

COMMUNITY PHARMACIES/PHARMACISTS:

Frequently Asked Questions for Medication Reconciliation (MedRec) Discharge Prescription Forms

These frequently asked questions (FAQs) were developed to support the use of the Saskatchewan Discharge/Transfer Medication Reconciliation (DTMR) form as a **Discharge Prescription** at the community pharmacy. There are currently two versions of the DTMR Form:

- The computer-generated form (used in facilities with electronic access).
- The paper-based form (used when there is no access to hospital pharmacy or no electronic capacity in the facility).

If you have any questions or comments about the FAQs, contact the Patient Safety Unit at the Ministry of Health (PatientSafety@health.gov.sk.ca).

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Discharge/Transfer MedRec (DTMR) Form Basics

1. What is the difference between the three sections of the DTMR Form?

- Section 1 lists the **Active In-patient Medications**. These include meds the patient was on prior to admission and is continued in the hospital and meds that were adjusted or given in hospital. If the facility has the pharmacy software, BDM, this section will prepopulate.
- Section 2 lists the **Pre-admission medications as listed on Best Possible Medication History**. These are medications the patient takes on an ongoing basis at home, usually referred to as home meds or out meds. If the facility has the pharmacy software, BDM, **and** the hospital pharmacy procedures support the entering of home medications onto BDM, this will prepopulate; otherwise this should be completed by a health care professional and/or physician.
- Section 3 lists the **New Medications to START after discharge**. The authorized prescriber handwrites new medications into section 3. These medications are not given while in hospital. If there are changes to the dose, route or frequency of home medications, it would be written here as well.

Note:

- For each active inpatient medication (section 1) and pre-admission medication (section 2), either 'Continue' or 'Stop' should be checked off; both should not be left blank.
- For active inpatient medications (section 1), if a prescriber checks '**Continue**' for a medication, one of '**Quantity**', '**Refills**', or '**No Rx Needed**' must also be checked off.

2. What does the 'No Rx Needed' column mean?

An authorized prescriber may check off the 'No Rx Needed' tick box under the following situations:

- If the patient has adequate supply of the medication at home already, a prescriber checks this column when the decision is made to:
 - Continue a prescription the patient was on prior to admission to hospital (section 1).
 - Restart a pre-admission medication not ordered/stopped in hospital (section 2).

Detailed explanation:

When the attending physician is not the physician that prescribed the patient's home medications, the 'No Rx Needed' box may be checked. If the medications do not have any contraindications with the new medications prescribed, physicians may decide to leave the current prescription in place, thereby checking the 'No Rx Needed' column with instructions to follow up with their regular physician as required.

Note that 'No Rx Needed' is checked off only when the medication, dose, route, frequency remains the same. If there is a change in any of the above mentioned, then it becomes a new medication. This is handwritten into the 'New Medications to START after discharge' section (section 3).

The 'No Rx Needed' tick box may be checked for OTC medications previously taken at home and prescriber has no intent of ordering them as a prescription but indicates patient should continue to take them at home. The 'No Rx Needed' tick box is also checked when preadmission medications are continued and all medications are checked off as "same as prior to admission", then the physician would use the "No Rx Needed" column to complete the DTMR.

When a patient has a prescription for OTC medications, and the patient needs refills or the prescription has expired, the expectation is that the patient returns to the most responsible physician for refills or a new prescription. The 'No Rx Needed' tick box may be checked in these situations. In some cases, the pharmacist may have prescriptive authority for these medications.

3. How is the "Other Medication Instructions/Comments" box on the last page used?

This box is used to flag discrepancies that were not resolved prior to discharge and may describe follow-up actions with the prescriber. It would also note that the discrepancy was identified after the prescriber signed the Form.

4. Who are authorized prescribers?

Authorized prescribers may include physicians, nurse practitioners, pharmacists, midwives, and oral dental surgeons, as per area procedure and the respective scope of practice.

5. Which healthcare providers initiate the DTMR Form?

Nurses, including RNs, RPNs and LPNs, physicians, nurse practitioners, pharmacists, and midwives may initiate the Form. In some areas, pharmacy technicians may also be able to initiate the Form.

6. What are the differences between "Completed by" and "Reviewed by"?

The discharge MedRec process may involve four steps, all performed by a single person or each step carried out by a different person.

Step 1: Active inpatient medications are handwritten into section 1 and the stopped/held meds from pre-admission in section 2. *For sites that have implemented the pharmacy software (BDM), the list of active meds in section 1 is prepopulated. The pre-admission meds in section 2 may be pre-populated or require manual completion depending on local hospital pharmacy procedures.*

Step 2: (a) The list of active meds in section 1 is compared to the Best Possible Medication History (Preadmission Medication List / Prescriber Order Form), ensuring all home medications continued in hospital are captured in section 1. Each medication is checked off as "Same as prior to admission", "Adjusted in hospital" or "New in hospital" and relevant rationale/indication is documented. The MAR and physician/prescriber order sheets for the last 72 hours are compared with section 1 as well.

