SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA VIC 2ICU 2-1

Vacation, Mexico

Age:	27 yrs	**HSN:**	103432353
DOB:	21/02/1991	**MRN:**	006240653
Gender:	M	**Admitted:**	Jan 29, 2018

Allergies: No Known Drug Allergy

Patient Address:

Prescription - Discharge to Home ☐

Prescription - Discharge to LTC ☐

Transfer Medication List - External ☐
Transfer Orders - Internal ☐

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

1. Active Inpatient Medications

Review MAR and prescriber order sheets for last 72hrs

Scheduled medications, followed by PRN active prior to discharge

Medication	Dose / Route / Frequency	Medication Status: Same as prior to admission	Medication Status: Adjusted in hosptial	Medication Status: New in hospital	Comments / Rationale / Indication	Prescriber Orders: Continue	Prescriber Orders: Quantity Discharge Only	Prescriber Orders: Refills Discharge Only	Prescriber Orders: No Rx Needed	Prescriber Orders: STOP
Scheduled Medications:										
CLOPIDOGREL BISULFATE tab 75 MG (PLAVIX)	**75 MG (1 TAB) PO DAILY Sched: 09:00**						☐ 1/12 Or			
PRN Medications:										
ACETAMINOPHEN tab 325 mg	**325 MG (1 TAB) PO Q6H PRN *MAX 4G TOTAL ACETAMINOPHEN PER 24 HOURS***						☐ 1/12 Or			
dimenhyDRINATE tab 50 mg	**50 MG (1 TAB) PO Q4H PRN**						☐ 1/12 Or			
Medications Ordered After Time of Printing:										
							☐ 1/12 Or			
							☐ 1/12 Or			
							☐ 1/12 Or			
							☐ 1/12 Or			
							☐ 1/12 Or			

Completed by: Signature Title

Date: Time:

Reviewed by: Signature Title

Date: Time:

Authorized Prescriber: **#:**

(print)

(sign)

Phone #:

Date:

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

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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	Prescriber Orders: Restart	Quantity (Discharge Only)	Refills (Discharge Only)	No Rx Needed	STOP
COUMADIN 2 MG TABLET	**take one tablet DAILY**			☐ 1/12 Or			
GABAPENTIN 300 MG CAPSULE	**take one capsule THREE TIMES DAILY**			☐ 1/12 Or			
GABAPENTIN 400 MG CAPSULE	**take one capsule THREE TIMES DAILY**			☐ 1/12 Or			
COUMADIN 1 MG TABLET	**take one tablet once DAILY**			☐ 1/12 Or			
COUMADIN 4 MG TABLET	**take one tablet once DAILY**			☐ 1/12 Or			
ELAVIL 10 MG TABLET	**take 4 tablets AT BEDTIME**			☐ 1/12 Or			
TEVA-NITROFURANTOIN 50 MG CAP	**take one capsule DAILY**			☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			
				☐ 1/12 Or			

Completed by: Signature Title

Date: Time:

Reviewed by: Signature Title

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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**
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	
			☐ 1/12 Or	

Other Medication Instructions/Comments:

Copied/Faxed to:	**Name of Recipient / Fax #**	**Date**	**Copied/Faxed to:**	**Name of Recipient / Fax #**	**Date**
☐ Community Pharmacy			☐ Receiving Facility		
☐ Long Term Care			☐ Family Physician/ Nurse Practitioner		
☐ Home Care			☐ Other ☐ 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)

(sign)

Phone #:

Date:

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