## SK Discharge/Transfer Medication Reconciliation Form | Vacation, Mexico 27 yrs HSN: Saskatchewan Health Authority Age: 103432353 DOB: 21/02/1991 MRN: 006240653 Location: SHA VIC 2ICU 2-1 Gender: M Admitted: Jan 29, 2018 Allergies: No Known Drug Allergy Patient Address: Transfer Medication List - External Prescription - Discharge to Home Prescription - Discharge to LTC **Transfer Orders - Internal** Community Pharmacists: For refills beyond what is listed below, please contact family physician/nurse practitioner. **Active Inpatient Medications Prescriber Orders** Medication Also add written quantity for narcotics, Review MAR and prescriber order sheets for last 72hrs Status controlled substances, benzodiazepines and gabapentin Quantity Discharge Only Scheduled medications, followed by PRN active prior to discharge New in hospital Continue Adjusted in hosptial No Rx Needed Same as prior admission STOP Comments / Rationale / Indication Medication Dose / Route / Frequency Scheduled Medications: □1/<sub>12</sub> CLOPIDOGREL BISULFATE tab 75 MG (1 TAB) PO DAILY Or 75 MG (PLAVIX) Sched: 09:00 **PRN Medications:** □1/<sub>12</sub> **ACETAMINOPHEN tab 325 mg** 325 MG (1 TAB) PO Q6H PRN \*MAX 4G TOTAL **ACETAMINOPHEN PER 24 HOURS\* 1**/<sub>12</sub> dimenhyDRINATE tab 50 mg 50 MG (1 TAB) PO Q4H PRN **Medications Ordered After Time of Printing: □**½₂ Or Or U1/12 Or **□**½<sub>2</sub> **Authorized Prescriber:** Completed by: Signature (print) Date: Time: (sign) Phone #:

**CONFIDENTIALITY NOTICE:** The content of the communication is confidential and contains personal health information. It is intended solely for the use of the patient's health care providers. **If you have received this communication in error, immediately notify the sender by return fax** and destroy all originals and copies of the misdirected communication.

Date:

Prescriber Address for orders for narcotics, controlled substances, benzodiazepines

Title

Time:

Reviewed by:

Date:

Signature

Version: BDM.2.11.Draft Printed on: 2018-Apr-26 at 11:39:01 with job id#:35606526 Page 1 of 3

## SK Discharge/Transfer Medication Reconciliation Form Vacation, Mexico Saskatchewan Health Authority

Location: SHA VIC 2ICU 2-1

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

2.	Pre-admission medica				Prescriber Orders				
	Possible Medication H	listory		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			Comments / Rationale / Indication	Restart	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP	
	Medication	Dose / Route / Frequency		Res	Qua	Re	Nee	ST	
COI	JMADIN 2 MG TABLET	take one tablet DAILY			□1⁄ <sub>12</sub> Or				
GAI	BAPENTIN 300 MG CAPSULE	take one capsule THREE TIMES DAILY			□1⁄ <sub>12</sub> Or				
GAI	BAPENTIN 400 MG CAPSULE	take one capsule THREE TIMES DAILY			□1⁄ <sub>12</sub> Or				
COI	JMADIN 1 MG TABLET	take one tablet once DAILY			□1⁄ <sub>12</sub> Or				
COI	JMADIN 4 MG TABLET	take one tablet once DAILY			□1⁄ <sub>12</sub> Or				
ELA	VIL 10 MG TABLET	take 4 tablets AT BEDTIME			□1⁄ <sub>12</sub> Or				
TEV	A-NITROFURANTOIN 50 MG	take one capsule DAILY			□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1/ <sub>12</sub> Or				

					Authorized Prescriber:	#:		
Completed by	<i>'</i> :	Signature		Title				
	Date:		Time:			(print)		
					Phone #:	(sign)		
Reviewed by:		Signature		Title	Date:			
	Date:	Time:			Prescriber Address for orders for narcotics, controlled substances, benzodiazepin and gabapentin			

CONFIDENTIALITY NOTICE: The content of the communication is confidential and contains personal health information. It is intended solely for the use of the patient's health care providers. If you have received this communication in error, immediately notify the sender by return fax and destroy all originals and copies of the misdirected communication.

## SK Discharge/Transfer Medication Reconciliation Form Vacation, Mexico Saskatchewan Health Authority

Location: SHA VIC 2ICU 2-1

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

3. NEW medicatio			Prescribe	r Orders					
		_			Also add written qual controlled substance and gabapentin	ntity for narcotics, s, benzodiazepines,			
Medication	Dose / Route / Freque	ency	Comments / Rat	tionale / Indication	Quantity Discharge Only	Refills Discharge Only			
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1⁄ <sub>12</sub> Or				
					□1/ <sub>12</sub> Or				
					□1/ <sub>12</sub> Or				
					□1/ <sub>12</sub> Or				
Copied/Faxed to:	Name of Recipient / Fax #	Date	Copied/Faxed to: Name of Reci		ipient / Fax #	Date			
☐ Community Pharmacy			☐ Receiving Facility	ceiving Facility					
☐ Long Term Care			Family Physician/ Nurse Practitioner						
☐ Home Care			☐ Other☐ Copy to patient						
Please note: If fax	Please note: If faxed to Community Pharmacy, stamp original FAXED and retain in chart.								
Completed by:	Signature	Title	Authorize	d Prescriber:	#:				
						(print)			
<u>Date:</u>	Time:		Phone #:			(sign)			
Reviewed by:	Signature	Title	Date:						
Date: Time:			Prescriber Addre	Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapantin					

CONFIDENTIALITY NOTICE: The content of the communication is confidential and contains personal health information. It is intended solely for the use of the patient's health care providers. If you have received this communication in error, immediately notify the sender by return fax and destroy all originals and copies of the misdirected communication.