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

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Medication Discrepancies

Adapted with permissions from ISMP Canada

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ISMP Medication Discrepancies

Adapted with permissions from ISMP Canada

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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

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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)]

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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

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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?

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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!

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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)

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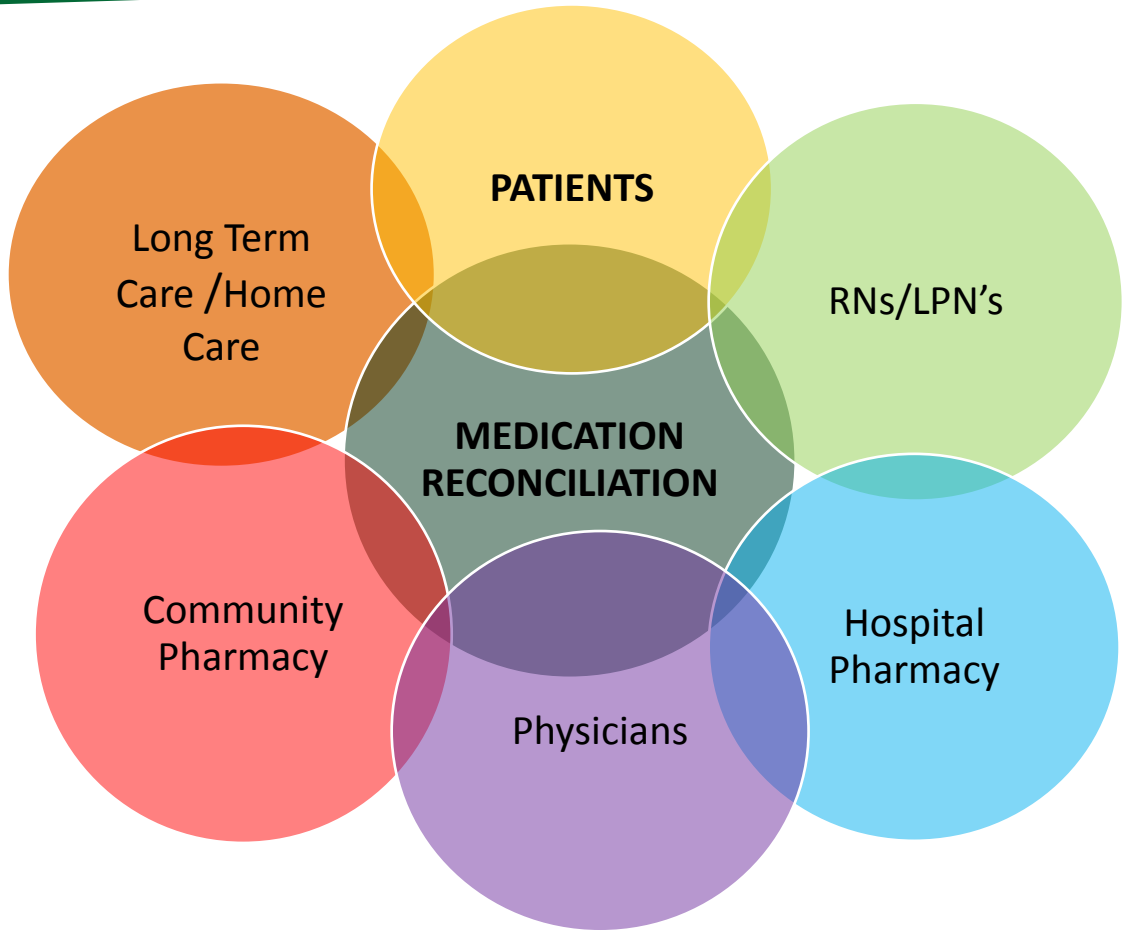
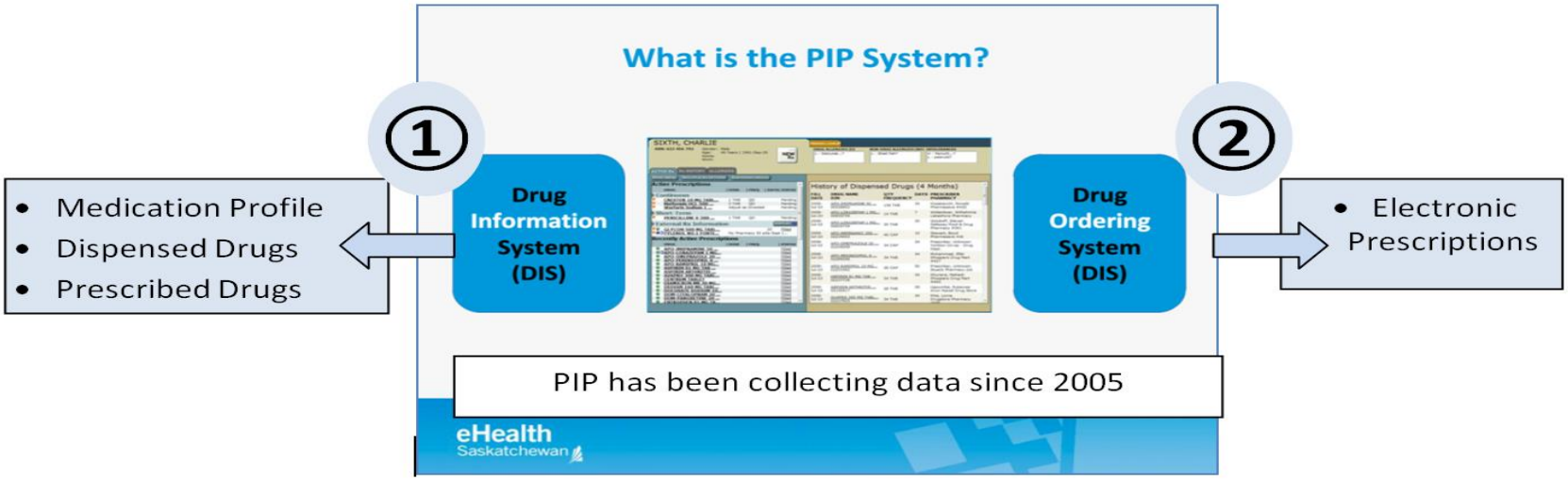
Who is Responsible for MedRec?

