

Medication Reconciliation Workshop

Prepared by the Saskatchewan Health Authority - Yorkton Area

Reviewed by the Patient Safety Unit, Ministry of Health, SK, June 2018



Saskatchewan
Health Authority

Objectives

1. **Concept of Medication Reconciliation (MedRec)**
2. **MedRec is team work**
3. **Accessing a patient's medication profile**
4. **MedRec processes and provincial forms**
5. **MedRec compliance audits**



Medication Discrepancies

Imagine

You come into the hospital wearing size 32 grey pants, a red shirt, blue shoes, and a black belt....



ismp
CANADA

safer healthcare
now!

www.saferhealthcarenow.ca

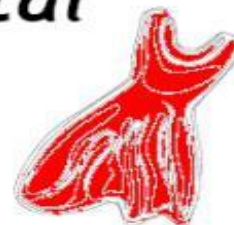
Adapted with permissions from ISMP Canada

Concept of Medication Reconciliation (MedRec)

ISMP Medication Discrepancies

You leave the hospital

...wearing a red dress



A blue shirt ...



No belt



... and a size 32 grey brief!



Adapted with permissions from ISMP Canada

ISMP Medication Discrepancies

What happened?

- Unintentional Discrepancy
 - Ordered a grey brief instead of grey pants
 - Forgot to reorder your belt
- Undocumented Intentional Discrepancy
 - Blue a better colour for you so substituted in place of red shirt but nobody was told
- Intentional Discrepancy
 - Everyone told you that you had the legs for a dress so we replaced your pants



Adapted with permissions from ISMP Canada

What is Medication Reconciliation (MedRec)?

“Medication Reconciliation is a formal process in which healthcare providers work together with patients, families, and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. Medication reconciliation requires a systematic and comprehensive review of all the medications a patient is taking to ensure that medications being added, changed or discontinued are carefully evaluated. It is a component of medication management and will inform and enable prescribers to make the most appropriate prescribing decisions for the patient.”

[Institute for Safe Medication Practices Canada (ISMP) & Canadian Patient Safety Institute (CPSI)]



What is MedRec?

Continued

MedRec is:

- an Accreditation Canada Required Organizational Practice (ROP)
- Key action in the Ministry of Health Plan for 2018-19
- An element in the Connected Care Strategy

Why MedRec?



**To improve patient safety
by preventing and/
eliminating any adverse
drug events on:**

- Admission**
- Transfer and**
- Discharge**

True Patient Story

BACKGROUND INFORMATION:

- In April 2017, a 30-yr-old diabetic female patient, CW, with acute coronary syndrome was discharged from the cardiac unit following a Coronary Artery Bypass Graft x 6 stents in March. She started on Ticagrelor (prevents clots when used with Aspirin) in hospital.
- CW experienced repeated excessive nose bleeds resulting in Ticagrelor being discontinued and a notation to be reviewed later on.
- Her post-operation course was further complicated by acute kidney injury and required hemodialysis. She received four treatments prior to being discharged home.
- Arrangements were made to continue hemodialysis 3x/week at the receiving acute care site following her discharge from the tertiary centre.
- At the time of the patient's discharge: Aspirin, Ticagrelor, Lasix, an ACE inhibitor, Beta Blocker and insulin as well as some other meds were indicated on the Discharge Summary, but not dispensed.

What went wrong?

True Patient Story continued...

RESULT:

- Patient went *10 days without taking any of her prescribed meds* including Ticagrelor, until it was discovered during her dialysis treatments at the receiving site while **performing MedRec** for new patients. It took the nurses and pharmacy three separate visits with CW to fully determine her medication regimen with numerous follow up calls to the discharging unit and physician
- Fortunately, due to MedRec, there was no harm to this patient and meds were resumed.

IDENTIFIED ISSUES:

- The discharging facility did not perform MedRec on discharge / transfer.
- Discharging physician intentionally utilized a document outside of its intended use as a discharge prescription and caused confusion.
- CW was unknowingly without meds for 10 days—lack of a clear prescription and counselling
- Limited amount of information was shared with the receiving hemodialysis unit—medication info received **did not match**. CW is quiet and shy and did not ask any questions about her medications or treatments.

Why MedRec? It saved this patient's life!

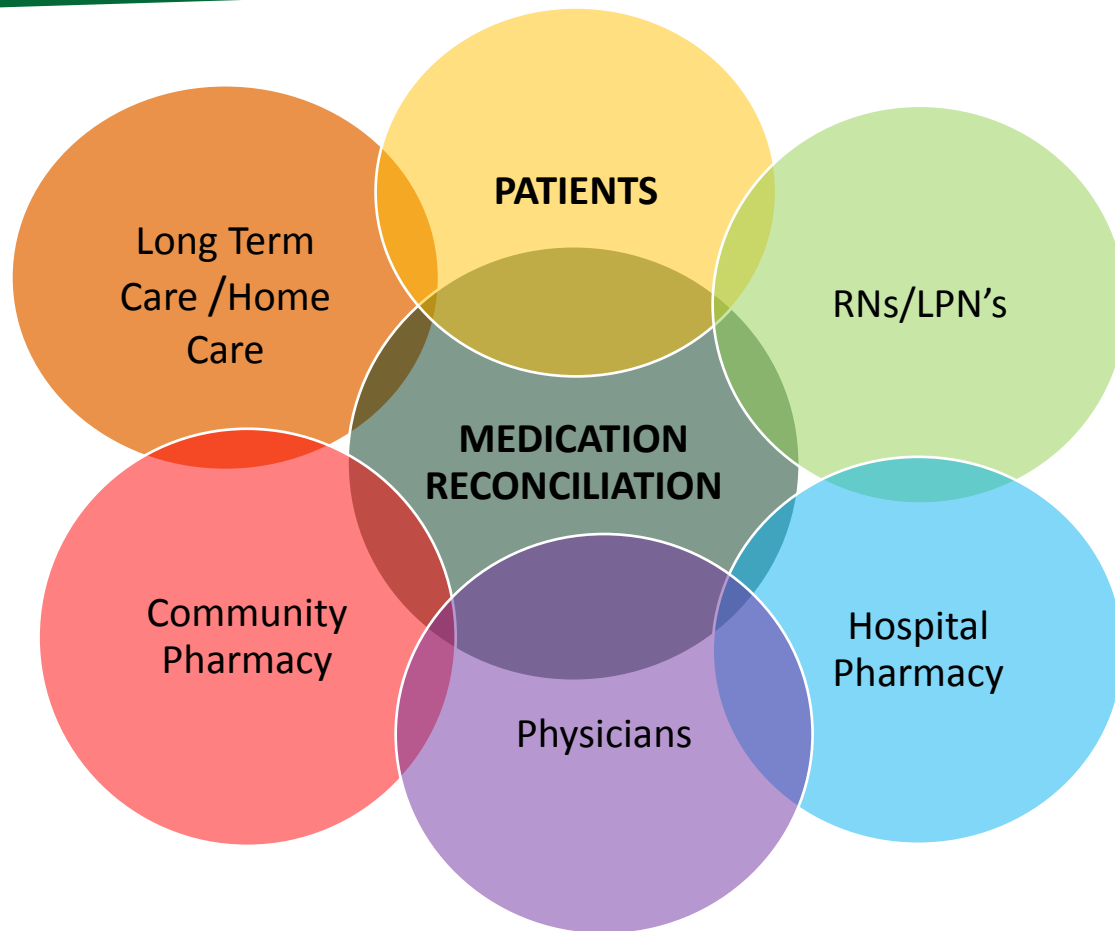


Medication Safety Statistics

- Research suggests that more than 50% of clients have at least one discrepancy between the medications they take at home with those a physician or nurse practitioner orders upon admission to hospital.
- A Canadian family health team office reported that when charts of patients on 4 or more medications were audited, only 1 of 86 EMR based medication lists was accurate when compared to a comprehensive patient interview/medication history collection (Barber et al., 2013).
- A 2011 report states that the total cost of preventable, drug-related hospitalizations is about \$2.6 billion per year (Hohl et al)
- A review of published articles found that 10-67% of patients had at least ONE prescription medication history error, when non-prescription medications were included, the frequency of errors was 25-83%
- 12% of patients don't fill their prescription at all
- 12% of patients don't take medication at all after they fill the Rx
- 22% of patients take less of the medication than prescribed

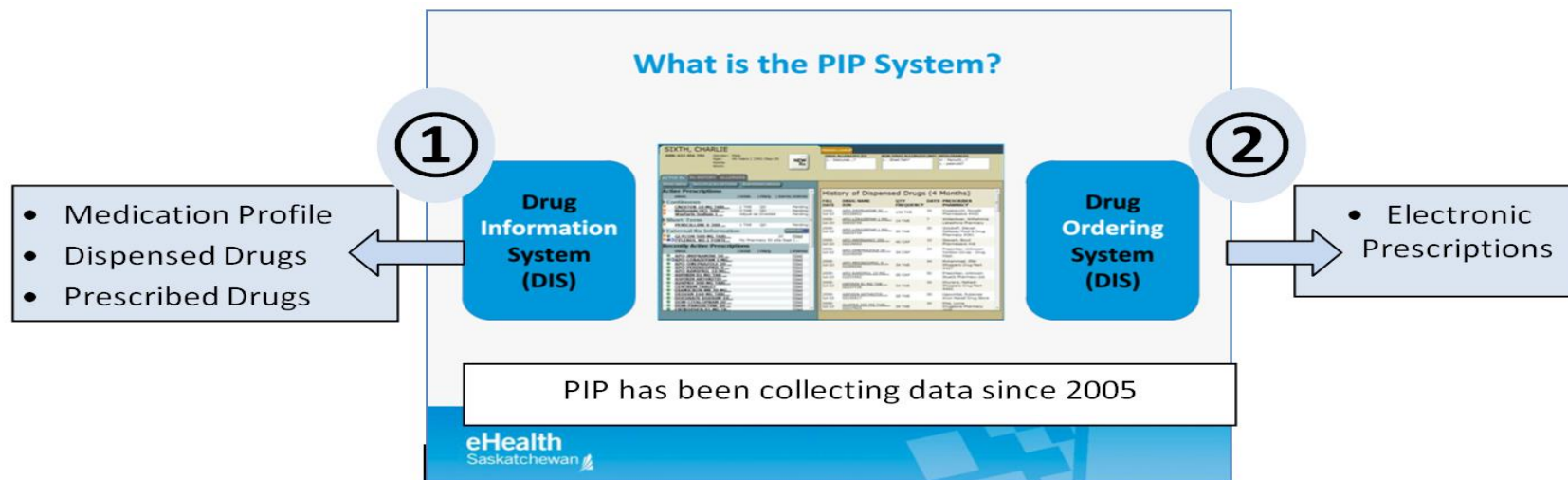
(Safer Healthcare Now- Canadian Medication Reconciliation Quality Audit-2015 Recap Report)

Who is Responsible for MedRec?




