

For Prescribers

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA YRH CCU-04

Location / Patient / Allergy Info
Pre-populates on top

Tonne, Clay

Age: 66 yrs HSN: 123 456 789

DOB: 03/03/1951 MRN# 987654

Gender: M Admitted: Oct 30,2018

Allergies: Codeine

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 XX



DO NOT complete RX until medication list is reconciled

Prescription - Discharge to home

Prescription - Discharge to LTC

Transfer Medication
Transfer Orders – Int

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

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

Medication Status

1. Review current meds, identify & resolve discrepancies (MedRec) & initiate the Rx using 'continue' or 'stop'

Prescriber Orders

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

Medication	Dose / Route / Frequency	Same as prior to admission	Adjusted in hospital	New in hospital	Comments/Rationale/ Indication	Continue	Quantity		Refills	No RX Needed	STOP
							Discharge Only	Discharge Only			
WARFARIN 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 <i>7 days</i>	<input type="checkbox"/>			
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	<input type="checkbox"/>			
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 type="checkbox"/> 1/12 or			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRN Medications:											
Dimenhydrinate TAB 50 MG	50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)			<input checked="" type="checkbox"/>	SWO or PPO						
Medications Ordered After Time of Printing											
RANITIDINE 150 MG PO BID	Takes at 0900 and 2100			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/> 1/12 or <input type="checkbox"/> 1/12 Or				

Reconcile the medications from the PIP med rec form, last MARs & Dr orders to the discharge form to complete columns

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 Rx needed" Refills are optional.

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

Completed by: Dinah Might Title RN
Date: November 1/18 Time: 0830

Authorized Prescriber:
Dr Al Better (print)
Dr Al Better (sign)
Phone #: (XXX) XXX-XXXX
Date: Nov 2 / 18

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

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

Street My town, SK 555-0000
Press for orders for narcotics, controlled substances and gabapentin

health information. It is intended solely for the use of the patient's return fax and destroy all originals and copies of the misdirected

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DOB: 03/03/1951

HSN: 123 456 789
MRN# 987654

Admitted: Oct 30, 2018

Location: SHA YRH CCU-04

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

Prescriber Orders

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

RESTART pre-admission medications not ordered or stopped in hospital STOP pre-admission medications no longer required	Medication	Dose / Route / Frequency	Comments/Rationale/ Indication e.g. of use: -restart Warfarin on discharge - stop NSAID due to GI Bleed	Restart	Quantity Discharge Only	Refills Discharge Only	No RX Needed	STOP
	Furosemide	20 MG PO BID	Stopped on admission		<input type="checkbox"/> 1/12 or			✓
					<input type="checkbox"/> 1/12 or			
					<input type="checkbox"/> 1/12 or			

3. New Medications to START after discharge

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

Medication	Dose / Route / Frequency	Comments/Rationale/ Indication	Quantity Discharge Only	Refills Discharge only
Tylenol #3	1-2 tabs q4h prn for pain	10 (ten) tabs	<input type="checkbox"/> 1/12 Or	
			<input type="checkbox"/> 1/12 or	
			<input type="checkbox"/> 1/12 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 on the form or prescriber will be contacted to return asap. If prescriber not available, s/he will need to contact the Pharmacy directly to reconcile the Rx.

Copied/Faxed to:	Name of Recipient / Fax#	Date	Copied /faxed to:	A copy of the completed Rx will be faxed to the prescriber's office for follow-up appointments	
<input checked="" type="checkbox"/> Community Pharmacy	Drugs R' US 555-5555	Nov 3/18	<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 3/18
<input type="checkbox"/> Home Care			<input type="checkbox"/> Other <input checked="" type="checkbox"/> Copy to Patient		Nov 3/18

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

Completed by: Dinah Might Title RN

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

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

Reviewed by: Ida Care Title BSP

Date: November 2/18 Time: 1545