(b) The list of stopped/held meds at admission in section 2 is compared to the Best Possible Medication History (Preadmission Medication List / Prescriber Order Form) for completeness and relevant rationale/indication, comments and discrepancies found in either section documented.

“Completed by” is signed by the person completing steps 1 and 2.

Step 3: Authorized prescriber reviews all sections, resolves discrepancies, and orders medications with quantity and refills specified in all sections, including ordering new meds to start after discharge in section 3. Prescriber signs.

Step 4: Confirm that the form is complete and identify any discrepancies to be reconciled. Sign the “Reviewed by” line as a ‘countersignature’ to verify that the form is complete (Signing does not imply that the second person completed the form in its entirety; SRNA Documentation: *Guidelines for Registered Nurses*, Section 2.3). A signature in the authorized prescriber box and a blank “Reviewed by” line indicates the prescriber has reconciled the medications. **“Reviewed by” is signed by the person completing step 4.**

Note:

For sites that have implemented the pharmacy software (BDM), the DTMR Form is prepopulated with the list of active meds in section 1. The pre-admission meds in section 2 may be pre-populated or require manual completion dependent on local hospital pharmacy procedures.

There may be variation across the province about who carries out the different steps. A prescriber can complete all the steps - but an authorized prescriber must always perform step 3.

7. Which healthcare providers can finish the DTMR Form?

If a patient is being discharged to home or LTC, only an authorized prescriber can finish the DTMR Form by resolving discrepancies and authorizing its use as a prescription.

8. If there are no pre-admission medications, how is this documented on the DTMR Form?

A line is drawn through the empty section or rows. This is to prevent forged medications on the prescription.

9. Do prescribers have to sign a blank page if there are no medication orders?

No. A blank page should not be signed by a prescriber. This would be like signing a blank cheque or a blank prescription pad.

If the prescriber chooses to sign a blank page, the fill sections, blank or empty rows must be crossed out. Conversely, if a page is crossed out, it must be signed. This indicates that the page had been reviewed and prevents medications being added after the prescriber has signed the page.

Medication Orders

10. Can nurses take verbal or phone orders from the prescriber for the DTMR Form? Can hospital pharmacists?

Nurses cannot take verbal or phone orders from the prescriber for the DTMR Form. The prescriber orders must be completed by the most responsible provider specifying quantity and, if appropriate, refills. A verbal prescription must be communicated directly between a physician and the community pharmacist or pharmacy technician in the pharmacy where it is intended to be filled.

Refer to the *Regulatory Bylaws of the College of Physicians and Surgeons* (Section 17.1) which states “All verbal prescriptions must be communicated directly between a physician and a pharmacist/pharmacy technician as opposed to agents for either licensed professional.”

For a prescription to be complete, the ‘1/12’ checkbox needs to be ticked or a quantity/duration of treatment is written in the ‘Quantity’ column and an authorized prescriber’s signature is printed at the bottom of the DTMR Form.

11. Can a community pharmacy use prescriptive authority to fill in missing information on an incomplete DTMR form?

An improperly completed DTMR Form is not a legal prescription and the pharmacist will follow up with the prescriber. Like any prescription, the community pharmacist may need to phone for clarification on the prescriber’s intent if they are unable to determine it from the DTMR Form. Depending on the degree of completeness, the pharmacist may be able to use prescriptive authority to ‘fill in the blanks’.

12. How are medications not dispensed by community pharmacy (e.g., tuberculosis treatment, cancer treatment) addressed?

In the comments column, write “followed by TB program” or “followed by cancer clinic” as appropriate.

DTMR Form as a Prescription

13. What must be present for prescriptions to be filled by pharmacy?

The community pharmacy needs to perform medication reconciliation to determine which medications the patient may require. That is, the community pharmacy needs to review the entire DTMR Form and compare all prescriber orders to the existing orders in the pharmacy software system.

- Either the ‘Prescription – Discharge to Home’ or ‘Prescription – Discharge to LTC’ check box is ticked.
- In section 1, Active Inpatient Medications, under Prescriber Orders, the ‘Continue’ column is checked off and the ‘1/12’ checkbox is either ticked or a quantity/duration of treatment is written in the ‘Quantity’ column.
- In section 2, Pre-admission Medications as listed on BPMH, medications where the ‘Restart’ column is checked and ‘Quantity’ specified.
- In section 3, New Medications to Start after discharge, medications are handwritten in with ‘Quantity’ specified.