- Performing MedRec involves **multidisciplinaries** working together as a **TEAM** for the patient, as they move through the transitions of care.

What is the Pharmaceutical Information Program (PIP)?



Who has a PIP Profile?

All people registered with **Saskatchewan Health** and the **Department of Indian and Northern Affairs** who are **Saskatchewan residents**



eHealth Saskatchewan

This block contains the text 'Who has a PIP Profile?' followed by a description of eligible individuals: 'All people registered with Saskatchewan Health and the Department of Indian and Northern Affairs who are Saskatchewan residents'. To the right is a photograph of a healthcare professional in a pink uniform sitting on a couch and talking to a patient. The eHealth Saskatchewan logo is at the bottom.

The PHN numbers from other provinces along with the RCMP and Canadian Armed Forces number are not provided directly from these sources.

The only time we have identifiers from these other sources is when individuals have used these identifiers in a Saskatchewan hospital and the hospital has in turn provided these identifiers to us.

This block contains two paragraphs of text. The first paragraph states: 'The PHN numbers from other provinces along with the RCMP and Canadian Armed Forces number are not provided directly from these sources.' The second paragraph states: 'The only time we have identifiers from these other sources is when individuals have used these identifiers in a Saskatchewan hospital and the hospital has in turn provided these identifiers to us.'

Screenshots courtesy of eHealth

Accessing a patient's medication profile



The Data NOT in PIP

- ASA (for most pts) / OTC meds (for most pts) / samples (unless entered by prescriber)
- Meds dispensed in other provinces
- Cancer, Tuberculosis, & STI drugs (dispensed through agency not Community Pharmacies)
- Meds ordered/given in hospital
- Supplies such as needles, areo chambers, etc (exception: diabetic strips will appear)

Screenshot courtesy of eHealth

Accessing a patient's medication profile

Accessing a Patient's PIP/Medication Profile Online:

• 3 available options:

1. Pharmaceutical Information Program (PIP)

Register for a PIP account and /or login with an existing account at:

https://pip.ehealthsask.ca/PIN_GUI/login.do?operation=prepareLogin

The image shows two screenshots. The left screenshot is the PIP login page, with the text 'pharmaceutical information program' circled in red. The right screenshot shows a patient's medication profile for 'SIXTH, CHARLIE'. The profile includes sections for 'Active Prescriptions', 'External Rx Information', 'Recently Active Prescriptions', and 'History of Dispensed Drugs (4 Months)'. The 'History of Dispensed Drugs' table is as follows:

FILL DATE	DRUG NAME	QTY	FREQUENCY	DAYS	PRESCRIBER PHARMACY
2008-3-23	APO-INSURASINE 50	136 TAB	34		Kassabovitch, Ramad Pharmasave #433
2008-3-23	0220682				Wildebein, Wilhelmine Lakeshore Pharmacy
2008-3-23	0055759	14 TAB	7		Gulshuff, Steven Safeway Food & Drug Pharmacy #241
2008-3-23	0055759	30 TAB	30		Gulshuff, Steven Safeway Food & Drug Pharmacy #241
2008-3-23	0229452	40 CAP	10		Sheart, Boyd Pharmasave 416
2008-3-23	0229452	34 CAP	34		Prescriber, Unknown Yorkton Co-op Drug Disp
2008-3-23	0229296	34 TAB	34		Muhammad, Iffat Shoppers Drug Mart #427
2008-3-23	0225152	35 CAP	50		Prescriber, Unknown Shuck Pharmacy Ltd.
2008-3-23	0227726	34 TAB	34		Khurana, Mahesh Shoppers Drug Mart #403
2008-3-23	0219417	28 TAB	28		Ugavumba, Sukanya Asian Retail Drug Store
2008-3-23	0227925	34 TAB	34		Pink, Lorne Drugstore Pharmacy Ltd.

2. Health Record Viewer (eHR Viewer)

Access PIP through a tab on www.ehealthsask.ca/services/ehrViewer

3. Sunrise Clinical Manager (SCM)

View the patient's eHR Viewer profile through "Medications" tab in SCM.

Screenshots courtesy of eHealth

Accessing a patient's medication profile

The PIP Medication Reconciliation Form



Who can print?

Who receives the copy?

When is it printed?

eHealth
Saskatchewan

Weight: _____ kg
 Calculate Actual
Height: _____ cm
 Estimate Actual

HEALTH REGION

CONFIDENTIALITY NOTICE: The content of this 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, please notify the sender immediately and destroy all original and copies of the misdirected communication.

PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM
Keep this form with the Prescriber Orders - Must not be thrown from patient chart.

List all additional prescription, over-the-counter, and herbal medications the patient is taking below. Upon completion, cross out any empty lines to prevent additions. Select the appropriate checkbox at the bottom of table when finished the page. If you require more space, photo-copy this page as many times as necessary AND manually update page numbers on ALL pages of form as necessary (when form fully complete).

Medication Name	Date	Route	Frequency	Time/Date of Last Dose	Continue	Change	STOP	Comments/Rationale

No Preadmission Medications

Comments / Concerns / Follow-up: _____
Prescriber: _____ (print)
Signature: _____ (sign)
Date: _____ Time: _____

Completed by: _____ Signature _____ Title _____ Date: _____ Time: _____
Reviewed by: _____ Signature _____ Title _____ Date: _____ Time: _____
Forms Communication: Initial beside action(s) completed.
Processed _____ Faxed _____ MAR _____

More complete PIP information is available via the PIP website (GUR) and the EHR Viewer.

Source of Medication List (check all that apply)
 Patient / Family MAR from other facility Medication vials or list Pharmacy Other _____

Disposition of Patient's Medication on Admission:
 Locked up in Nursing Unit Sent home with _____ Not brought to hospital

Medication list begins on next page

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health.
Page 1 of 3

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No Preadmission Medications

Comments / Concerns / Follow-up: _____
Prescriber: _____ (print)
Signature: _____ (sign)
Date: _____ Time: _____

Completed by: _____ Signature _____ Title _____ Date: _____ Time: _____
Reviewed by: _____ Signature _____ Title _____ Date: _____ Time: _____
Forms Communication: Initial beside action(s) completed.
Processed _____ Faxed _____ MAR _____

End of medication list OR Medication list continues on next page.

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health.
Page 2 of 3

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No Preadmission Medications

Comments / Concerns / Follow-up: _____
Prescriber: _____ (print)
Signature: _____ (sign)
Date: _____ Time: _____

Completed by: _____ Signature _____ Title _____ Date: _____ Time: _____
Reviewed by: _____ Signature _____ Title _____ Date: _____ Time: _____
Forms Communication: Initial beside action(s) completed.
Processed _____ Faxed _____ MAR _____

End of medication list OR Medication list continues on next page.

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health.
Page 3 of 3

*minimum 3 page form

Screenshots courtesy of eHealth

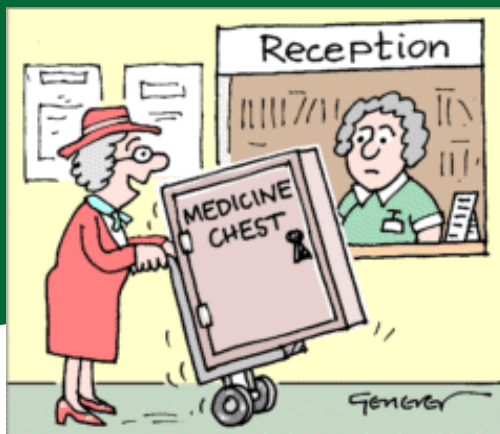
Accessing a patient's medication profile



MedRec on 'Admission'

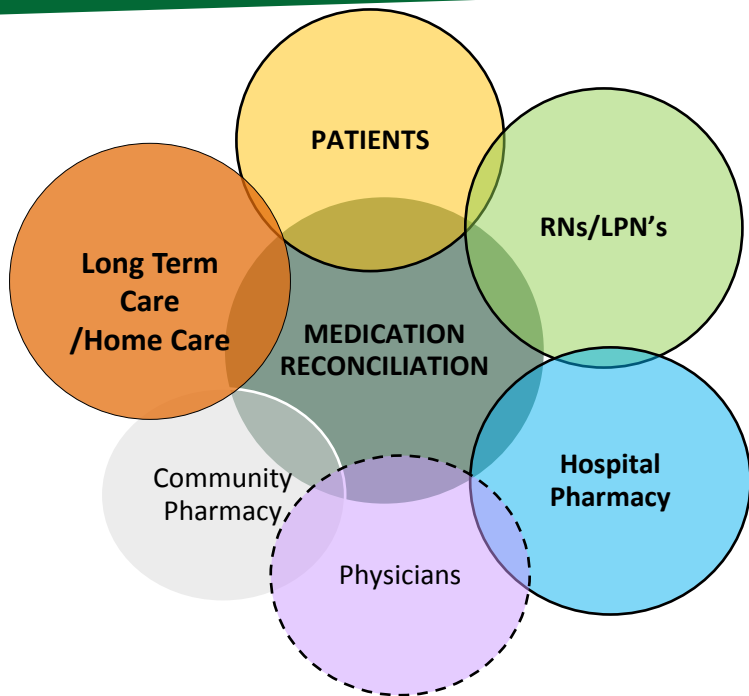
“When a person is formally accepted into a facility, MedRec is done at the time of admission that results in a BPMH (Best Possible Medication History), orders and a medication administration record (MAR)”.