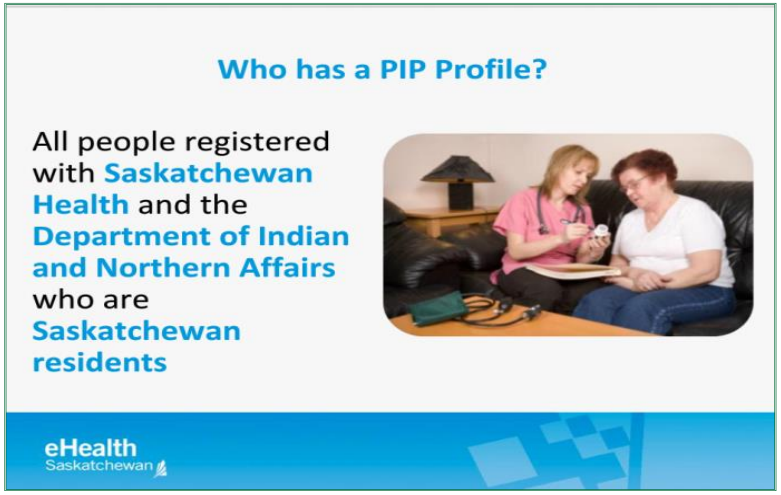


- Performing MedRec involves **multidisciplinaries** working together as a **TEAM** for the patient, as they move through the transitions of care.

MedRec is team work

What is the Pharmaceutical Information Program (PIP)?





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.

