ealth information. It is intended solely for the use of the patient's health

fax and destroy all originals and copies of the misdirected communication.

Page **1** of **2**

For Prescribers

Tonne, Clay Age: 66 vrs **HSN**: 123 456 789 SK Discharge/Transfer Medication Reconciliation Form DOB: 03/03/1951 MRN# 987654 Saskatchewan Health Authority Gender: M Admitted: Oct 30,2018 Location / Patient / Allergy Info pre-populate Location: SHA CCU-0 Prescribers ONLY complete this Patient Address: 123 Easy Street Allergies: codeine [CONFUSION] form on Discharge to 'Home' or My Town, SK XXX XXX STOP 'Long Term Care' as a Rx **DO NOT** complete Transfer Medication List- External RX until Prescription - Discharge to Home Prescription - Discharge to LTC Transfer Orders - Internal 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 precription (i.e. over the counter medication) 1. Review current meds, 1. Active Inpatient Medications Prescriber Orders Medication identify & resolve Review MAR and prescriber order sheets for last 72hrs Also add written quantity for narcotics, Status discrepancies (MedRec) controlled substances, benzodiazepines, Reconcile meds from the PIP medrec form, last and gabapentin & initiate the Rx using MARs & Dr orders to discharge form to complete in hospital 'continue' or 'stop' Same as prior to admission Adjusted In hospital Continue Quantity Discharge Only Refills STOP Scheduled medications, followed by PRN active prior to discharge X 5 No F Comments/Rationale/ New Dose / Route / Frequency Medication Indication ☐ 1 Month Last dose-1 MG (1 TAB) PO DAILY WARFARIN tab 1 MG day Sched: 16:00 Nov2 at 4 pm amLODIPine BESYLATE tab 5 MG 5 MG (1 TAB) PO DAILY from 2.5 mg 1 Month Sched: 09:00 Last dose-Nov 2 at 9 am Follow up with 1 Month 100 MG (2 TABS) PO DAILY SERTRALINE tab 100 MG Psychiatrist in 2 wks Sched: 09:00 Last dose- Nov 2 at 9 am 1 Month **HOLD** 25 MG (1 TAB) PO SPIRONOLACTONE tab 25 MG Restart or Stop med DAILY 1 1 Month Active & prn meds will pre-populate (Section 1) 2. Complete "Quantity" **PRN Medications:** for **EVERY** medication using tickbox "1Month" OR Dimenhy DRINATE TAB 50 MG 50 MG (1TAB) PO PRN (OR MAY SWO or PPO GIVE IV-SEE ALTERNATE ORDER) indicate specific amount OR "No Rx needed". "Refills" are optional. 3. Record med **Medications Ordered After Time of Printing** changes in hospital, **Rx CAN ONLY BE** follow-up appt's or RANITIDINE 150 MG PO BID COMPLETED by other pertinent med Takes at 0900 and 2100 authorized prescribersverbal/phone orders not "Completed by" - ind. that compares documents to complete "Same acceptable as prior to admission", "Adjusted in hospital" or "New in hospital" Authorized Prescriber: Dinah Might Title RN Dr Al Better Completed by: 4. Prescriber/Most Responsible (print) Physician completing the Rx Date: November 1/18 Time: 2330 Dr Al Better signs & dates every completed (sign) page. Exception: if there are no Phone #: (XXX) XXX-XXXX med orders, do not need to sign Nou 2/18 Ida Care Title BSP Date: Reviewed by: Any Street My town, SK 555-0000 "Reviewed by" - ind. that confirms document is complete & identifies discrepancies

to be reconciled OR if left BLANK, indicates prescriber reconciled meds & needs only