(from the Ministry of Health Definitions 2017)



MedRec on 'Admission'

- 3-step process:



PIPTEST, JJ
2316 MONTREAL ST
REGINA, Saskatchewan
S0N 3E0
HSN: 210 123 109

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM
Keep this form with the Prescriber Orders - Must not be thrown from patient chart.

Medication Name	Dose	Route	Frequency	Start Date	End Date	Time / Date of Last Dose	Prescriber Orders			
							Continue	Change	STOP	
ERYTHROMYCIN TABLET (Erythromycin Base)										
2016-Mar-26 Physician: Conform2 (MD)										
ERYC 333 MG CAPSULE EC (Erythromycin Base)		Oral								
2016-Mar-26 Physician: Conform2 (MD)										
MIRAPROPRIDE CAPSULE (Imipenem HCL)										
2016-Apr-25 Physician: Conform2 (MD)										
FAMOTIDINE TABLET (Famotidine)		Oral								
2016-Apr-25 Physician: Conform2 (MD)										
VENOFEN HFA 100 MCG INHALER (Salbutamol Sulfate)		Oral								
2016-Apr-25 Physician: Conform2 (MD)										
NICORETTE MG/16 HFCA (Nicotine Transdermal Patch)										
2016-Apr-25 Physician: Conform2 (MD)										

Medication list continues on next page.

Comments / Concerns / Notes: _____

Prescriber: _____ (print)

Date: _____ Time: _____

Completed by: _____ Title: _____ Date: _____ Time: _____
Reviewed by: _____ Title: _____ Date: _____ Time: _____

Form Communication: Initial beside action(s) completed.
Processed: _____ Faxed: _____ MAR _____

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health on 2016-Apr-27.
Page 2 of 5

“The Best Possible Medication History (BPMH) is a ‘snapshot’ of the patient’s actual medication use, which may be different from what is contained in their records. This is why the patient involvement is vital.”

(from Getting Started Kit by ISMP and CPSI)

MedRec on 'Admission'

Step 1: Collecting the BPMH

Height & Weight: patient size significant when ordering meds (ie Pediatrics) &/or for renal function. Record in **METRIC units ONLY!**

Allergies: recorded on regional Allergy document & stamp

List of ISMP unacceptable/acceptable abbreviations when recording the BPMH & prescribing

A patient interview is the first source of info. Suggested to use at least **ONE other reliable source as well**. Mark ALL that apply

Disposition of meds (location)

Example, Patient
Box 123
Yorkton, SK
HSN: 000 000 000

Weight: 45 kg
 Estimate Actual

Height: 152 cm
 Estimate Actual

Addressograph/Label

Sunrise HEALTH REGION

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PREADMISSION MEDICATION LIST / PRESCRIPTIONS
Keep this form with the Prescriber Orders - Must not be thinned from patient chart.

Allergy/Intolerance Information
 Allergy/intolerance information reviewed with patient/designate and recorded.
• If not, state reason:
 No known allergies/intolerances
 Refer to regional allergy/intolerance document, as per regional policy

Drug Allergies	Non-Drug Allergies
Drug Intolerances	Non-Drug Intolerances

See Allergy & Intolerance Record

List of Unacceptable/Acceptable Abbreviations for Prescribing

DO NOT USE	USE THIS	DO NOT USE	USE THIS	DO NOT USE	USE THIS
OD, QD or qd	daily	U, IU, u	unit	> or <	greater than or less than
D/C	discharge or discontinue	cc	mL	trailing zero (x.0 mg)	Never use zero by itself after a decimal
QOD or qod	every other day	µg	mcg	lack of leading zero (.x mg)	Always use a zero before a decimal point if amount less than one
drug name abbreviations	write generic drug name	@	at	OS, OD, OU	left eye, right eye, both eyes

List all prescription, over-the-counter, and herbal medications the patient is taking on the next page. Review each medication with patient/designate to ensure completeness.

More complete PIP information is available via the PIP website (GUI) and the EHR Viewer.

Source of Medication List (check all that apply)
 Patient / Family MAR from other facility Medication vials or list Pharmacy _____ Other _____

Disposition of Patient's Medication on Admission:
 Locked up in Nursing Unit Sent home with: _____ Not brought to hospital

Medication list begins on next page

MedRec on 'Admission'

Step 1: Collecting the BPMH con't

Printed PIP MedRec forms only list meds dispensed in the past 4 months

Medication:
Generic & Trade Name

Strength Dispensed
(not *necessarily* prescribed)

Dispensing Date (bold font)

Route

Prescribers Name

If the same med (both generic & strength) are dispensed more than once in the past 4 months &/or filled by multiple providers—only the latest entry will show

Addressograph/Label

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PREAMMISSION MEDICATION LIST / PRESCRIBER ORDER FORM
Keep this form with the Prescriber Orders - Must not be lifted from patient chart.

List all additional prescription, over-the-counter, and herbal medications the patient is taking below. Upon completion, cross out any empty lines to prevent additions. Select the appropriate checkbox at the bottom of table when finished the page. If you require more space, photo-copy this page as many times as necessary AND manually update page numbers on ALL pages of form as necessary (when form fully complete).

Medication Name <input type="checkbox"/> No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders			Comments/Rationale
					Continue	Change	STOP	
TARO-WARFARIN 1 MG TABLET (Warfarin Sodium) 2018-Sep-01 Doe, John (MD)	1 mg	Oral	Every other Day	1600 Sept 7/16			X	Held until
Comments: Alternates warfarin 2mg vs 3mg								
TARO-WARFARIN 2 MG TABLET (Warfarin Sodium) 2018-Sep-01 Doe, John (MD)	2 mg	Oral	Daily	1600 Sept 7/16			X	INR < 3
Comments: Alternates warfarin 2mg vs 3mg								
TEVA-SPIRONOLACTONE 25 MG TABLET (Spironolactone) 2018-Jul-07 Doe, John (MD)	12.5mg	Oral	Daily	0800 Sept 7/16	X			
CRIC-ADOLLAR 7.1% OINT (Vitamin E/Acetylsalicylic Acid/Zinc Oxide/Pyrrolidone White) 2018-Aug-22 /Rin, Tess (Pharm)		Topical						
WALBURNIN 0.4% TRANSDERMAL PATCH (Nitroglycerin) 2018-Jun-01 Reedy, Bob (RNND)	0.4mg	Transdermal	On @ HS off in AM	0800 Sept 6/16		X		↑ to 0.8mg
LATANOPROST TIMOLOL EYE DROPS (Latanoprost/Timolol Maleate) 2018-Sep-01 Thibbs, Revenue (OPT)	1 drop each eye	Ophthalmic	@ bedtime	2200 Sept 6/16	X			

End of medication list OR Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: [Signature] Title: RN Date: Sept 7/16 Time: 1730
Reviewed by: [Signature] Title: MD Date: Sept 7 Time: 1800
Date: Sept 7 Time: 18:00

Form Communication: Initial beside action(s) completed.
Processed [Signature] Faxed [Signature] MAR [Signature]

Prescriber:
John Doe (print)
[Signature] (sign)
Date: Sept 7 Time: 18:00

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Page 2 of 3

MedRec on 'Admission'

Step 1: Collecting the BPMH con't

Record medication dose, frequency, time/date of last dose & comments **as the patient takes it at home-** MAY BE DIFFERENT than what was prescribed!

empty lines to prevent additions. Select the appropriate checkbox at the bottom of table when finished the page. If you require more space, photo-copy this page as many times as necessary AND manually update page numbers on ALL pages of form as necessary (when form fully complete).

Medication Name	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders			Comments/Rationale
					Continue	Change	STOP	
<input type="checkbox"/> No Pre-admission Medications								
TARO-WARFARIN 1 MG TABLET (Warfarin Sodium) 2016-Sep-01 Doc: John (MD)	1 mg	Oral	Every other Day	1600 Sept 7/16			<input checked="" type="checkbox"/>	Hold until
Comments: Alternates Warfarin 2mg vs 3mg								
TARO-WARFARIN 2 MG TABLET (Warfarin Sodium) 2016-Sep-01 Doc: John (MD)	2 mg	Oral	Daily	1600 Sept 7/16			<input checked="" type="checkbox"/>	TWAR < 3
Comments: Alternates Warfarin 2mg vs 3mg								
TEVA-SPIRONOLACTONE 25 MG TABLET (Spironolactone) 2016-Jul-07 Doc: John (MD)	12.5mg	Oral	Daily	0800 Sept 7/16			<input checked="" type="checkbox"/>	
CRITIC-AID Ointment (Menthol, Eucalyptus, Dimethylacetone, Zinc Oxide, Petroleum White) 2016-Aug-22 Rita Teak (Pharm)		Topical						
MYLAN-NITRO 0.4 MG/HR PATCH (Nitroglycerin) 2016-Jun-01 Randy Rae (RNPP)		Transdermal	On @ HS	0800 Sept 7/16			<input checked="" type="checkbox"/>	↑ to 0.8mg
LATANOPROST TIMOLOL DROPS (Latanoprost/Timolol) 2016-Sep-01 Theresa Brennan (OPT)							<input checked="" type="checkbox"/>	

Draw a wavy line through any med that is completed (ie. Antibiotics).