Screenshots courtesy of eHealth

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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

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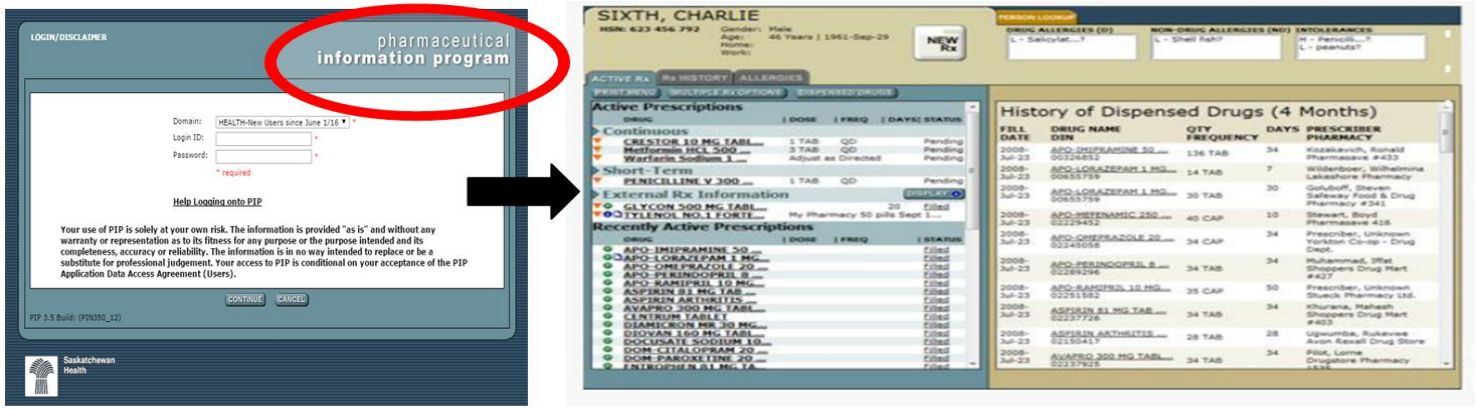
Accessing a Patient's PIP/Medication Profile Online:

- 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



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

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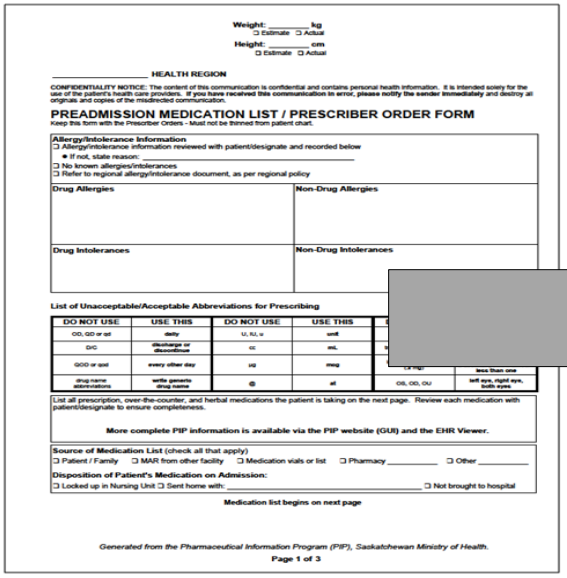
The PIP Medication Reconciliation Form

Who can print?

Who receives the copy?

When is it printed?

eHealth Saskatchewan



Weight: _____ kg ☐ Estimate ☐ 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 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.

Allergy/Intolerance Information
☐ Allergy/intolerance information reviewed with patient/designate and recorded below
● 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**

List of Unacceptable/Acceptable Abbreviations for Prescribing

DO NOT USE	USE THIS	DO NOT USE	USE THIS
OD, QD or od	daily	U, IU, u	unit
D/C	discharge or discontinue	cc	mL
QOD or qod	every other day	µg	mcg
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.

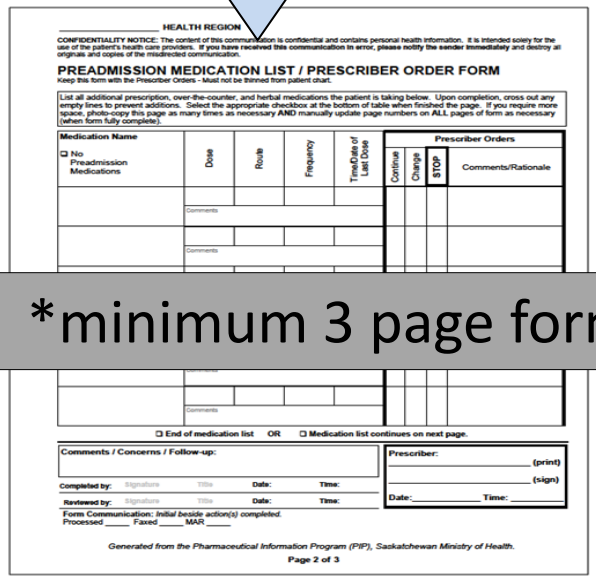
Source of Medication List (check all that apply)
☐ Patient / Family ☐ MAR from other facility ☐ Medication vials or list ☐ Pharmacy _____ ☐ Other _____