14. How are decisions on 'held' meds during hospital stay recorded on the DTMR form?

Write in "Restart" or "Stop med" in the 'Comments/Rationale/Indication' column of the DTMR form so the prescriber can circle the option that is wanted or cross off the option that is not wanted. Do not transcribe the 'Hold' meds into section 2. Section 2 remains for medications stopped on admission (appeared on the BPMH, but not part of the active meds on the DTMR).

This serves as a double check that the intention of the prescriber checking off the "Continue" or "Stop" columns is clear. Refer to example below:

SK Discharge/Transfer Medication Reconciliation Form					Saskatchewan Health Authority	
Location: SHA YRH ICU			Example		HSN: MRN#: Admitted:	
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 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					Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin	
Scheduled medications, followed by PRN active prior to discharge						
Medication	Dose / Route / Frequency		Same as prior to admission	Adjusted in hospital	Comments / Rationale / Indication	Continue ☐ Quantity Discharge Only ☐ Refills Discharge Only ☐ No Rx Needed ☐ STOP ☐
Scheduled Medications:						
MAGNESIUM OXIDE	**HOLD** PATIENT'S OWN MEDICATION 420 MG PO (WAS BID) NOT SUPPLIED BY PHARMACY ENSURE ADMINISTRATION IS DOCUMENTED IN MAR Sched:		✓		RESTART or STOP Med	☒ $\frac{1}{12}$ Or ☐ $\frac{1}{12}$
ACYCLOVIR tab 200 mg	400 MG (2 TAB) PO BID					☐ $\frac{1}{12}$

SK Discharge/Transfer Medication Reconciliation Form					Saskatchewan Health Authority	
Location: SHA YRH ICU			Example		HSN: MRN#: Admitted:	
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 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					Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin	
Scheduled medications, followed by PRN active prior to discharge						
Medication	Dose / Route / Frequency		Same as prior to admission	Adjusted in hospital	Comments / Rationale / Indication	Continue ☐ Quantity Discharge Only ☐ Refills Discharge Only ☐ No Rx Needed ☐ STOP ☐
Scheduled Medications:						
MAGNESIUM OXIDE	**HOLD** PATIENT'S OWN MEDICATION 420 MG PO (WAS BID) NOT SUPPLIED BY PHARMACY ENSURE ADMINISTRATION IS DOCUMENTED IN MAR Sched:		✓		RESTART or STOP Med	☒ $\frac{1}{12}$ Or ☐ $\frac{1}{12}$
ACYCLOVIR tab 200 mg	400 MG (2 TAB) PO BID					☐ $\frac{1}{12}$

15. How long is the DTMR Form valid as a prescription?

The Form as a prescription is valid for one year, provided the prescriber is attending the patient (*Standards of Practice for Saskatchewan Pharmacists*, Saskatchewan College of Pharmacy Professionals; page 4). This applies to prescription drugs, narcotics, controlled drugs and targeted substances.

A prescription becomes invalid when it exceeds 12 months of age or when the prescriber ceases to attend the patient for reasons such as, but not limited to, death or retirement.

16. If there are narcotics, controlled substances, benzodiazepines and gabapentin on the DTMR Form, can it be used as the prescription or does a separate prescription using a prescription pad need to be used for them?

The DTMR Form may be used to prescribe narcotics and controlled substances. However, the prescriber must include the quantity in both numeric and written format [e.g., 30 (thirty)] for the prescription to be legal.

If there are part fills that the physician is prescribing, then the total authorized quantity in alpha and numeric and the dispense interval must be included as well.

17. Where do I write the quantity in written form for Prescription Review Program agents (narcotics, controlled substances, benzodiazepines and gabapentin)?

The written form of quantity [e.g., 30 (thirty)] may be written in the space provided under the 'tick box' in the "Quantity" column in the "Prescriber Orders" section, or in the "Comments/Rationale/Indication" column. For lengthier instructions such as part-fill directions, more than one row can also be used to write the order. Illustrations are provided below.

Example 1:

1. Active Inpatient Medications Review MAR and prescriber order sheets for last 72hrs		Medication Status			Prescriber Orders Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin					
Scheduled medications, followed by PRN active prior to discharge		Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Medication	Dose / Route / Frequency					☐	☐	☐	☐	☐
Morphine	2.5-5mg po q4h PRN			✓		☒	1/12 Or			
	100 (one hundred) tabs (5mg tablets)					☐	1/12 Or			

Example 2:

3. NEW medications to START after discharge		Comments / Rationale / Indication	Prescriber Orders Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin	
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	
			☐ 1/12 Or	
			☐ 1/12 Or	

18. What if the prescriber does not complete the quantity and/ or refills for each medication?

Quantity or duration of treatment is a required element of a legal prescription. Authorization of refills is optional. When the quantity is not completed, the community pharmacist needs to follow up with the prescriber.

The intent of MedRec at discharge is for clear communication to the patient and the community pharmacist about the patient's medications following discharge. If the community pharmacist has to call the prescriber for either clarification of quantity to dispense, or notification about what was done, then communication was not clear.