DO NOT CROSS off any meds that the patient reports as "stop taking on their own". Write comments for the prescriber to review accordingly

"X" if "End of med list" OR "meds continued on next page"

"Completed by" is the ind. that OBTAINS THE BPMH. Sign every page!

"Reviewed by" signed by the ind. that reviews for discrepancies.

End of medication list OR Medication list continues on next page.

Comments: Provide any general comments in this section (ie. Pt has dementia-unable to provide thorough history)

Completed by: [Signature] Title: TRN Date: Sept 7/16 Time: 1730

Reviewed by: [Signature] Title: TRN Date: Sept 7/16 Time: 1800

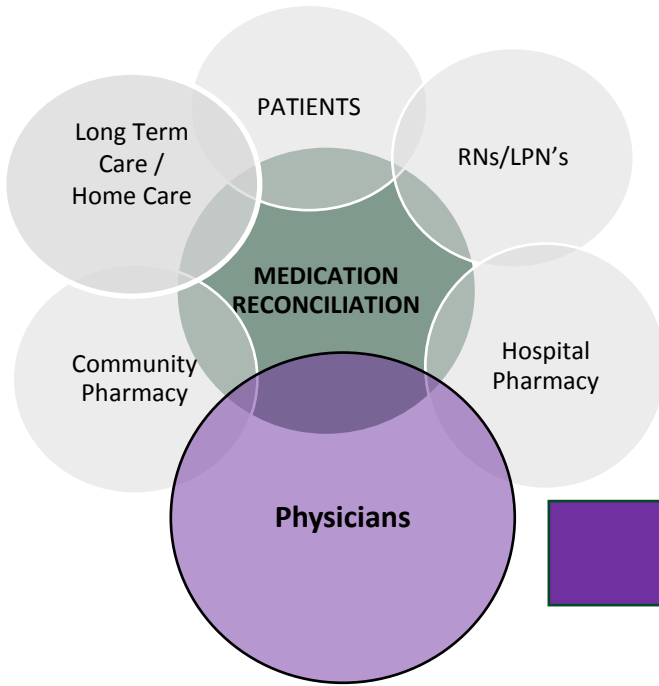
Forma Communication: Initial beside action(s) completed.
Processed Sept 7/16 Fared DJ MAR DJ

Prescriber: John Doe (print)
[Signature] (sign)
Date: Sept 7 Time: 18:00

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health on 2016-Sept-07
Page 2 of 3

MedRec on 'Admission'

Step 2 : Admitting Orders



PROFESSOR, J.D.
2316 MONTREAL ST
REGINA, Saskatchewan
S4Y 3C5
MSN: 210 723 199

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM
Keep this form with the Prescriber Orders. Must not be removed from patient chart.

Medication Name	Dose	Route	Interval	Time / Date of Last Dose	Continue	Change	STOP	Comments / Milestones
ERYTHROMYCIN 350MG TABLET (Erythromycin Base)		Oral						
2016-Mar-26 Provisional, Confirmed, Meds								
ERYC 300 MG CAPSULE EC (Erythromycin Base)								
2016-Jan-19 Provisional, Confirmed, Meds								
MINOCYCLINE 50 MG CAPSULE (Minocycline HCL)								
2016-Apr-26 Provisional, Confirmed, Meds								
FAMCICLOVIR 250 MG TABLET (Famciclovir)		Oral						
2016-Mar-27 Provisional, Confirmed, Meds								
VALIUM 10 MG TABLET (Valium)		Oral						

Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: _____ Date: _____ Time: _____
Reviewed by: _____ Date: _____ Time: _____

Form Completion: Initial health action(s) completed:
Placed by: _____ Parent: _____ MR: _____

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Page 2 of 8

Step #1: BPMH

Step #2: ADMITTING ORDERS (Prescribers)

MedRec on 'Admission'

Step 2 : Admitting Orders



• Ordering 'Meds as at home' or 'Meds as per PIP' without completing the BPMH on the PIP MedRec Form is **NOT AN ACCEPTABLE ORDER**

4. Reviewed by: Signed by the nurse, pharmacist or prescriber that **COMPARES** the BPMH, prescriber orders & **RECONCILES** any discrepancies, including title, date & time

Sunrise HEALTH REGION

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List all additional prescription, over-the-counter, and herbal medications the patient is taking below. Upon completion, cross out any empty lines to prevent additions. Select the appropriate checkbox at the bottom of table when finished the page. If you require more space, photo-copy this page as many times as necessary **AND** manually update page numbers on ALL pages of form as necessary (when form fully complete).

Medication Name <input type="checkbox"/> No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders			Comments/Rationale
					Continue	Change	STOP	
TARO-WARFARIN 1 MG TABLET (Warfarin Sodium) 2016-Sep-01 Dose: John (MD)	1 mg	Oral	Every other day	1600 Sept 7/16			X	Hold until
TARO-WARFARIN 2 MG TABLET (Warfarin Sodium) 2016-Sep-01 Dose: John (MD)	2 mg	Oral	Daily	1600 Sept 7/16			X	INR < 3
TEVA-SPIRONOLACTONE 25 MG TABLET (Spironolactone) 2016-Jul-07 Dose: John (MD)	12.5 mg	Oral	Daily	0800 Sept 7/16	X			
CRITIC-ALUCLEAR 7.16% OINT (Mianserin Hydrochloride) 2016-Aug-22 Dose: Tessa (Pharm)		Topical						
MYLAN-NITRO 0.4 MG/HR PATCH (Nitroglycerin) 2016-Jun-01 Dose: Rae (RNNP)	0.4 mg	Transdermal	On @ HS off in AM	0800 Sept 6/16			X	↑ to 0.8 mg
LATANOPROST TIMOLOL EYE DROPS (Latanoprost/Timolol Maleate) 2016-Sep-01 Dose: Rebecca (OPT)	1 drop each eye	Ophthalmic	@ bedtime	2200 Sept 6/16	X			

End of medication list OR Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: [Signature] Date: Sept 7/16 Time: 1730
Reviewed by: [Signature] Date: Sept 7/16 Time: 1800

Form Communication: Initial bedside action(s) completed.
Processed [Signature] Faxed [Signature] MAR [Signature]

Prescriber: [Signature] (print)
[Signature] (sign)
Date: Sept 7 Time: 18:00

1. **Review the BPMH**
*If a dosage, frequency or route is missing- Prescribers **SHOULD NOT WRITE ORDERS** till info obtained or it is a discrepancy!

2. Order **EACH** medication to continue, change or stop

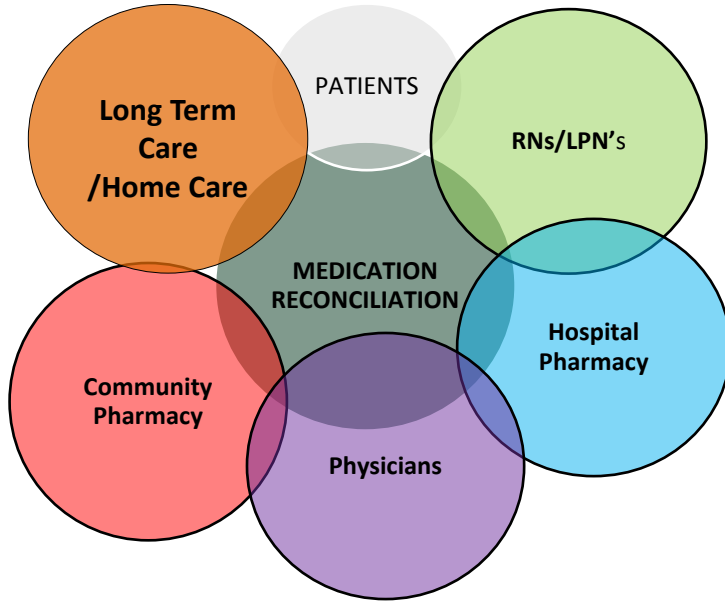
2 Medication order changes **AND/OR** rationale for changing or stopping a medication are recorded in the "Comments" for communication to other disciplines

3. Prescribers **MUST** print and sign name, record date and time to **EACH** page

EXCEPTION: if there are no meds ordered on the **LAST** page no signature is required

MedRec on 'Admission'

Step 3: Evaluation



REVIEW THE BPMH AND COMPARE TO THE PHYSICIAN ORDERS AND RECONCILE ANY DISCREPANCIES

– this is the whole intent of the MedRec process!

MedRec processes and provincial forms

PIRTEST, JJ
2316 MONTREAL ST
REGINA, Saskatchewan
S0H 3E0
HSN: 210 123 109

HEALTH REGION

Addressograph

CONFIDENTIALITY NOTICE: The content of this 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, please notify the sender immediately and destroy all originals and copies of the misdirected communication.

PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM
Keep this form with the Prescriber Orders - Must not be thinned from patient chart.

Medication Name	Dose	Route	Interval	Time / Date of Last Dose	Prescriber Orders			
					Continue	Change	STOP	
ERYTHROMYCIN 250MG TABLET (Erythromycin Base)		Oral						Comments / Rationale
2016-Mar-26 Physician, Conform2 (MD)								
ERYC 333 MG CAPSULE EC (Erythromycin Base)		Oral						
2016-Jan-16 Physician, Conform2 (MD)								
MINOCYCLINE 50 MG CAPSULE (Minocycline HCL)		Oral						
2016-Apr-25 Physician, Conform2 (MD)								
FAMCICLOVIR 250 MG TABLET (Famciclovir)		Oral						
2016-Mar-07 Physician, Conform2 (MD)								
VENTOLIN HFA 100 MCG INHALER (Salbutamol Sulfate)		Oral						
2016-Mar-26 Physician, Conform2 (MD)								
CHRYSLER INVISIPA 25 MG PIR (Nicotine)		Oral						
2016-Apr-05 Physician, Conform2 (MD)								

Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: _____ Signature _____ Title _____ Date: _____ Time: _____

Reviewed by: _____ Signature _____ Title _____ Date: _____ Time: _____

Form Communication: Initial beside action(s) completed.
Processed _____ Faxed _____ MAR _____

Prescriber: _____ (print)
_____ (sign)
Date: _____ Time: _____

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health on 2016-Apr-27.
Page 2 of 5

MedRec on 'Admission'

Step 3: Evaluation

PIPTEST, CC
1806 2ND AVE N
SASKATOON, Saskatchewan
S0J 0G0
HSN: 210 123 036

Addendum

Addressograph

Sunrise HEALTH REGION

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM
Keep this form with the Prescriber Orders - Must not be thinned from patient chart

List all additional prescription, over-the-counter, and herbal medications the patient is taking below. Upon completion, cross out any empty lines to prevent additions. Select the appropriate checkbox at the bottom of table when finished the page. If you require more space, photo-copy this page as necessary AND manually update page numbers on ALL pages of form as necessary (when form fully complete).