Printed on: 2016/11/01 with job id#. 13355184

to sign Authorized Prescriber box

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SK Discharge/Transfe Saskatchewan Health Aut	er Medication Reconciliat	ior	า F	orı	m [-
Location: SHA YRH 1E E1	02-01				i.					Э
Allergies: nitrofurantoin [C	ONFUSION]	P	ati	ent	Address:					
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Scheduled medications, follow	ved by PRN active prior to discharge Dose / Route / Frequency	Same as prior to admission	Adjusted in hosptial	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Scheduled Medications:										
Bowel Care per Protocol	Sched:						☐1 month Or			
RIVAROXABAN TAB 10 MG (XARELTO)	20 MG (2 TAB) PO DAILY Sched: 17:00						☐1 month Or			
ATORVASTATIN tab 10 mg (LIPITOR)	20 MG (2 TAB) PO HS Sched: 21:00						□1 month Or			
NITROGLYCERIN PATCH 0.4 MG	APPLY 0.4 MG (1 PATCH) DAILY 2100H, REMOVE: _ 0900H ROTATE ADMINISTRATION SITES Sched: 21:00						□1 month Or			
BISOPROLOL tab 5 mg	2.5 MG (0.5 TAB) PO DAILY Sched: 09:00						□1 month Or			
amLODIPine BESYLATE tab 5 mg	5 MG (1 TAB) PO DAILY Sched: 09:00						□1 month Or			
PERINDOPRIL tab 4 mg (COVERSYL)	4 mg (1 TAB) PO DAILY Sched: 09:00						□1 month Or			
SPIRONOLACTONE tab 25 mg	25 mg (1 TAB) PO DAILY Sched: 09:00						□1 month Or			
FUROSEMIDE tab 40 mg	40 MG (1 TAB) PO BID Sched: 09:00, 14:00						□1 month Or			
				Г						
Completed by: Signa	ature Title			P	Authorized Prescriber:		#:			_
Date:	Time:			-				***************************************	(prin	t)
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Date:

Title

Time:

Version: BDM.2.14

Date:

Reviewed by:

Signature

Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

Active Inpatient Medications (continued) Review MAR and prescriber order sheets for last 72hrs							Prescri	oer O	rders	
Review MAR and prescribe	er order sheets for last 72hrs	Medication Status			Also add written quantity for narcoti controlled substances, benzodiazeg and gabapentin					ics, pines,
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Medication	Dose / Route / Frequency	Same as prior to admission	Adjusted in	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
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						□1 month Or			
metFORMIN tab 500 mg	500 MG (1 TAB) PO TID WITH MEALS Sched: 09:00, 12:00, 17:00						□1 month Or			
VITAMIN B12 tab 1000 mcg	1000 MCG (1 TAB) PO DAILY Sched: 09:00						□1 month Or			
VITAMIN D tab 1000 units	1000 UNITS (1 TAB) PO DAILY Sched: 09:00						□1 month Or			
PRN Medications:						_				
ACETAMINOPHEN tab 325 mg	650 MG (2 TAB) PO *OR NG/PR* Q4H PRN						□1 month Or			
METOCLOPRAMIDE tab 5 mg (METONIA)	10 MG (2 TAB) PO *OR NG/IV* Q6H PRN						□1 month Or			
ANTACID (MAGNESIUM/ALUMINUM) SUSP 350 mL	15 TO 30 ML PO PRN						□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)						□1 month Or			
ONDANSETRON TAB 4 MG	4 MG (1 TAB) PO *OR NG/IV* Q8H PRN (NON-SEDATING) **DISCONTINUE ON DISCHARGE**						☐1 month Or			
Medications Ordered After	Time of Printing:									-
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		Authorized Prescriber:	#:
Signature	Title		
Date:	Time:		(print)
		Phone #:	(sign)
Signature	Title	Date:	
Pate:	Time:	Prescriber Address for orders for narcoti and gabapentin	cs, controlled substances, benzodiazepines,
	Signature	Signature Title	Signature Title Pate: Time: Signature Title Date: Prescriber Address for orders for parcets

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Version: BDM.2.14

SK Dischar Saskatchewa	rge/Transfer I\ an Health Author	<i>l</i> ledication I	Reconciliat	tioi	n F	or	m [
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SK Discharge/Transfer Medication Reconciliation Form Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

3. NEW medicati	ons to START after disc	charge		***************************************			ber Orders
						Also add written of controlled substate and gabapentin	uantity for narcotics, nces, benzodiazepine
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☐ Community Pharmacy			☐ Receiv	ing Facility			
☐ Long Term Care			☐ Family Nurse I	Physician/ Practitioner			
☐ Home Care			☐ Other ☐ Copy to	patient			
Please note: If fax	ed to Community Pha	rmacy, st	tamp origi	nal FAXED	and retain i	n chart.	
_			7	Authorized F	rescriber:	#:	
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	Signature	Title		Date:			
Date:	Time:		F	Prescriber Address for	r orders for narcotics, co	ontrolled substances	s, benzodiazepines,

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and gabapentin

Time:

Version: BDM.2.14