19. If prescriber does not complete quantity, how much can the community pharmacist dispense?

Quantity or duration of treatment is a required element of a legal prescription. For narcotics, controlled substances, benzodiazepines and gabapentin, the prescriber must specify the quantity to be dispensed (refer to the *Controlled Drugs and Substances Act, Narcotic Control Regulations and the Prescription Review Program*).

For all other medications, under prescriptive authority (except for narcotics, controlled substances, benzodiazepines and gabapentin), the pharmacist may be able to insert the missing information if the prescriber's intent is clear; this is followed by notifying the prescriber of the action taken. If the intent is unclear and they are unable to determine quantity from the prescription, the pharmacist must clarify it with the prescriber. In either case, the community pharmacist is required to follow up with the prescriber.

20. Do prescribers complete the refills section if they know the patient has refills ordered previously?

No. New prescriptions cancel out existing refills for medications, and previously ordered refills are irrelevant because of this. However, if the prescriber is certain the patient has refills remaining AND there have been no changes to the medication while admitted to hospital, the prescriber should indicate "Continue" and check "No Rx Needed" if the prescriber does not wish to reissue a prescription for the medication. This will inform the patient's community pharmacy that the patient is to continue the medication, and that the existing prescription may be used to enable this.

Substitutions

21. How are automatic therapeutic substitutions documented and reconciled at discharge?

This varies according to area pharmacy procedures.

Typically, the therapeutic substitution is listed in section 1 as the active med and the substituted med is listed in section 2 as held at admission. The person reconciling the DTMR Form uses the "Comments/Rationale/Indication" column to flag this for the prescriber. The prescriber decides whether to continue with the substitution or to stop the substitution and restart the pre-admission med.

22. How do we document automatic substitution of fixed-dose combination products with single ingredient products (e.g., patient uses Hyzaar® at home, and the hospital pharmacy substitutes with losartan and hydrochlorothiazide while the patient is in hospital)?

This varies according to area pharmacy procedures.

Typically, the two single ingredient products are listed in section 1 as active meds, and the fixed-dose combination product is listed in section 2 as held at admission. The person reconciling the DTMR Form uses the “Comments/Rationale/Indication” column to flag this for the prescriber. The prescriber decides what the patient is to use upon discharge.

Faxing of the DTMR Form

23. Can the DTMR Form be faxed to the prescriber to complete, and faxed back to the discharging facility for the discharging facility to fax to the community pharmacy (e.g., a patient cannot be discharged until their lab results report a certain value, and in the meantime the prescriber has left the facility)?

No (see *Online Reference Manual of the Saskatchewan College of Pharmacy Professionals: Electronic Transmission of Prescriptions – Supplementary Guidelines 4.1*).

The prescription must be faxed directly to the community pharmacy of the patient’s choice, and must be sent directly from the prescriber’s office OR directly from a healthcare institution for a patient of that institution.

- Physician office to community pharmacy ✓
- Hospital original with signature to community pharmacy ✓
- Hospital original to Physician office with signature to community pharmacy ✓
- Physician office to hospital to community pharmacy X

24. If the DTMR Form is faxed to a community pharmacy of the patient’s choice on discharge, and the patient chooses to switch pharmacies AFTER the Form is faxed, can the DTMR Form (i.e., prescription) be transferred to another community pharmacy?

Yes, as long as the original community pharmacy is open. At the request of the patient, the community pharmacy that received the faxed Form can transfer it to another community pharmacy with the following exceptions:

- Prescriptions for narcotics, controlled substances, cannot be transferred, and
- Prescriptions for targeted substances may be transferred only once

(See the *Saskatchewan College of Pharmacy Professionals Reference Manual, Prescription Regulations Summary*).

If the original prescription was faxed to the wrong pharmacy (“pharmacy A”), it is best that the hospital fax the prescription to the correct pharmacy and notify pharmacy A so the first prescription can be shredded.

25. Do all the pages need to be faxed, even ones with no medications?

All pages must be faxed. If an auto-populated DTMR Form is being used, all pages must be faxed regardless of how the blank pages are documented because the page numbering is also auto-populated and all numbered pages must be included in the fax.

26. Does the patient need the DTMR Form on discharge when prescription meds are not ordered? Does the discharging facility fax the DTMR Form to the community pharmacy?