Medication Name <input type="checkbox"/> No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders			Comments/Rationale
					Continue	Change	STOP	
Domperidone	10 mg	po	daily			<input checked="" type="checkbox"/>		take 10mg tid
Comments: Correction - PT reports taking 10mg TID, not once a day as ordered								
Comments:								
Comments:								
Comments:								
Comments:								

End of medication list OR Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: Aimah night Date: Sept 7/16 Time: 2105

Reviewed by: Aimah night Date: Sept 7/16 Time: 2230

Form Communication: Initial bedside action(s) completed
Processed MM Faxed MM MAR MM

Prescriber: John Doe (print)
[Signature] (sign)
Date: Sept 7/16 Time: 2145



MedRec on 'Admission'

Step 3: Evaluation

HEALTH REGION

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM
Keep this form with the Prescriber Orders - Must not be thinned from patient chart.

Medication Name	Dose	Route	Interval	Time / Date of Last Dose	Prescriber Orders			Comments / Rationale
					Continue	Change	STOP	
APO-AMOXI CLAV 500 TABLET (Amoxicillin Trihydrate/Potassium Clavulanate)		Oral						
TEVA-AMIODARONE 200 MG TAB (Amiodarone HCL)	200 mg	Oral	QD	May 19 11:00				Addendum 1/2 tab 3 times daily
OLESTYR 4 G/9 G POWDER PACKET (Cholestyramine/Sucrose)		Oral						
TEVA-CLONIDINE 0.1 MG TABLET (Clonidine HCL)		Oral						Addendum pt taking 0.1 mg BID
MYLAN-NITRO 0.8 MG/HR PATCH (Nitroglycerin)	0.8 mg/hr	Transdermal						Apply at 0900 remove at 1200 HR

Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: _____ Date: _____ Time: _____

Reviewed by: Signature _____ Title _____ Date: _____ Time: _____

Prescriber: _____ (print) _____ (sign) Date: _____ Time: _____

Handwritten notes: "DNI abbrev" with arrow pointing to the top right; "wrong date" with arrow pointing to the date field; "add info missing" with arrow pointing to the TEVA-CLONIDINE row; "may pt be assist" with arrow pointing to the MYLAN-NITRO row.

Example of discrepancies

MedRec on 'Admission'

Step 3: Evaluation

HEALTH REGION

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM

Keep this form with the Prescriber Orders - Must not be removed from patient chart.

List all additional prescription, over-the-counter, and herbal medications the patient is taking below. Upon completion, cross out any empty lines to prevent additions. Select the appropriate checkbox at the bottom of table when finished the page. If you require more space, photocopy this page as many times as necessary AND manually update page numbers on ALL pages of form as necessary (when form fully complete).

Medication Name <input type="checkbox"/> No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders			Comments/Rationale
					Continue	Change	STOP	
"anti-inflammatory" <small>Comments: Did not bring bottle</small>	? dose	oral	prn	"week ago"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No drug name + ordered to continue
Ibuprofen. <small>Comments: ? dose</small>	? dose	oral	prn	"week ago"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments								
Comments								
Comments								
Comments								

End of medication list OR Medication list continues on next page.

Comments / Concerns / Follow-up:

Completed by: _____ Date: Sept 11/17 Time: _____
 Reviewed by: _____ Date: Sept 20/17 Time: 0945
 Form Communication: Initial beside action(s) completed.
 Processed _____ Faxed _____ MAR _____

Prescriber: _____ (print)
 _____ (sign)
 Date: 20/9/17 Time: 1200

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 Page 2 of 2

Example of discrepancies

MedRec on 'Admission'

Step 3: Evaluation

HEALTH REGION

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PREADMISSION MEDICATION LIST / PRES
Keep this form with the Prescriber Orders - Must not be thinned from patient chart.

Medication Name	Dose	Route	Interval	Time / Date Last Dose	Continue	Change	STOP	Comments / Rationale
TEVA-FLUOXETINE 20 MG CAP (Fluoxetine HCL)	60 mg	Oral ✓	AM		✓			
AP0-BUSPIRONE 10 MG TABLET (Buspirone HCL)		Oral					✓	
LINESSA 28 TABLET (Desogestrel/Ethinyl Estradiol)	T	Oral ✓	O.D.				✓	
<i>Clonazepam</i>	0.5 mg	Oral Oral	BID		✓			at 0700 and 20:00
<i>Zopiclone</i>	7.5 mg	Oral	HS		✓			
*								

Both Meds Not pre admission Meds but were ordered at time of admission

Medication list continues on next page.

Comments / Concerns / Follow-up:

Prescriber: _____ (print)
 _____ (sign)
 Date: _____ Time: _____

Completed by: _____ Date: _____ Time: _____
 Reviewed by: Sigt _____ Ti _____ Date: _____ Time: _____

Form Communication: Initial bedside action(s) completed.
 Processed _____ Faxed _____ MAR _____

FAKED

Example of incorrect AMO



MedRec on 'Admission'

Step 3: Evaluation

HSN: _____

SHA HEALTH REGION

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM
Keep this form with the Prescriber Orders - Must not be thinned from patient chart.

Medication Name	Dose	Route	Interval	Time / Date of Last Dose	Prescriber Orders			Comments / Rationale
					Continue	Change	STOP	
APO-AMOXI 500 MG CAPSULE (Amoxicillin Trihydrate)	1000mg	Oral	TID	Feb 16 08			<input checked="" type="checkbox"/>	
SPIRIVA 18 MCG CAP HANDHALER (Tiotropium Bromide)	1 cap.	Inhalation	daily	Feb 16 08				Here while on vely
APO-SALVENT 100 MCG INHALER (Salbutamol Sulphate)	2 puffs	Inhalation	BID	Feb 15				Here while on vely
SANDOZ-TAMSULOSIN CR 0.4MG TAB (Tamsulosin HCL)	0.4 mg	Oral	daily	Feb 15 08	<input checked="" type="checkbox"/>			FAXED
TOLOXIN 0.125 MG TABLET (Digoxin)	0.125mg	Oral	daily	Feb 16 08	<input checked="" type="checkbox"/>			

Medication list continues on next page.

Comments / Concerns / Follow-up: _____

Prescriber: _____ (print)
_____ (sign)

Completed by: _____ Title _____ Date: _____ Time: 15:30

Reviewed by: _____ Date: _____ Time: 10:15

Form Communication: Initial beside action(s) completed.
Processed Faxed MAR 1

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health on 2011-01-14

Page 2 of 5

Example of correctly completed form



MedRec for 'Non Admitted' Emergency Patients:

Institute for Safe Medication Practices (ISMP)
ISMP List of High-Alert Medications in Acute Care Settings

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. We hope you will use this list to determine which medications require special safeguards to reduce the risk of errors. This may include strategies such as standardizing the ordering, storage, preparation, and administration of these products; improving access to information about these drugs; limiting access to high-alert medications; using auxiliary labels and automated alerts; and employing redundancies such as automated or independent double-checks where necessary. (Note: manual independent double-checks are not always the optimal error-reduction strategy and may not be practical for all of the medications on the list.)


Classes/Categories of Medications	Specific Medications
adrenergic agonists, IV (e.g., EPINEPHrine, phenylephrine, norepinephrine)	EPINEPHrine, subcutaneous
adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)	esoprolonel (Felan), IV
anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)	insulin U-500 (special emphasis)*
antiarrhythmics, IV (e.g., lidocaine, amiodarone)	magnesium sulfate injection
antithrombotic agents, including: ■ anticoagulants (e.g., warfarin, low molecular weight heparin, IV unfractionated heparin) ■ Factor Xa inhibitors (e.g., fondaparinux, apixaban, rivaroxaban) ■ direct thrombin inhibitors (e.g., argatroban, bivalirudin, dabigatran etexilate) ■ thrombolytics (e.g., alteplase, reteplase, tenecteplase) ■ glycoprotein IIb/IIIa inhibitors (e.g., eptifibatid)	methotrexate, oral, non-oncologic use epim fracture oxytacin, IV nitroglyceride sodium for injection potassium chloride for injection concentrate potassium phosphate injection promethazine, IV vasopressin, IV or intranasal
cardioplegic solutions	
chemotherapeutic agents, parenteral and oral	
dextrose, hypertonic, 20% or greater	
dialysis solutions, peritoneal and hemodialysis	
epidural or intrathecal medications	
hypoglycemics, oral	
inotropic medications, IV (e.g., digoxin, milrinone)	
insulin, subcutaneous and IV	
liposomal forms of drugs (e.g., liposomal amphotericin B) and conventional counterparts (e.g., amphotericin B deoxycholate)	
moderate sedation agents, IV (e.g., desmetomidate, midazolam)	
moderate sedation agents, oral, for children (e.g., chloral hydrate)	
narcotics/opioids ■ IV ■ transmucosal ■ oral (including liquid concentrates, immediate and sustained-release formulations)	
neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)	
parenteral nutrition preparations	
radiopaque contrast agents, IV	
sterile water for injection, inhalation, and irrigation (excluding pour bottles) in containers of 100 mL or more	
sodium chloride for injection, hypertonic, greater than 0.9% concentration	

Background

Based on error reports submitted to the ISMP National Medication Errors Reporting Program, reports of harmful errors in the literature, studies that identify the drugs most often involved in harmful errors, and input from practitioners and safety experts, ISMP created and periodically updates a list of potential high-alert medications. During May and June 2014, practitioners responded to an ISMP survey designed to identify which medications were most frequently considered high-alert drugs by individuals and organizations. Further, to assure relevance and completeness, the clinical staff at ISMP, members of the ISMP advisory board, and safety experts throughout the US were asked to review the potential list. This list of drugs and drug categories reflects the collective thinking of all who provided input.

