

For Prescribers

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: Nov 1, 2017

Location / Patient / Allergy Info
 Pre-populates on top

Allergies: Codeine

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

Patient Address: 123 Easy Street
 Yorkton, SK XXX X



DO NOT complete RX until medication list is reconciled

Prescription - Discharge to home

Prescription - Discharge to LTC

Transfer Medication I
 Transfer Orders – Int

Community Pharmacists: For refills, please contact family physician/nurse practitioner.

1. Active Inpatient Medications
 Review Mar(s) and order Sheets for last 72hrs

Active & prn meds will pre-populate (Section 1)

Medication Status

1. Review current meds, identifies & resolves discrepancies (MedRec) & initiates the Rx using "stop" or "continue"

Prescriber Orders

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

Medication	Dose/Route/ Frequency	Same as prior to admission	Adjusted In hospital	New in hospital	Comments/Rationale	Continue	STOP	Quantity Discharge Only	Refills Discharge Only	No RX Needed
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled medications, followed by PRN active prior to discharge										
COUMADIN TAB 1 MG	1 MG (1 TAB) PO DAILY Sched: 16:00	<input checked="" type="checkbox"/>			Last dose- Nov 2 at 4 pm	<input checked="" type="checkbox"/>		<input type="checkbox"/> 1/12 Or 7 days		
RAMIPRIL CAP 5 MG	5 MG (1 CAP) PO DAILY Sched: 09:00		<input checked="" type="checkbox"/>		↑ from 2.5 mg Last dose-Nov 3 at 9 am	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 1/12 or		
FLUOXETINE CAP 40 MG	40 MG (1 CAP) PO DAILY Sched: 09:00	<input checked="" type="checkbox"/>			Follow up with Psychiatrist in 2 wks Last dose- Nov 3 at 9 am	<input checked="" type="checkbox"/>		<input type="checkbox"/> 1/12 or		<input checked="" type="checkbox"/>
ACETAMINOPHEN TAB 325 MG	650 MG (2TABS) PO DAILY			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/> 1/12 or		
<p>Nursing/Pharmacy will reconcile the medications from the PIP med rec form, last 24 hrs of MARS & Dr orders to the discharge form.</p>										
<p>PRN Medications:</p>										
Dimenhydrinate TAB 50 MG	50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)			<input checked="" type="checkbox"/>	SWD or PPO			<input type="checkbox"/> 1/12 or		
<p>Medications Ordered After Time of Printing</p>										
RANITIDINE 150 MG PO BID	Takes at 0900 and 2100			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 1/12 or <input type="checkbox"/> 1/12 Or		

3. "Comments" Column can be used to record follow-up appts for med reviews/Rx with regular GP or other pertinent med info

2. Quantity needs to be completed for EVERY medication using tickbox "1/12" OR indicate specific amount OR "No new Rx needed" Refills are optional.

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

Reviewed by: Dinah Might RN

Date: November 1/17 Time: 1400

Authorized Prescriber:
 Dr Al Better

(print)
 Dr Al Better

(sign)
 Prescriber #: XXXXXX

Date: Nov 1 /17

Time: 1540

Reconciled by: Dinah Might RN

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

Yorkton, SK 555-0000
 s for narcotics, controlled substances and gabapentin
 on. It is intended solely for the use of the patient's
 d destroy all originals and copies of the misdirected

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Age: 66 yrs HSN: 123 456 789
DOB: 03/03/1951 MRN# 987654
Gender: M Admitted: Nov 1, 2017

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

2. New Medications to START after discharge			Prescriber Orders	
Medication	Dose /Route/Frequency	Comments/Rationale	Quantity Discharge Only	Refills Discharge only
Tylenol #3	1-2 tabs q4h prn for pain	Ten tabs	<input type="checkbox"/> 1/12 Or 10 tabs	
			<input type="checkbox"/> 1/12 or	
			<input type="checkbox"/> 1/12	

7. Cross out all blank lines after Rx is completed

3. Pre-admission medications as listed on Best Possible Medication History (Continued)		7. Don't forget: Review med list (Section #3) and complete		Prescriber Orders			
Medication	Dose/Route/Frequency	Comments/Rationale	Restart	STOP	Quantity Discharge Only	Refills Discharge Only	No RX Needed
RESTART pre-admission medications not ordered or stopped in hospital STOP pre-admission medications no longer required		e.g. of use: -restart Warfarin on discharge - stop NSAID due to GI Bleed					
Furosemide TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200	Held in hospital		✓	<input type="checkbox"/> 1/12 or		
					<input type="checkbox"/> 1/12 or		
					<input type="checkbox"/> 1/12 or		

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

Other Medication Instructions/Comments:

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

Copied/Faxed to:	Name of Recipient/Fax#	Date		Date
<input checked="" type="checkbox"/> Community Pharmacy	Drugs R' US 555-5555	Nov 3/17	<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 3/17
<input type="checkbox"/> Home Care			<input checked="" type="checkbox"/> Other	Copy to patient Nov 3/17

Please note: If faxed to Community Pharmacy, Stamp original copy "FAXED", record date and retain in chart.

Reviewed by: Dinah Might RN

Authorized Prescriber:
Dr Al Better (print)
Dr Al Better (sign)
Prescriber #: XXXXXX
Date: Nov 1 17 Time: 1540
111 Any Street Yorkton, SK 555-0000
Prescriber Address for orders for narcotics, controlled substances and gabapentin

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

Reconciled by: Dinah Might RN

Date: November 1/17 Time: 1545