The DTMR Form **is faxed** by the discharging facility to the community pharmacy:

- If the patient was admitted to hospital with active medications, but is discharged with none (i.e., everything is discontinued) then the Form becomes a communication tool for the community pharmacist (i.e., previously prescribed medications discontinued and why).
- If the patient is to receive only over-the-counter (OTC) medications and is being discharged to a LTC facility, the Form should be faxed to the appropriate community pharmacy.
- If the patient is receiving only OTC medications and is being discharged home, explain to the patient that the prescriber has ordered OTC meds only, and have it faxed to the community pharmacy of the patient's choice. Patients can request a copy of the DTMR form so they know how to take their medications if they decide to purchase the OTC drugs elsewhere or not fill it at all due to having a steady supply at home. Orders should be written as if it is being written for a prescription drug.
- If a patient's home medications **are continued on admission**, and there are no medication changes at all while in hospital, and no new medications were prescribed on discharge, then in the Active Inpatient Medications section, section 1, the 'Same as prior to admission' and the 'No Rx Needed' column (checked off by the prescriber) is checked off for all medications. The Form is completed by drawing a line through the empty rows in section 2 and 3. *Faxing of this form to community pharmacy in this situation would be for information purposes only.*
- Other reasons for faxing OTC-only prescriptions to the community pharmacy include:
 - Clear communication to the community pharmacist about what the patient should be taking on discharge (e.g., naproxen to be taken short-term only for an acute condition; low-dose ASA for a cardiac condition);
 - Third party coverage, should the patient have it (e.g., First Nations, employer-sponsored plans like Blue Cross);
 - More medications are moving from prescription to OTC status.

The DTMR Form is not faxed to the community pharmacy:

- If the patient was admitted to hospital with **no medications** and is discharged with no medications, then the DTMR Form is not taken by the patient, nor faxed by the discharging facility to the community pharmacy. Under these circumstances, complete the DTMR Form by drawing a line through the empty rows or sections to indicate that the medication review and reconciliation process occurred and was not missed (see also Q39 &43). This will also prevent the addition of medications to the Form after the patient has been discharged.

27. What is the appropriate process should a discrepancy be discovered after the signed DTMR Form has been faxed to the community pharmacy?

Notify the community pharmacy and the prescriber immediately, and document follow-up on the Form being sure to note that this happened after the DTMR Form had been faxed. The responsibility for obtaining an order for the new medication is now that of the community pharmacy and prescriber.

See Appendix for sample DTMR Forms used as a discharge prescription and an annotated form.

Appendices:

a) DTMR Discharge prescription Form (BDM version)

SK Discharge/Transfer Medication Reconciliation Form Saskatchewan Health Authority		Vacation, Mexico	
Location: SHA VIC 2ICU 2-1		Age: 27 yrs	HSN: 103432353
		DOB: 21/02/1991	MRN#: 78945
		Gender: M	Admitted: Jan 29, 2018
Allergies: codeine, penicillin, tetracycline, sulfamethoxazole, meperidine		Patient Address: 5203 Test Street Regina, SK S4X 4S4	

Prescription - Discharge to Home ☒	Prescription - Discharge to LTC ☐	Transfer Medication List - External ☐	Transfer Orders - Internal ☐
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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				Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin					
Scheduled medications, followed by PRN active prior to discharge									
Medication	Dose / Route / Frequency	Same as prior to admission	Adjusted in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Scheduled Medications:									
ccFAZolin INJ 1 G	1 GRAM IV TID FOR 7 DAYS Sched: 06:00, 14:00, 22:00		✓	IV med	☐	1/2			✓
CLOPIDOGREL BISULFATE tab 75 MG (PLAVIX)	75 MG (1 TAB) PO DAILY Sched: 09:00		✓		✓	1/2	2		
ROSUVASTATIN tab 10 mg (CRESTOR)	10 mg (1 TAB) PO HS Sched: 21:00		✓		✓	1/2	2		
METOPROLOL tab 25 mg	25 MG (1 TAB) PO BID Sched: 09:00, 21:00		✓		✓	1/2	2		
RAMIPRIL CAP 5 mg	5 MG (1 CAP) PO DAILY Sched: 09:00		✓		✓	1/2	2		
PRN Medications:									
ACETAMINOPHEN tab 325 mg	325 MG (1 TAB) PO Q6H PRN *MAX 4G TOTAL ACETAMINOPHEN PER 24 HOURS*		✓		☐	1/2			✓
dimenhydrinate tab 50 mg	50 MG (1 TAB) PO Q4H PRN		✓		☐	1/2			✓
Medications Ordered After Time of Printing:									
					☐	1/2			
					☐	1/2			

Completed by: [Signature] PW
Date: May 23 Time: _____

Reviewed by: [Signature] PW
Date: May 23 Time: _____

Authorized Prescriber: [Signature] #: 1234
(print)
Phone #: 306-111-1111 (sign)
Date: May 23/18

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.