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

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

Page 1 of 3



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Medication Name	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments/Rationale
☐ No Preadmission Medications								
	Comments							
	Comments							

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

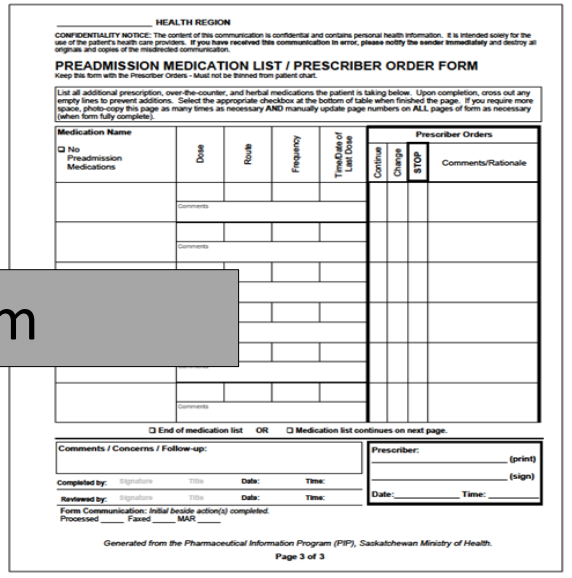
Comments / Concerns / Follow-up:

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

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

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

Page 2 of 3



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Medication Name	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments/Rationale
☐ No Preadmission Medications								
	Comments							
	Comments							

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

Comments / Concerns / Follow-up:

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

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

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

Page 3 of 3

*minimum 3 page form

Screenshots courtesy of eHealth

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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)

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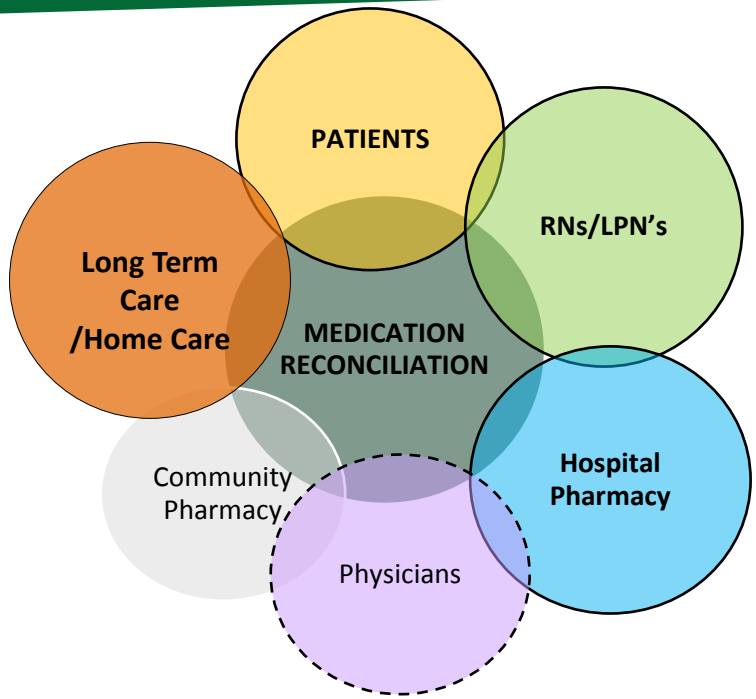
MedRec on 'Admission'

- 3-step process:




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

_____ 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: Continue	Change	STOP	Comments / Rationale
ERYTHROMYCIN TABLET (Erythromycin Base) 2016-Mar-26 Physician, Conform2 (MD)		Oral						
ERYC 333 MG CAPSULE EC (Erythromycin Base)		Oral						
MINOCYCLINE CAPSULE (Minocycline HCL) 2016-Apr-25 Physician, Conform2 (MD)								
FAMCICLOVIR 250 MG TABLET		Oral						
VENTOLIN HFA 100 MCG INHALER (Salbutamol Sulfate)		Oral						
NICORETTE 4 MG/16 HR								

Medication list continues on next page.

