPROLOL tab 5 mg	2.5 MG (0.5 TAB) PO DAILY Sched: 09:00									<input type="checkbox"/> 1 month Or				
amLODIPine BESYLATE tab 5 mg	5 MG (1 TAB) PO DAILY Sched: 09:00									<input type="checkbox"/> 1 month Or				
PERINDOPRIL tab 4 mg (COVERSYL)	4 mg (1 TAB) PO DAILY Sched: 09:00									<input type="checkbox"/> 1 month Or				
SPIRONOLACTONE tab 25 mg	25 mg (1 TAB) PO DAILY Sched: 09:00									<input type="checkbox"/> 1 month Or				
FUROSEMIDE tab 40 mg	40 MG (1 TAB) PO BID Sched: 09:00, 14:00									<input type="checkbox"/> 1 month Or				

Completed by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized Prescriber:	#:
_____	_____
	(print)
Phone #:	(sign)
_____	
Date:	_____
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin	

**CONFIDENTIALITY NOTICE:** The content of the communication is confidential and contains personal health information. It is intended solely for the use of the patient's health care providers. If you have received this communication in error, immediately notify the sender by return fax and destroy all originals and copies of the misdirected communication.

# SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

1. Active Inpatient Medications (continued) Review MAR and prescriber order sheets for last 72hrs		Medication Status			Prescriber Orders					
Scheduled medications, followed by PRN active prior to discharge		Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Medication	Dose / Route / Frequency									
FLUTICASONE PROPIONATE INH 250 mcg/puff	1 PUFF INHALE BID RINSE AND SPIT AFTER USE * WAIT ONE MINUTE BETWEEN PUFFS *USE AN AEROCHAMBER* Sched: 09:00, 21:00						<input type="checkbox"/> 1 month Or			
metFORMIN tab 500 mg	500 MG (1 TAB) PO TID WITH MEALS Sched: 09:00, 12:00, 17:00						<input type="checkbox"/> 1 month Or			
VITAMIN B12 tab 1000 mcg	1000 MCG (1 TAB) PO DAILY Sched: 09:00						<input type="checkbox"/> 1 month Or			
VITAMIN D tab 1000 units	1000 UNITS (1 TAB) PO DAILY Sched: 09:00						<input type="checkbox"/> 1 month Or			
<b>PRN Medications:</b>										
ACETAMINOPHEN tab 325 mg	650 MG (2 TAB) PO *OR NG/PR* Q4H PRN						<input type="checkbox"/> 1 month Or			
METOCLOPRAMIDE tab 5 mg (METONIA)	10 MG (2 TAB) PO *OR NG/IV* Q6H PRN						<input type="checkbox"/> 1 month Or			
ANTACID (MAGNESIUM/ALUMINUM) SUSP 350 mL	15 TO 30 ML PO PRN						<input type="checkbox"/> 1 month Or			
dimenhyDRINATE TAB 50 MG	12.5 TO 50 MG PO Q4H PRN *OR NG/PR/IV* Q4H PRN (CONSIDER LOWER DOSE FOR FRAIL/ELDERLY)						<input type="checkbox"/> 1 month Or			
ONDANSETRON TAB 4 MG	4 MG (1 TAB) PO *OR NG/IV* Q8H PRN (NON-SEDATING) **DISCONTINUE ON DISCHARGE**						<input type="checkbox"/> 1 month Or			
<b>Medications Ordered After Time of Printing:</b>										

Completed by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized Prescriber: _____ #:	_____
	(print)
Phone #: _____	(sign)
Date: _____	
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin	

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Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

1. Active Inpatient Medications (continued) Review MAR and prescriber order sheets for last 72hrs		Medication Status			Prescriber Orders <small>Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin</small>					
Scheduled medications, followed by PRN active prior to discharge		Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Medication	Dose / Route / Frequency									

2. Pre-admission medications as listed on Best Possible Medication History		Prescriber Orders <small>Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin</small>					
RESTART pre-admission medications not ordered or stopped in hospital STOP pre-admission medications no longer required		Comments / Rationale / Indication	Restart	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Medication	Dose / Route / Frequency						
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			
				<input type="checkbox"/> 1 month Or			

Completed by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized Prescriber: _____	#: _____
(print)	
(sign)	
Phone #: _____	
Date: _____	
<small>Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin</small>	

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 Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

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3. NEW medications to START after discharge			Prescriber Orders	
			Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin	
Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Quantity Discharge Only	Refills Discharge Only
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	
			<input type="checkbox"/> 1 month Or	

**Other Medication Instructions/Comments:**

Copied/Faxed to:	Name of Recipient / Fax #	Date	Copied/Faxed to:	Name of Recipient / Fax #	Date
<input type="checkbox"/> Community Pharmacy			<input type="checkbox"/> Receiving Facility		
<input type="checkbox"/> Long Term Care			<input type="checkbox"/> Family Physician/ Nurse Practitioner		
<input type="checkbox"/> Home Care			<input type="checkbox"/> Other <input type="checkbox"/> Copy to patient		

**Please note: If faxed to Community Pharmacy, stamp original FAXED and retain in chart.**

Completed by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized Prescriber: _____	#: _____
_____ (print)	
Phone #: _____	(sign)
Date: _____	
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin	

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