Version: BDM 2.11

Printed on: 2018-May-23 at 11:33:45 with job id#: 35607792

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SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA VIC 2ICU 2-1

Vacation, Mexico

Age: 27 yrs HSN: 103432353
DOB: 21/02/1991 MRN#: 78945
Gender: M Admitted: Jan 29, 2018

1. Active Inpatient Medications (continued) Review MAR and prescriber order sheets for last 72hrs		Medication Status		Comments / Rationale / Indication	Prescriber Orders				
Medication	Dose / Route / Frequency	Same as prior to admission	Adjusted in hospital		Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP	
Scheduled medications, followed by PRN active prior to discharge									
					☐ 1/2 Or				
					☐ 1/2 Or				
					☐ 1/2 Or				

2. Pre-admission medications as listed on Best Possible Medication History		Comments / Rationale / Indication	Prescriber Orders				
Medication	Dose / Route / Frequency		Restart	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
RESTART pre-admission medications not ordered or stopped in hospital STOP pre-admission medications no longer required							
TEVA-NITROFURANTOIN 50 MG CAP	take one capsule DAILY		☒ 1/2 Or				
COUMADIN 2 MG TABLET	take one tablet DAILY	changed to clopidogrel	☐ 1/2 Or				
ELAVIL 10 MG TABLET	take 4 tablets AT BEDTIME		☒ 1/2 Or				
			☐ 1/2 Or				
			☐ 1/2 Or				
			☐ 1/2 Or				
			☐ 1/2 Or				
			☐ 1/2 Or				

Completed by: [Signature] Date: May 22/18 Time:
Reviewed by: [Signature] Date: May 22 Time:

Authorized Prescriber: <u>[Signature]</u>	#:	<u>1234</u>
	(print)	
Phone #: <u>306-111-1111</u>	(sign)	
Date: <u>May 23/18</u>		

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SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA VIC 2ICU 2-1

Vacation, Mexico

Age: 27 yrs HSN: 103432353
DOB: 21/02/1991 MRN#: 78945
Gender: M Admitted: Jan 29, 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	No Rx Needed	STOP
_____			☐	$\frac{1}{2}$			
_____			☐	$\frac{1}{2}$			

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
Keflex	500 QID x 10d.	skin burn	☐ $\frac{1}{2}$ Or 10 days
_____			☐ $\frac{1}{2}$ Or
_____			☐ $\frac{1}{2}$ Or
_____			☐ $\frac{1}{2}$ Or
_____			☐ $\frac{1}{2}$ Or
_____			☐ $\frac{1}{2}$ Or
_____			☐ $\frac{1}{2}$ Or

Completed by: J. Smith LN
Date: May 23 Time: _____
Reviewed by: J. Jones LN
Date: May 23 Time: _____

Authorized Prescriber:	#:	<u>1034</u>
<u>J. Smith</u>		(print)
Phone #: <u>306-111-1111</u>		(sign)
Date: <u>May 23/18</u>		

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.
Version: BDM 2.11 Printed on: 2018-May-23 at 11:33:45 with job id# 35607792 Page 3 of 4

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA VIC 2ICU 2-1

Vacation, Mexico

Age: 27 yrs HSN: 103432353
DOB: 21/02/1991 MRN#: 78945
Gender: M Admitted: Jan 29, 2018

Other Medication Instructions/Comments:

Copied/Faxed to:	Name of Recipient / Fax #	Date	Copied/Faxed to:	Name of Recipient / Fax #	Date
☒ Community Pharmacy	SDM #444	May 23	☐ Receiving Facility		
☐ Long Term Care			☒ Family Physician/ Nurse Practitioner	Dr. Al Better 306-222-2222	May 23
☐ Home Care			☐ Other ☒ Copy to patient		

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

Completed by: JSmith RN
Date: May 23 Time: _____
Reviewed by: J Jones RN
Date: May 23 Time: _____

Authorized Prescriber:	#:	<u>1234</u>
<u>JSmith</u>		(print)
Phone #:		<u>306-111-1111</u> (sign)
Date:		<u>May 23/18</u>

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.

Version: BDM 2.11.

Printed on: 2018-May-23 at 11:33:45 with job id#:35607792

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b) DTMR Discharge prescription Form (Paper version)

SK Discharge/Transfer Medication Reconciliation Form
 Saskatchewan Health Authority
 Location: Indian Head Union Hospital

Tonne, Clay
 Age: 66 years
 DOB: 03/03/1951
 Gender: m
 HSN: 123 456 789
 MRN#: 987 654
 Admitted: Nov 1, 2017
 Label/Address