Comments / Concerns / Follow-up:

Prescriber: _____ (print) _____ (sign)

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

Step #1: Collecting the Best Possible Medication History

"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)

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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

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Date of Birth & Age maybe included in this info & is important to know for specific meds

PREADMISSION MEDICATION LIST / PRES

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 recc
- If not, state reason: _____

☐ No known allergies/intolerances
☒ Refer to regional allergy/intolerance document, as per regional policy

Drug Allergies	Non-Drug Allergies
See Allergy & Intolerance Record	
Drug Intolerances	**Non-Drug Intolerances**

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

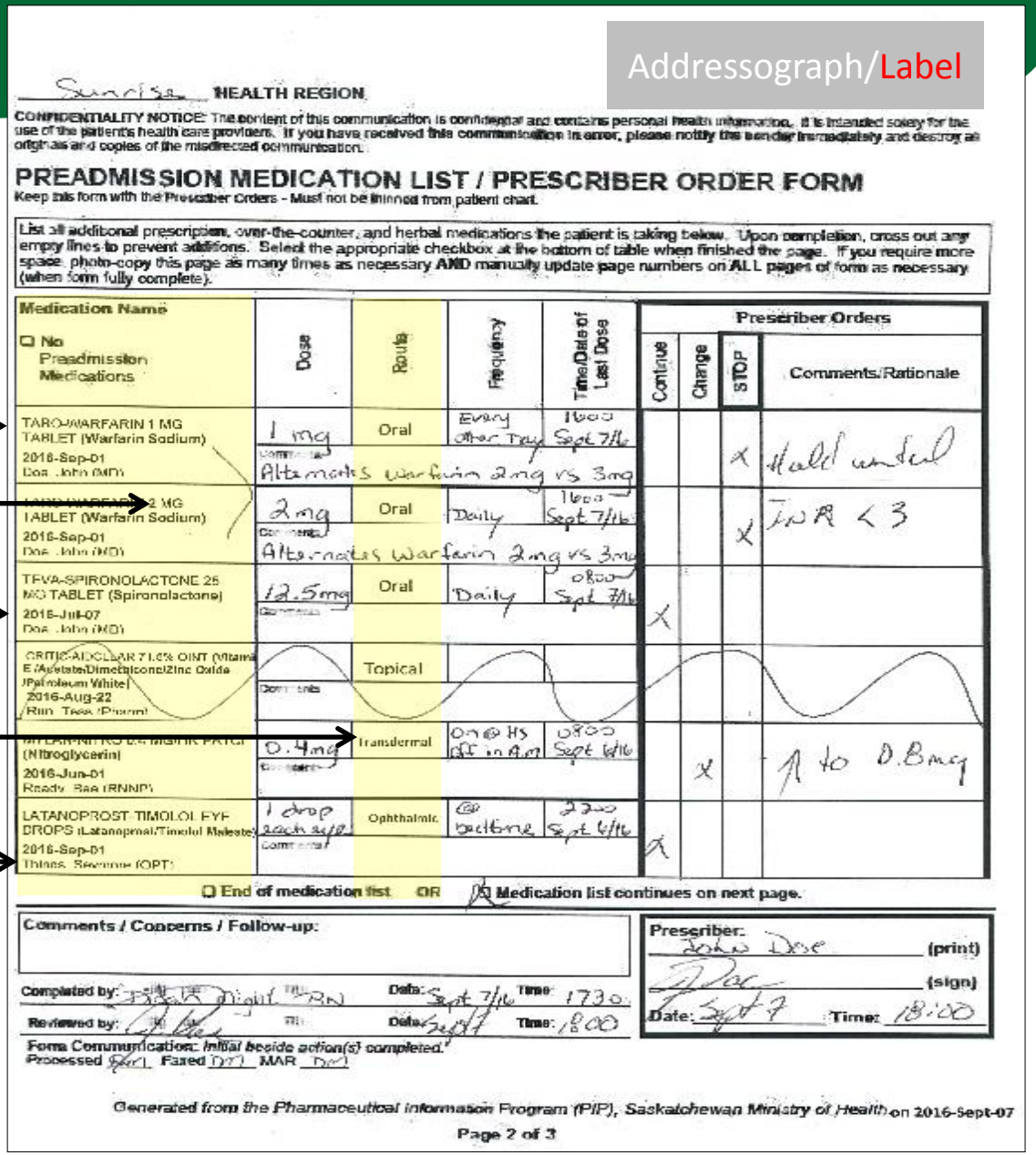
Strength Dispensed
(not *necessarily* prescribed)