*All forms of insulin, subcutaneous and IV, are considered a class of high-alert medications. Insulin U-500 has been singled out for special emphasis to bring attention to the need for distinct strategies to prevent the types of errors that occur with this concentrated form of insulin.

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 www.ismp.org

Individuals presenting to the ER may need MedRec completed as a 'non admitted patient', based on specific criteria as per area policies. This may include use of:

- High Alert medications such as anti-coagulants, narcotics, diabetic or psychiatric medications, antiretroviral therapy (HIV clients) or anti-rejection medications (post organ transplant)
- AND/OR possibly an identified length of stay in the ER

MedRec on 'Discharge'

“is the movement of a patient from an acute care facility to his or her residence (ie. Home with or without home care support, personal care home or LTC facility) or to a supportive care bed (ie. Respite or palliative care) in the same or different facility OR within the same facility with a change in pharmacy provider...”

(from the Ministry of Health Definitions 2017)



Saskatchewan
Health Authority

MedRec on 'Discharge'

Step 1: Review

Section 1

Patient Destination: Check one

Review DTMR form to the last MAR(s), last 72 hrs of prescriber orders & the initial BPMH **AND** indicate the **status** of each med as 'Same as prior to admission', 'Adjusted in hospital' OR 'New in hospital'

"Handwrite" any orders received after form was printed & 'status' in blank lines provided

"Completed by" is signed and dated by person who completed medication status, compared and reviewed forms as stated above.

"Reviewed by"- signed & dated by person confirming document is complete and discrepancies have been identified. If left BLANK, and prescriber has signed, indicates prescriber has reviewed form.

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: May 1, 2018	
Allergies: Codeine		Patient Address: 123 Easy Street Yorkton, SK XXX XXX	
Prescription - Discharge to home <input checked="" type="checkbox"/>		Prescription - Discharge to LTC <input type="checkbox"/>	
		Transfer Medication List - External <input type="checkbox"/> Transfer Orders - Internal <input type="checkbox"/>	
Community Pharmacist: For items beyond what is listed below, please contact family physician/nurse practitioner.			
1. Active Inpatient Medications Review MAR and prescriber order sheets for last 72hrs		Prescriber Orders Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin	
Scheduled medications, followed by PRN active prior to discharge		Medication Status Same as prior to admission / Adjusted in hospital / New in hospital	
Medication Dose/Route/Frequency		Comments / Rationale / Indication	
Scheduled Medications:		Continue Quantity Refills No RX STOP (Instructions for each column)	
Warfarin		✓ 1/12 7 days	
RAMIPRIL		✓ 1/12	
FLUOXET		✓ 1/12 ✓	
ACETAMINOPHEN TABS 500 MG 500MG (TAB) PO DAILY		✓ 1/12 ✓	
PRN Medications:		1/12 1/12	
Dimenhydrinate TAB 50 MG 50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)		✓ ✓	
Medications Ordered After Time of Printing:		1/12 1/12	
RANITIDINE 150 MG PO BID TRK: Rt 0900 and 2100		✓ ✓	
Completed by: <u>Dinah Night</u> RN Date: <u>May 7/18</u> Time: <u>1400</u>		Authorized Prescriber: # <u>XXXXX</u> <u>Dr Al Better</u> (print) <u>Dr Al Better</u> (sign)	
Reviewed by: <u>Ida Care</u> RN Date: <u>May 7/18</u> Time: <u>1545</u>		Phone #: (xxx) XXX-XXXX Date: <u>May 7/18</u> 111 Amy Street Yorkton, SK 555-0000 <small>Prescriber Address for orders for narcotics, controlled substances, and gabapentin</small>	

MedRec on 'Discharge'

Step 1: Review con't

Section 2

ANY meds that appeared on the PIP and are not on the DTMR form are to be recorded in Section 2

- record change(s) in comments

Record any info for meds 'held or stopped' from admission in the Comments/Rationale/Indication column

Tonna Clay
SK Discharge
Saskatchewan
Location: SHA

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

Meds may pre-populate in Section 2-varies on site

2. Pre-admission medications as listed on Best Possible Medication History			Prescriber Orders				
RESTART pre-admission medications not ordered or stopped in hospital STOP pre-admission medications no longer required			Also add written quantity for narcotics, controlled substances, benzodiazepines and gabapentin				
Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Restart	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Eurosemid TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200	<i>Held on admission</i>	<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>
			<input type="checkbox"/>	1/12			
			<input type="checkbox"/>	1/12			

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			
<i>Tylenol #3</i>	<i>1-2 tabs q4h prn for pain</i>	<i>Ten tabs</i>	<input type="checkbox"/>	1/12			
			<input type="checkbox"/>	1/12			
			<input type="checkbox"/>	1/12			

Other Medication Instructions/Comments:

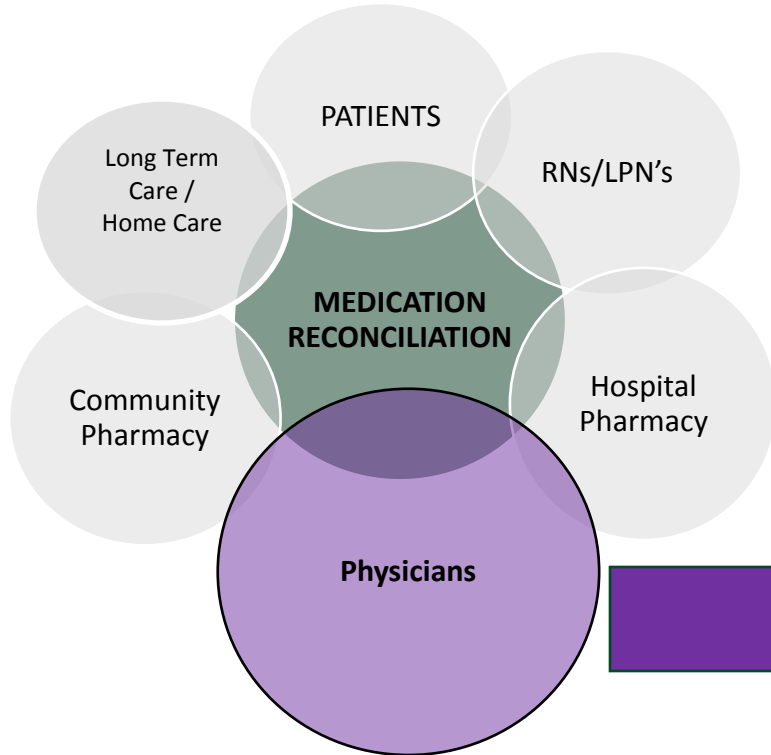
Copied/Faxed to:	Name of Recipient/Fax#	Date	Copied/faxed to:	Name of recipient/Fax#	Date
<input checked="" type="checkbox"/> Community Pharmacy	<i>Drugs R' US 555-5555</i>	<i>May 7/18</i>	<input type="checkbox"/> Receiving Facility		
<input type="checkbox"/> Long Term Care			<input checked="" type="checkbox"/> 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.

Completed by: <u><i>Dinah Micht RN</i></u> Date: <u><i>May 7/18</i></u> Time: <u><i>1400</i></u>	Authorized Prescriber: # <u><i>XXXXX</i></u> <i>Dr Al Better</i> (print) <i>Dr Al Better</i> (sign)
Reviewed by: <u><i>ida care RN</i></u> Date: <u><i>May 7/18</i></u> Time: <u><i>1545</i></u>	Phone #: (xxx) XXX-XXXX Date: <u><i>May 7/18</i></u> <i>111 Any Street Yerkton, SK 555-0000</i> <small>Prescriber Address for orders for narcotics, controlled substances and gabapentin</small>

MedRec on 'Discharge'

Step 2: Discharge Rx



SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: _____ Label/Address _____

Allergies: _____

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				Medication Status		Prescriber Orders				
Review MAR and prescriber orders sheets for last 72 hrs				Same as prior to Admitted in Hospital	New in Hospital	Also add written quantity for narcotics, controlled substances, benzodiazepines and gabapentin				
Scheduled medications, followed by PRN orders prior to discharge						Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed
Medication	Dose / Route / Frequency									
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step #1: Reconcile with MAR, BPMH & DR orders

Step #2: Discharge RX (Physicians)

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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Version: Paper.2.11 Page ___ of ___

MedRec on 'Discharge'

Step 2: Discharge Rx con't

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

SK Discharge/Transfer Form
Saskatchewan Health Services
Location: SHA YR11000084
56 789
87654
12018