Allergies:
Codine

123 Easy street
 Indian Head, 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					Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin					
Scheduled medications, followed by PRN active prior to discharge		Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Medication	Dose / Route / Frequency									
Warfarin TAB 1MG	1MG (1 TAB) PO DAILY Sched: 16:00	✓			Last dose - May 6 at 4pm	✓	□ 1/2 7 days			
RAMIPRIL CAP 5MG	5MG (1 CAP) PO DAILY Sched: 09:00		✓		↑ from 2.5mg Last dose - May 7 at 9am	✓	□ 1/2 Or			
FLUOXETINE CAP 40MG	40MG (1 CAP) PO DAILY Sched: 09:00	✓			Follow up with Psychiatrist in 2 weeks. Last dose - May 7 at 9am	✓	□ 1/2 Or		✓	
							□ 1/2 Or			
RANITIDINE	150MG PO BID Takes at 09:00 and 21:00			✓		✓	□ 1/2 Or			
PRN Medications:							□ 1/2 Or			
Acetamophen Tab	325MG (1 TAB) PO PRN			✓			□ 1/2 Or			✓
Dimenhydrinate Tab	50MG (1 TAB) PO PRN			✓			□ 1/2 Or			✓
(or may give IV - see alternate order)							□ 1/2 Or			
							□ 1/2 Or			
							□ 1/2 Or			
							□ 1/2 Or			

Completed by: Dinah S. Micht RN
 Date: Nov 4, 2017 Time: 14:00
 Reviewed by: Snow White RN
 Date: Nov 4, 2017 Time: 15:45

Authorized Prescriber: Dr. Au Better #: 123456
 (print)
ACB (sign)
 Phone #: xxx-xxx-xxx
 Date: Nov 4/17
1234 Easy Street, Indian Head Union Hospital, Indian Head, SK

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Version: Paper.2.11

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SK Discharge/Transfer Medication Reconciliation Form
 Saskatchewan Health Authority
 Location: Indian Head Union Hospital

Tonne, Clay
 Age: 66 years
 DOB: 03/03/1951
 Gender: M
 HSN: 123 456 789
 MRN#: 987654
 Admitted: Nov 1, 2017
 Label/Address
 123 Easy Street, Indian Head, SK, XXX XXX

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		Comments / Rationale / Indication	Restart	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
Medication	Dose / Route / Frequency						
APD-Furosemide Tab	20mg(1TAB) PO BID	Held in hospital	☐	☒	☐	☐	☒
	Sched : 09:00, 12:00		☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
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			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Completed by: Dinsh Night RN
 Date: Nov 4, 2017 Time: 14:00
 Reviewed by: Snow White RN
 Date: Nov 4, 2017 Time: 15:45

Authorized Prescriber:	#: <u>123456</u>
<u>Dr. Au Better</u>	
<u>AEBe</u>	(print)
Phone #: <u>xxx-xxx-xxx</u>	(sign)
Date: <u>Nov 4/17</u>	
<u>1234 Easy Street, Indian Head Union Hospital</u>	
<u>Indian Head, SK</u>	

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 Version: Paper.2.11
 Page 2 of 3

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority
Location: Indian Head Union Hospital

Tonne, Clay
Age: 66 years
DOB: 03/03/1951
Gender: M
HSN: 123 456 789
MRN#: 987 654
Admitted: Nov 1, 2017
Label/Address
123 Easy Street, Indian Head, SK, XXX XXX

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
Tylenol #3	1-2 tabs q 4h prn for pain	Ten tabs	☐ 1/2 Or 10 tabs	
			☐ 1/2 Or	
			☐ 1/2 Or	
			☐ 1/2 Or	
			☐ 1/2 Or	
			☐ 1/2 Or	
			☐ 1/2 Or	

Other Medication Instructions/Comments:

Copied/Faxed to:	Name of Recipient / Fax #	Date	Copied/Faxed to:	Name of Recipient / Fax #	Date
☒ Community Pharmacy	Drugs R' us 555-555	Nov 4 2017	☐ Receiving Facility		
☐ Long Term Care			☒ Family Physician/ Nurse Practitioner	Dr Trixie 555-0000	Nov 4/17
☐ Home Care			☐ Other ☒ Copy to patient	Tonne, Clay	Nov 4/17

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

Completed by: Dinah Night RN
Date: Nov 4, 2017 Time: 14:00

Reviewed by: Snow White RN
Date: Nov 4, 2017 Time: 15:45

Authorized Prescriber:	#:	123456
<u>Dr. Acl Better</u>		
<u>ALBe</u>	(print)	
Phone #: <u>xxx-xxx-xxx</u>	(sign)	
Date: <u>Nov 4/17</u>		
<u>1234 Any Street, Indian Head Union Hospital, Indian Head, SK</u>		

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.