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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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 ☐ No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments/Rationale
TARO-WARFARIN 1 MG TABLET (Warfarin Sodium) 2016-Sep-01 Doe, John (MD)	1 mg	Oral	Every other Day	1600 Sept 7/16			X	Hold until Alternates Warfarin 2mg vs 3mg
TARO-WARFARIN 2 MG TABLET (Warfarin Sodium) 2016-Sep-01 Doe, John (MD)	2 mg	Oral	Daily	1600 Sept 7/16			X	INR < 3 Alternates Warfarin 2mg vs 3mg
TEVA-SPIRONOLACTONE 25 MG TABLET (Spironolactone) 2016-Jul-07 Doe, John (MD)	12.5mg	Oral	Daily	0800 Sept 7/16	X			
CRITIC-AIDCLAIR 7 LC% OINT (Vitamin E Acetate/Dimethicone/Zinc Oxide /Petroleum White) 2016-Aug-22 Rin, Tess (Pharm)		Topical						
NITRO-DUR TRANSDERMAL PATCH (Nitroglycerin) 2016-Jun-01 Ready, Bea (RNNP)	0.4mg	Transdermal	0800 HS off in AM	0800 Sept 6/16		X		1 to 0.8mg
LATANOPROST TIMOLOL EYE DROPS (Latanoprost/Timolol Maleate) 2016-Sep-01 Thiess, Seezone (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: [illegible] RN Date: Sept 7/16 Time: 1730

Reviewed by: [illegible] Date: Sept 7 Time: 1800

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

Prescriber: John Doe (print)

(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 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!