Allergies: Codeine
Patient Address: 123 Easy Street
Yorkton, SK XXX XXX

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		Medication Status			Prescriber Orders						
Review MAR and prescriber order sheets for last 72hrs		Same as prior	Discontinued	Admitted to hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity	Refills	No RX	STOP
Scheduled medications, followed by PRN active prior to discharge											
Medication	Dose/Route/ Frequency										
Scheduled Medications:											
Warfarin TAB 1 MG	1 MG (1 TAB) PO DAILY Sched: 16:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last dose - May 6 at 4 pm ↑ from 2.5 mg	<input checked="" type="checkbox"/>	1/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RAMIPRIL CAP 5 MG	5 MG (1 CAP) PO DAILY Sched: 09:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last dose - May 7 at 9 am	<input checked="" type="checkbox"/>	1/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLUOXETINE CAP 40 MG	40 MG (1 CAP) PO DAILY Sched: 09:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow up with Psychiatrist in 2 wks Last dose - May 7 at 9 am	<input checked="" type="checkbox"/>	1/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACETAMINOPHEN TAB 325 MG	650 MG (2 TABS) PO DAILY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	1/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRN Medications:											
Dimenhydrinate TAB 50 MG	50 MG (1 TAB) PO PRN (OR MAY GIVE IV- SEE ALTERNATE ORDER)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPD	<input type="checkbox"/>	1/12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medications Ordered After Time of Printing:											
RANITIDINE 150 MG PO BID	Take at 0900 and 2100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	1/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed by: <u>Dinah Night RN</u>		Authorized Prescriber: <u>Dr Al Better</u> # <u>XXXXX</u>									
Date: <u>May 7/18</u> Time: <u>1400</u>		Dr Al Better (print)									
		Dr Al Better (sign)									
		Phone #: (xxx)XXX-XXXX									

**Rx CAN ONLY BE COMPLETED by authorized prescribers-
Nursing cannot take verbal/phone orders for a discharge Rx**



Discharge **ONLY**- reviews active meds, identifies/resolves discrepancies (MedRec) **prior** to √ 'continue' or 'stop'

Review current meds & initiates the Rx using "stop" or "continue"

Discharge **ONLY**- complete Rx by recording quantity using '1/12' tickbox or specific amount for every med. If appropriate, "Check off" the 'no Rx needed' column. Refills are optional.

"Comments" Column - record changes to meds/info, follow-up appt's for med reviews/Rx with regular GP &/or other pertinent med info

4. Discharges **ONLY**- 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

MedRec on 'Discharge'

Step 2: Discharge Rx con't

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

2. Pre-admission medications as listed on Best Possible Medication History		Comments / Rationale / Indication e.g. of use: - restart Warfarin on discharge - stop NSAID due to GI Bleed	Prescriber Orders				
Medication	Dose / Route / Frequency		Restart	Quantity Discharge only	Refills Discharge only	No Rx Needed	STOP
Eurosemide TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200	Hold on admission	<input type="checkbox"/>	1/12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	1/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	1/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Other Medication Instructions/Comments:

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

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

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

Prescriber: # XXXX
Dr Al Better (print)
Dr Al Better (sign)
xxx XXX-XXXX
May 7/18
111 Ave Street Yerkton, SK 555-0000
Prescriber Address for orders for narcotics, controlled substances and gabapentin

Section 2 & 3

Discharge Only-Reviews med list and completes Rx for section 2

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

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

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



MedRec on 'Discharge'

Step 3: Evaluation

Before faxing Rx or sending med list on transfer-
Review current meds & Rx to identify and
resolve discrepancies (medrec).

If discrepancy is noted:

- contact prescriber asap to return to reconcile directly on the form.
- If prescriber is not available, provide description of “unresolved discrepancies” below in “Comments” to inform Community Pharmacy/ other services of discrepancy & prescriber will need to contact the Pharmacy **directly** to reconcile the Rx.

Select destination category and enter
recipient(s) name and date faxed.

SK Discharge/Transfer Medication Reconciliation Form Saskatchewan Health Authority			Tonne, Clay	
Location: SHA YRH CCU-04			Age: 66 yrs	HSN: 123 456 789
			DOB: 03/03/1951	MRN#: 987654
			Gender: M	Admitted: May 1, 2018

2. Pre-admission medications as listed on Best Possible Medication History		Prescriber Orders				
RESTART pre-admission medications not ordered or stopped in hospital STOP pre-admission medications no longer required		Also add written quantity for narcotics, controlled substances, benzodiazepines and gabapentin				
Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Restart	Quantity Discharge only	Refills Discharge only	STOP
Eurosemide TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200	e.g. of use: -restart Warfarin on discharge -stop NSAID due to GI Bleed <i>Held on admission</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Other Medication Instructions/Comments:

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.

Completed by:	<i>Dinah Night RN</i>	Authorized Prescriber:	<i>Dr Al Better</i> # <u>XXXXX</u>
Date:	<i>May 7/18</i> Time: <i>1400</i>		(print)
			<i>Dr Al Better</i>
			(sign)
Reviewed by:	<i>Ida Carr RN</i>	Phone #:	(xxx) XXX-XXXX
Date:	<i>May 7/18</i> Time: <i>1545</i>	Date:	<i>May 7/18</i>
			<i>111 Amy Street Yorkton, SK 555-0000</i>
			<small>Prescriber Address for orders for narcotics, controlled substances and gabapentin</small>

MedRec on 'Discharge'

Step 3: Evaluation

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA 1E E101-03 **FAXED** *Suma 2018*

Age: _____ HSN: _____
 DOB: _____ MRN#: _____
 Gender: _____ Admitted: _____

Allergies: FISH, MUSHROOMS, No Known Drug Allergy Patient Address: PO BOX _____

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

Medication	Dose / Route / Frequency	Medication Status			Comments / Rationale / Indication	Prescriber Orders				
		Stable prior to admission	Adjusted in hospital	New in hospital		Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	ST
Scheduled Medications:										
TAMSULOSIN CR TAB 0.4 mg	0.4 mg (1 TAB) PO DAILY Sched: 09:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12	2		
RIVAROXABAN TAB 10 MG (XARELTO)	20 MG (2 TAB) PO DAILY *EDS APPROVED* Sched: 17:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12	2		
TINZAPARIN SYG 4500 UNITS/0.45 mL	**HOLD** 4500 UNITS (0.45 ML) SUBCUT HS DISCONTINUE VTE PROPHYLAXIS ON DISCHARGE UNLESS ORTHOPEDIC PATIENT Sched:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOLD	<input type="checkbox"/>	12			<input checked="" type="checkbox"/>
SIMVASTATIN tab 20 mg	20 MG (1 TAB) PO HS Sched: 21:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12	2		
POTASSIUM CHLORIDE SR TAB 600 mg (8 mEq)	1800 MG (3 TAB) PO AT BID WITH MEALS Sched: 09:00,17:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12	2		
POTASSIUM CHLORIDE SR TAB 600 mg (8 mEq)	1200 MG (2 TAB) PO DAILY WITH MEALS Sched: 12:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12	2		
FUROSEMIDE tab 40 mg	**HOLD** 40 MG (1 TAB) PO DAILY Sched:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12	20		<input checked="" type="checkbox"/>
METOLAZONE tab 2.5 mg (ZAROXOLYN)	**HOLD** 5 MG (2 TAB) PO DAILY Sched:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Put on hold renal failure	<input type="checkbox"/>	12			<input checked="" type="checkbox"/>
RABEprazole EC TAB 20 MG (PARIET)	20 MG (1 TAB) PO BID BEFORE MEALS Sched: 08:00, 17:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	12	2		

Completed by: _____ Title _____ #: _____
 Date: *June 2018* Time: *12:20* _____ (print)
 _____ (sign)

Reviewed by: _____ Title _____ Phone #: _____
 Date: *June 2018* Time: *12:20* _____ (print)
 _____ (sign)

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

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Example of unclear orders



MedRec on 'Discharge'

Step 3: Evaluation

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SAA

Allergies: NKA

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

Medication	Dose / Route / Frequency	Medication Status		Comments / Rationale / Indication	Prescriber Orders				
		Same as prior to admission	Adjusted in hospital		Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Clavulin	875mg po BID				<input checked="" type="checkbox"/>	1/12	5/1		
Morphine	2-5mg IV q2-4hr prn				<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>
Gravol	25-50mg IV po q8hr prn				<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>
Ondansetron	4mg IV po q8hr prn				<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>
Tramadol	1-2 tabs po QID prn			fifty 66	<input checked="" type="checkbox"/>	1/12	1/2		
Tylenol	650mg po QID prn				<input checked="" type="checkbox"/>	1/12	1/2		
Rabeprazole	EC 20mg po daily AM				<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>
Bival tabs	7 tabs po oral			Requires 0 specified.	<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>
					<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>
					<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>
					<input type="checkbox"/>	1/12			<input checked="" type="checkbox"/>

Completed by: _____ Title _____
Date: _____ Time: _____

Reviewed by: _____ Title _____
Date: 2/1/10 Time: 0900

Authorized Prescriber: _____ # _____

(print)

(sign)
Phone #: _____
Date: 2/1/10
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin _____

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Example of an unreconciled discrepancy from admission



Saskatchewan Health Authority

MedRec on 'Discharge'

Step 3: Evaluation

*Example - Discharge Rx
3 Errors*

1965 S-307-02

SK Discharge/Transfer Medication Reconciliation Form

Synovise Health Region VRHC Facility

Allergies: Tylenol, Advil, ASA, Sulfonamide Patient: _____

Prescription - Discharge to Home
 Prescription - Discharge to LTC
 Transfer Medication List - External
 Transfer Orders - Internal