Version: Paper 2.11

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c) DTMR annotated Form (BDM version)

RPN, RN, LPN, Pharm, Pharm Tech/Prescriber Prescriber only Fields that may pre-populate		SK Discharge/Transfer Medication Reconciliation Form Saskatchewan Health Authority Location: SHA YRH CCU-04 Location /Allergy/ Patient Information Pre-populates		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		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		Medications need to be checked as 'Continue' or 'STOP'		Prescriber Orders				
Review MAR and prescriber order sheets for last 72hrs						Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin				
Scheduled medications, followed by PRN active prior to discharge		Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity Discharge Only	Refills Discharge Only	No RX Needed	STOP
Active & PRN meds pre-populate in section 1										
Medication	Dose/Route/ Frequency									
Scheduled Medications:										
Warfarin TAB 1 MG	1 MG (1 TAB) PO DAILY Sched: 16:00	✓			Last dose- May 6 at 4 pm	✓	1/12 or 7 days			
RAMIPRIL CAP 5 MG	5 MG (1 CAP) PO DAILY Sched: 09:00		✓		↑ from 2.5 mg Last dose-May 7 at 9 am	✓	1/12 or			
FLUOXETINE CAP 40 MG	40 MG (1 CAP) PO DAILY Sched: 09:00	✓			Follow up with Psychiatrist in 2 wks Last dose-May 7 at 9 am	✓	1/12 or		✓	
ACETAMINOPHEN TAB 325 MG	650 MG (2 TABS) PO DAILY			✓	Rx is completed with quantity using '1/12' tick box/ a specified amount for every med. 'No Rx Needed' may be used for OTC drugs or meds with current Rx, otherwise no need to dispense.	✓	1/12 or			✓
						1/12 or				
PRN Medications:										
Dilmenhydrinate TAB 50 MG	50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)			✓	PRN	✓	1/12 or	✓		✓
Medications Ordered After Time of Printing:										
RANITIDINE 150 MG PO BID	Take at 0900 and 2100			✓		✓	1/12 or			
Person comparing the BPMH, MARs & Dr order sheets to the DTMR form & completing med status columns & comments signs, dates & times on every page										

Completed by: Dinah Might RN

Date: May 7/18 Time: 1400

Reviewed by: Ida Care RN

Date: May 7/18 Time: 1545

Authorized Prescriber: # XXXXXX

Dr Al Better (print)

Dr Al Better (sign)

Phone #: (xxx) XXX-XXXX

Date: May 7/18

111 Any Street Yorkton, SK S5S-0000

Prescriber Address

Page numbers pre-populate. All blank pages should be included when faxed to Community Pharm.

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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		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 e.g. of use: -restart Warfarin on discharge -stop NSAID due to GI Bleed	<table border="1"> <tr> <th>Restart</th> <th>Quantity Discharge only</th> <th>Refills Discharge only</th> <th>No Rx Needed</th> <th>STOP</th> </tr> </table>	Restart	Quantity Discharge only	Refills Discharge only	No Rx Needed	STOP										
Restart	Quantity Discharge only	Refills Discharge only	No Rx Needed	STOP														
Furosemide TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200	<i>Held in hospital</i>	<table border="1"> <tr> <td>☐ 1/12 or</td> <td></td> <td></td> <td></td> <td>☒</td> </tr> <tr> <td>☐ 1/12 or</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>☐ 1/12 or</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	☐ 1/12 or				☒	☐ 1/12 or					☐ 1/12 or				
☐ 1/12 or				☒														
☐ 1/12 or																		
☐ 1/12 or																		
Meds 'stopped'/'held' from BPMH may prepopulate in Section 2)																		

3. NEW medications to START after discharge		Prescriber Orders							
Medication	Dose / Route / Frequency	Comments / Rationale / Indication	<table border="1"> <tr> <th>Quantity Discharge Only</th> <th>Refills Discharge only</th> </tr> </table>	Quantity Discharge Only	Refills Discharge only				
Quantity Discharge Only	Refills Discharge only								
Tylenol #3	1-2 tabs q4h prn for pain	Ten tabs	<table border="1"> <tr> <td>☐ 1/12 or 10 tabs</td> <td></td> </tr> <tr> <td>☐ 1/12 or</td> <td></td> </tr> <tr> <td>☐ 1/12 or</td> <td></td> </tr> </table>	☐ 1/12 or 10 tabs		☐ 1/12 or		☐ 1/12 or	
☐ 1/12 or 10 tabs									
☐ 1/12 or									
☐ 1/12 or									
Blank lines should be crossed out in hospital after Rx is completed									

Other Medication Instructions/Comments: "Unresolved discrepancies" are described here in the "Comments" box to inform Community Pharmacy/ other services of discrepancy. Prescriber will then need to contact the Pharmacy directly to reconcile the Rx.

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

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

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

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

Authorized Prescriber:	#:	<u>XXXXX</u>
<u>Dr Al Better</u>		
(print)		
<u>Dr Al Better</u>		
Phone #: (xxx) XXX-	Prescriber # & address is completed when narcotics, controlled substances, benzodiazepines, gabapentin are ordered	
Date:	<u>May 7/18</u>	
<u>111 Any Street Yorkton, SK 555-0000</u>		
Prescriber Address for orders for narcotics, controlled substances and gabapentin		

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Printed on: 2018-May-6 with job id#:13555184

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