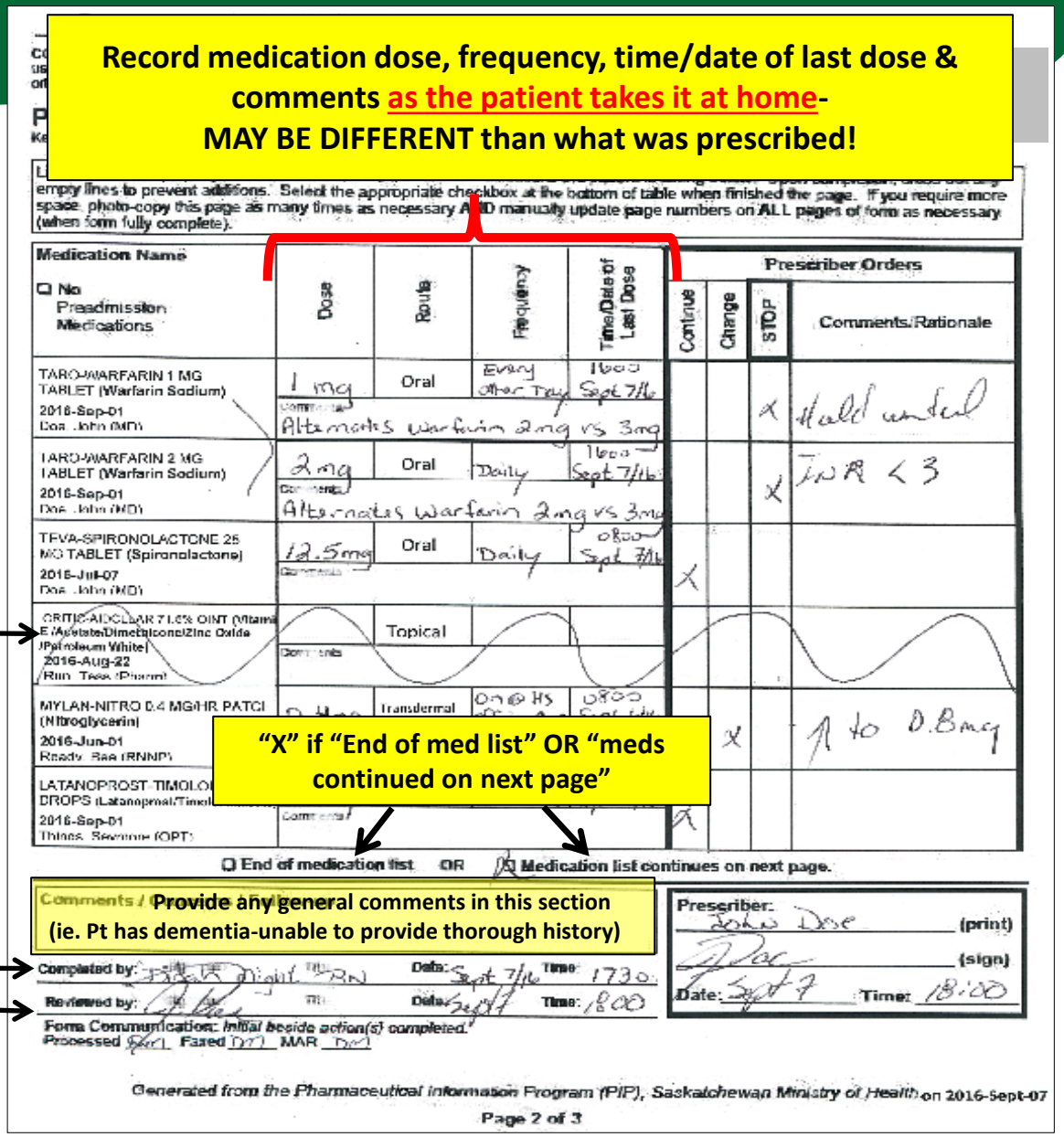
Draw a wavy line through any med that is completed (ie. Antibiotics).

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"

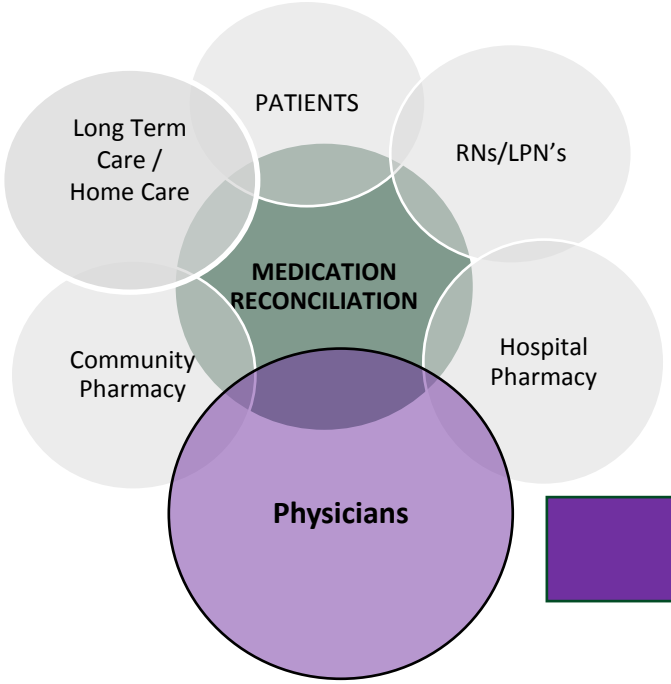
"Completed by" is the ind. that OBTAINS THE BPMH. Sign every page!