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

1. Active Inpatient Medications From MAR(s) and order sheet(s) (last 24 hrs)	Status Since Admission			Comments/Rationale	Prescriber Orders				
	Maintained	Changed	New		Continue	STOP	Quantity Discharge Only	Refills discharge Only	No New Rx Needed
Atenolol 25mg PO OD in am.	✓				✓		<input type="checkbox"/> 1/12 Or		✓
Fluoxetine 20mg PO EOD @ 10am	✓				✓		<input type="checkbox"/> 1/12 Or		✓
Cefazolin 1G IV q 8h x 3doses			✓	<i>pt going home and a IV meds ordered to continue</i>	✓		<input type="checkbox"/> 1/12 Or		✓
Ketorolac 30mg q 8h x 3doses IV			✓		✓		<input type="checkbox"/> 1/12 Or		✓
Metamucil 25mL PO @ HS			✓		✓		<input type="checkbox"/> 1/12 Or		✓
Sumatriptan 100mg Tab PO PRN for migraine	✓				✓		<input type="checkbox"/> 1/12 Or		✓
Dimenhydrinate 50mg/ml IV q 4-6h PRN 6doses			✓		✓		<input type="checkbox"/> 1/12 Or		✓
Morphine 2.5mg to 10mg IV q 4-6h PRN x 6doses			✓		✓		<input type="checkbox"/> 1/12 Or		✓
T tramadol 1-2 Tabs PO q 4-6h PRN			✓		✓		<input type="checkbox"/> 1/12 Or		Ⓟ
Cypro 500 mg BID				Ⓟ			<input type="checkbox"/> 1/12 Or		
<i>new med order on discharge - To be ordered in section 2 not here</i>							<input type="checkbox"/> 1/12 Or		
							<input type="checkbox"/> 1/12 Or		

Medications listed by: _____ Title LPA Date: Nov 15/17
 Reconciled by: _____ Title LPN Date: Nov 15/17
 Prescriber Name: _____
 Authorized Prescriber: _____ Title _____ Date: _____ Prescriber # _____

Example of discrepancy (previous DTMR format)



MedRec on 'Discharge'

Step 3: Evaluation

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA YRH 3S S301-01 **Example**

Age: _____ HSN: _____
 DOB: _____ MRN#: _____
 Gender: F Admitted: Jan 9, 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, please contact family physician/nurse practitioner.

1. Active Inpatient Medications		Medication Status			Prescriber Orders						
Review Mar(s) and order sheets for last 72hrs		Same as prior to admission	Adjusted in hospital	New in hospital	Also add written quantity for narcotics, controlled substances, and gabapentin						
Scheduled medications, followed by PRN active prior to discharge					Continue	STOP	Quantity Discharge Only	Refills Discharge Only	No Rx Needed		
Medication	Dose / Route / Frequency	Comments/Rationale									
Scheduled Medications:											
ceFAZolin 1G (10mL) IV	1 GRAM IV Q8H FOR 3 DOSES Infuse 1 G Direct IV over 3-5 minutes OR infuse IV over at least 20 minutes (including flush) OR SYRINGE PUMP - NORMAL TOTAL VOL = 10ML Sched: Every 8 Hours				Last dose Jan 10/18 @ 0800				<input type="checkbox"/>	1/2	
KETOROLAC INJ 30 mg/mL	30 MG (1 ML) IV Q8H FOR 3 DOSES (NO TIME OR DATE ON ORDER PLEASE ADJUST MAR ACCORDINGLY) Sched: Every 8 Hours				Last dose Jan 10/18 @ 1300				<input type="checkbox"/>	1/2	
PRN Medications:											
MORPhine INJ 10 mg/mL	2.5 TO 10 MG IV Q4-6H PRN X 6 DOSES			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	1/2	
TRAMADOL/ACETAMINOPHEN tab 37.5/325 mg	1 TO 2 TAB PO Q4-6H PRN			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	1/2	
dimenhydrINATE INJ 50 mg/mL	50 MG (1 ML) IV Q4-6H PRN X 6 DOSES			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	1/2	
Medications Ordered After Time of Printing:											
									<input type="checkbox"/>	1/2	
									<input type="checkbox"/>	1/2	

Reviewed by: _____ Signature _____ Title _____
 Date: _____ Time: _____

Reconciled by: _____ Title RN _____
 Date: Jan 11/18 Time: 0900

Authorized Prescriber: / _____ (print)
 Prescriber #: _____ (sign)
 Date: Jan 11/18 Time: 0901

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Example of meds 'completed' after form is printed (previous DTMR format)



MedRec on 'Discharge'

Step 3: Evaluation

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA 1W W107-01

Age: yrs HSN:
 DOB: MRN#:
 Gender: Admitted: .

Allergies: penicillin [Rash / Hives], ondansetron [Rash / Hives, severity: Unknown] Patient Address: PO BOX

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		Medication Status		Prescriber Orders					
Review MAR and prescriber order sheets for last 72hrs		Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed
Medication	Dose / Route / Frequency								
Scheduled Medications:									
ROSUVASTATIN tab 20 mg (CRESTOR)	20 MG (1 TAB) PO HS Sched: 21:00	✓				✓	1/2	2	
METOPROLOL tab 50 mg	50 mg (1 TAB) PO BID Sched: 09:00, 21:00	✓				✓	1/2	2	
amLODIPine BESYLATE tab 5 mg	10 MG (2 TAB) PO DAILY Sched: 09:00	✓				✓	1/2	2	
IRBESARTAN tab 150 mg (AVAPRO)	300 MG (2 TAB) PO DAILY Sched: 09:00	✓				✓	1/2	2	
ACETYLSALICYLIC ACID EC TAB 81 mg	81 mg (1 TAB) PO DAILY Sched: 09:00	✓				✓	1/2	2	
HYDROMorphone Immed Rel 2 mg	**HOLD WHIL ON IV MORPHINE* 2 MG (1 TAB) PO (WAS TID PRN)	✓			Hold Whilcon Morphine		1/2		✓
HYDROMorphone Slow Rel 4.5 mg	9 MG (2 CAP) PO BID Sched: 09:00, 21:00	✓				✓	1/2	2 (5/16/18)	
PANTOPRAZOLE SODIUM EC TAB 40 mg	40 mg (1 TAB) PO DAILY (PANTOLOC) BEFORE MEALS Sched: 08:00		✓			✓	1/2	2	
PRN Medications:									
NITROGLYCERIN SL SPRAY 0.4MG/SPR(75 DOSE)	0.4 MG SUBLINGUAL EVERY 5 MINUTES FOR 3 DOSES PRN FOR CHEST PAIN		✓				1/2		✓
DICLOFENAC GEL 4% (50mg)	APPLY TID PRN		✓			✓	1/2	2	

Completed by: _____ Date: June 19 Time: 0428

Reviewed by: _____ Date: June 21 2018 Time: 110

Phor... (print) _____ (sign) _____ Date: 2/16/18

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

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Example of a well completed DTMR form



MedRec on 'Transfer'

Is the movement of an acute care patient between two acute care inpatient facilities (Ministry of Health definitions, 2017)

During the MedRec on transfer process, only one BPMH, taken using the PIP generated form, by the first acute facility, is collected during an acute inpatient episode. This BPMH is used for MedRec at all transfers between acute facilities during the episode (regardless of number) and at the final discharge to home, long-term care (LTC) or supportive care (from the Ministry of Health "Medrec at Discharge & Transfer in Acute Care FAQ's")



Saskatchewan
Health Authority

MedRec on 'Transfer' – Sending site

External

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority
Location: _____ Label/Address _____

Allergies: _____

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

Medication	Medication Status			Comments / Rationale / Indication	Prescriber Orders					
	Being taken at admission	Adjusted	New in hospital		Continue	Quantity Decrease Only	Refills Discharge Only	No Rx Needed	STOP	
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					
					<input type="checkbox"/> Y ₁₂					

Authorized Prescriber: _____ #: _____
(print)
Phone #: _____ (sign)
Date: _____
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin: _____
In an error, immediately notify the sender by return fax and destroy all originals and copies

Page ___ of ___

-Complete med status columns for 'same', 'adjusted' or 'new' by comparing:

- PIP MedRec Form
- last 24-72 hrs of MARS and Prescriber orders with the **DTMR**

- Cross off section 3 (New meds to start after discharge, this section is not used for transfers)

On 'transfer' to another acute site, the form serves as a 'medication list' that will be used by the **receiving site/physician** to review and write 'admitting orders' for the patient

Prescribers **DO NOT** complete **any medication orders** on the form for transfers 'out'



MedRec on 'Transfer' - Receiving Site

External

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority
Location: _____ Label/Address _____

Allergies: _____

Prescription - Discharge to Home Prescription _____

Community Pharmacists: For refills beyond what is listed below.

1. Active Inpatient Medications
Review MAR and prescriber order sheets for last 72hrs

Medication	Dose / Route / Frequency	Medication Status <small>Bring as photo to Admitted in Hospital None in Hospital</small>	Comments / Rationale / Indication	Prescriber Orders <small>Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin</small>			
				Continue <small>Quantity Discharge Only</small>	Refills <small>Discharge Only</small>	No Rx Needed	STOP
				<input checked="" type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			

Prescribed by: _____ Signature _____ Title _____
Date: _____ Time: _____

Reviewed by: _____ Signature _____ Title _____
Date: _____ Time: _____

Authorized Prescriber: _____ #: _____
(print)
Phone #: _____ (sign)
Date: _____

Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, 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.

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The form can be used to write the "admitting orders" on transfer as receiving site

Forms will be marked as: "Admitting Orders"

Receiving Site:
compare all documents to ensure there are no discrepancies on the discharge form to reconcile & sign the "reviewed by"

"Receiving" Prescribers: complete 'Stop' or 'Continue' columns only. Sign & date as "Authorized Prescriber".

CROSS OFF the 'quantity', 'refill' & 'No Rx Needed' columns, and the "New Meds to Start after Discharge" (section 3) and Preprinted Order sets (PPO)

Sending & Receiving UNITS: Discrepancies will be reconciled and documented with outcomes on the form. Form sent to Pharmacy

Note that for both sending & receiving prescribers, **New med orders** will be written on the Physician Order sheets.

MedRec on 'Transfer'

Internal

Regions are at various implementation stages-
check with your facility/region

- Occurs at these points:
 - Critical care unit → Ward
 - Operating room → Ward
 - Psychiatry ↔ Ward

MedRec Compliance Audits

MedRec is audited and reported to the Ministry of Health monthly. The target is to complete MedRec at $\geq 90\%$.

Do your part & ensure patient safety!

The End



Saskatchewan
Health Authority