

RPN, RN, LPN, Pharm, Pharm Tech (Regulated) or Prescriber  
 Prescriber only

**SK Discharge/Transfer Medication Reconciliation Form**  
 Saskatchewan Health Authority

Location: SHA YRH CCU-04

**Tonne, Clay**

Age: 66 yrs      HSN: 123 456 789  
 DOB: 03/03/1951      MRN#: 987654  
 Gender: M      Admitted: May 1, 2018

Allergies: Codeine

Location / Patient / Allergy Info  
 Pre-populates on top

Patient Address:

123 Easy Street  
 Yorkton, SK XXX XXX

Patient Destination: Check ONE

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. <b>Active Inpatient Medications</b> Review MAR and prescriber order sheets for last 72hrs	Medication Status			Comments / Rationale / Indication	Prescriber Orders				
	Same as prior to admission	Adjusted in hospital	New in hospital		Continue	Quantity Discharge Only	Refills Discharge Only	No RX Needed	STOP
Scheduled medications, followed by PRN active prior to discharge									
Medication	Dose/Route/ Frequency								
<b>Scheduled Medications:</b>									
Warfarin TAB 1 MG	1 MG (1 TAB) PO DAILY Sched: 16:00			✓	Last dose - May 6 at 4 pm	✓	1/12 Or 7 days		
RAMIPRIL CAP 5 MG	5 MG (1 CAP) PO DAILY Sched: 09:00				↑ from 2.5 mg Last dose - May 7 at 9 am	✓	1/12 or		
FLUOXETINE CAP 40 MG	40 MG (1 CAP) PO DAILY Sched: 09:00			✓	Follow up with Psychiatrist in 2 wks Last dose - May 7 at 9 am	✓	1/12 or		✓
ACETAMINOPHEN TAB 325 MG	650 MG (2 TABS) PO DAILY						1/12 or		✓
<b>PRN Medications:</b>									
DimenhydrINATE TAB 50 MG	50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)				PPD				
<b>Medications Ordered After Time of Printing:</b>									
RANITIDINE 150 MG PO BID	Take at 0900 and 2100						1/12 or		

Active & prn meds pre-populate (Section 1)

1. Discharge ONLY - reviews active meds, identifies & resolves discrepancies (MedRec) prior to 'continue' or 'stop'

1. Transfers/Discharges- Compare med list to the last MAR(s), last 72 hrs of prescriber orders & the initial BPMH AND indicate status of each med as 'Same as prior to admission', 'Adjusted in hospital' OR 'New in hospital'

2. Transfers/Discharges- Clinicians &/or prescribers records all pertinent medication info in this area

3. Discharge ONLY- completes Rx with quantity using '1/12' tickbox or a specified amount for every med. If appropriate, "mark" the 'no Rx needed' column. Refills are optional.

3. Transfers/Discharges- "handwrite" any orders received after form was printed & 'status' in blank lines provided

4. Transfers/Discharges- ind. comparing the BPMH, MARs & Dr order sheets to the DTMR form & completing med status columns & comments signs, dates & times on every page

4. Discharges ONLY- Prescriber/Most Responsible Physician completing the Rx will sign, date & provide ph # on every completed page. Exception: if there are no med orders, do not need to sign

Completed by: Dinah Might RN  
 Date: May 7/18 Time: 1400

Reviewed by: Ida Care RN  
 Date: May 7/18 Time: 1545

Authorized Prescriber: #: XXXXX  
Dr Al Better (print)  
Dr Al Better (sign)  
 Phone #: (xxx) XXX-XXXX  
 Date: May 7/18  
 111 Any Street Yorkton, SK

5. Transfers/Discharges- 'countersigned' by ind. confirming document is complete & identifies any discrepancies to be reconciled OR if left BLANK, indicates prescriber reconciled meds & needs only to sign Authorized Prescriber box

Page numbers pre-populate. Change accordingly & include all blank pages when faxing/copying!

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**SK Discharge/Transfer Medication Reconciliation Form**  
Saskatchewan Health Authority

Location: SHA YRH CCU-04

Site specific: Meds  
'stopped'/'held' from BPMH  
may prepopulate (Section 2)

**Tonne, Clay**

Age: 66 yrs  
DOB: 03/03/1951  
Gender: M

HSN: 123 456 789  
MRN#: 987654  
Admitted: May 1,2018

**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
Furosemide TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200

**5. Record any pertinent info for preadmission meds 'held or stopped'**

Comments / Rationale / Indication  
e.g. of use:  
-restart Warfarin on discharge  
- stop NSAID due to GI Bleed

*Held in hospital*

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"/> 1/12 or			<input checked="" type="checkbox"/>

**7. Discharge Only-Reviews med list and completes the Rx**

**3. NEW medications to START after discharge**

**5. Discharges only- 'handwrite' all NEW meds to start AFTER discharge & complete the quantity (Rx)**

Medication	Dose / Route / Frequency	Comments / Rationale / Indication
<i>Tylenol #3</i>	<i>1-2 tabs q4h prn for pain</i>	<i>Ten tabs</i>

Prescriber Orders	
Also add written quantity for narcotics, controlled substances, benzodiazepines and gabapentin	
Quantity Discharge Only	Refills Discharge only
<input type="checkbox"/> 1/12 Or <i>10 tabs</i>	
<input type="checkbox"/> 1/12 Or	

**6. Cross out all blank lines after Rx is completed OR if patient is a transfer to another acute site (this section is not completed)**

**Other Medication Instructions/Comments:**

**6. Transfers/Discharges-Before** faxing Rx or sending med list on transfer-Review current meds & Rx to identify and resolve discrepancies (med rec). If discrepancy noted, contact prescriber to return and reconcile directly on the form. If prescriber is not available, provide description of "unresolved discrepancies" in "Comments" to inform Community Pharmacy/ other services of discrepancy & prescriber will need to contact the Pharmacy directly to reconcile the Rx.

Copied/Faxed to:	Name of Recipient/Fax#	Date	Copied /faxed to:	Name of recipient/Fax#	Date
<input checked="" type="checkbox"/> Community Pharmacy	<i>Drugs R' US 555-5555</i>	<i>May 7/18</i>	<input type="checkbox"/> Receiving Facility		
<input type="checkbox"/> Long Term Care			<input checked="" type="checkbox"/> Family Physician/ Nurse Practitioner	<i>Dr Al Better 555-0000</i>	<i>May 7/18</i>
<input type="checkbox"/> Home Care			<input type="checkbox"/> Other <input checked="" type="checkbox"/> Copy to patient		<i>May 7/18</i>

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

**7. Select destination, enter recipient(s) name and date faxed. NOTE: FAX Rx directly from acute care to Comm'ty Pharm or directly from Prescriber office to Pharmacy. A 'fax' of a 'faxed' prescription is not legal (ie. Site A→Site B→Site C). A copy of the completed Rx from prescriber's office also needs to be faxed back to acute care site to retain in patient chart.**

Authorized Prescriber: *Dr Al Better* #: XXXXX

*Dr Al Better*

Phone #: (xxx) XXX-XXXX

Date: *May 7/18*

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

Prescriber # / address is completed when narcotics, controlled substances, benzodiazepines, gabapentin are ordered (Prescription Review Program requirement)

Reviewed by: *Ida Care RN*  
Date: *May 7/18* Time: *1545*