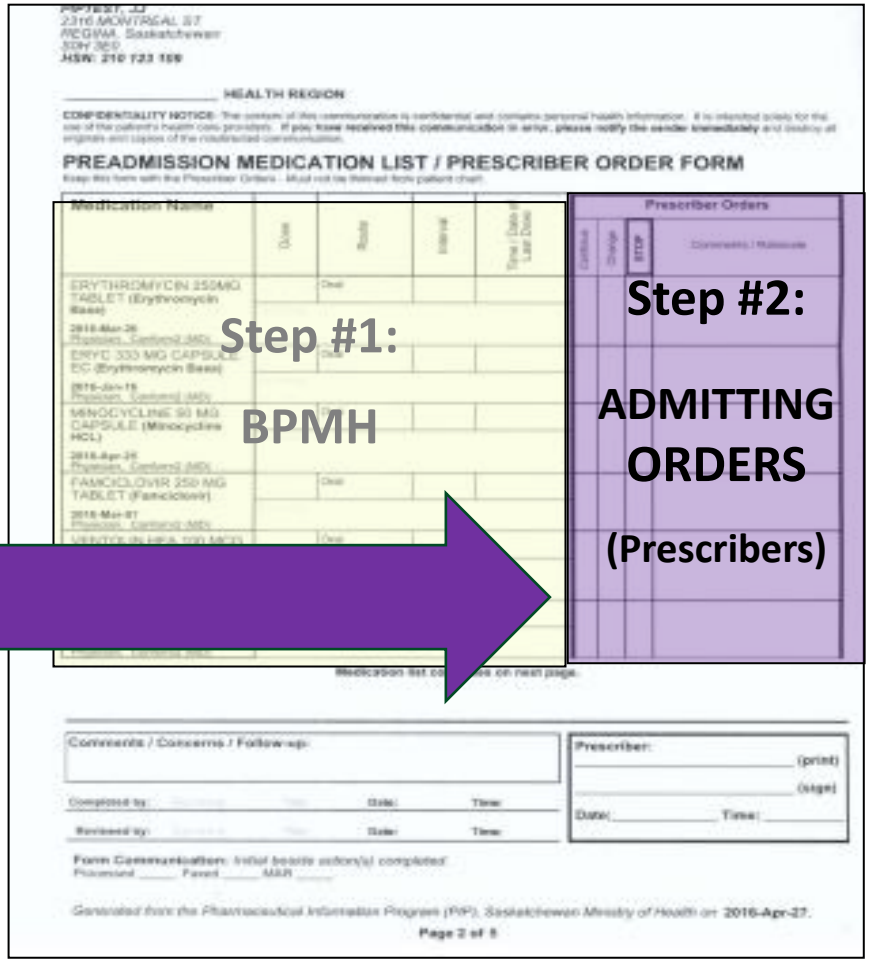
"Reviewed by" signed by the ind. that reviews for discrepancies.



MedRec on 'Admission'

Step 2 : Admitting Orders





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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**

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Comments: Alternates warfarin 2mg vs 3mg								
TARO-WARFARIN 2 MG TABLET (Warfarin Sodium) 2016-Sep-01 Doe, John (MD)	2mg	Oral	Daily	1600 Sept 7/16			x	INR < 3
Comments: Alternates warfarin 2mg vs 3mg								
TEVA-SPIRONOLACTONE 25 MG TABLET (Spironolactone) 2016-Jul-07 Doe, John (MD)	12.5mg	Oral	Daily	0800 Sept 7/16	x			
CRITIC-AID CLEAR 71.6% OINT (Vitamin E/Acetate/Dimethicone/Zinc Oxide/Petroleum White) 2016-Aug-22 Run, Tess (Pharm)		Topical						
MYLAN-NITRO 0.4 MG/HR PATCH (Nitroglycerin) 2016-Jun-01 Ready, Rae (RNNP)	0.4mg	Transdermal	On @ HS Off in AM	0800 Sept 6/16		x		↑ to 0.8mg
LATANOPROST-TIMOLOL EYE DROPS (Latanoprost/Timolol Maleate) 2016-Sep-01 Thines, Seymour (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: [illegible] RN Date: Sept 7/16 Time: 1730

Reviewed by: [illegible] Date: Sept 7 Time: 1800

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

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

STOP

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**

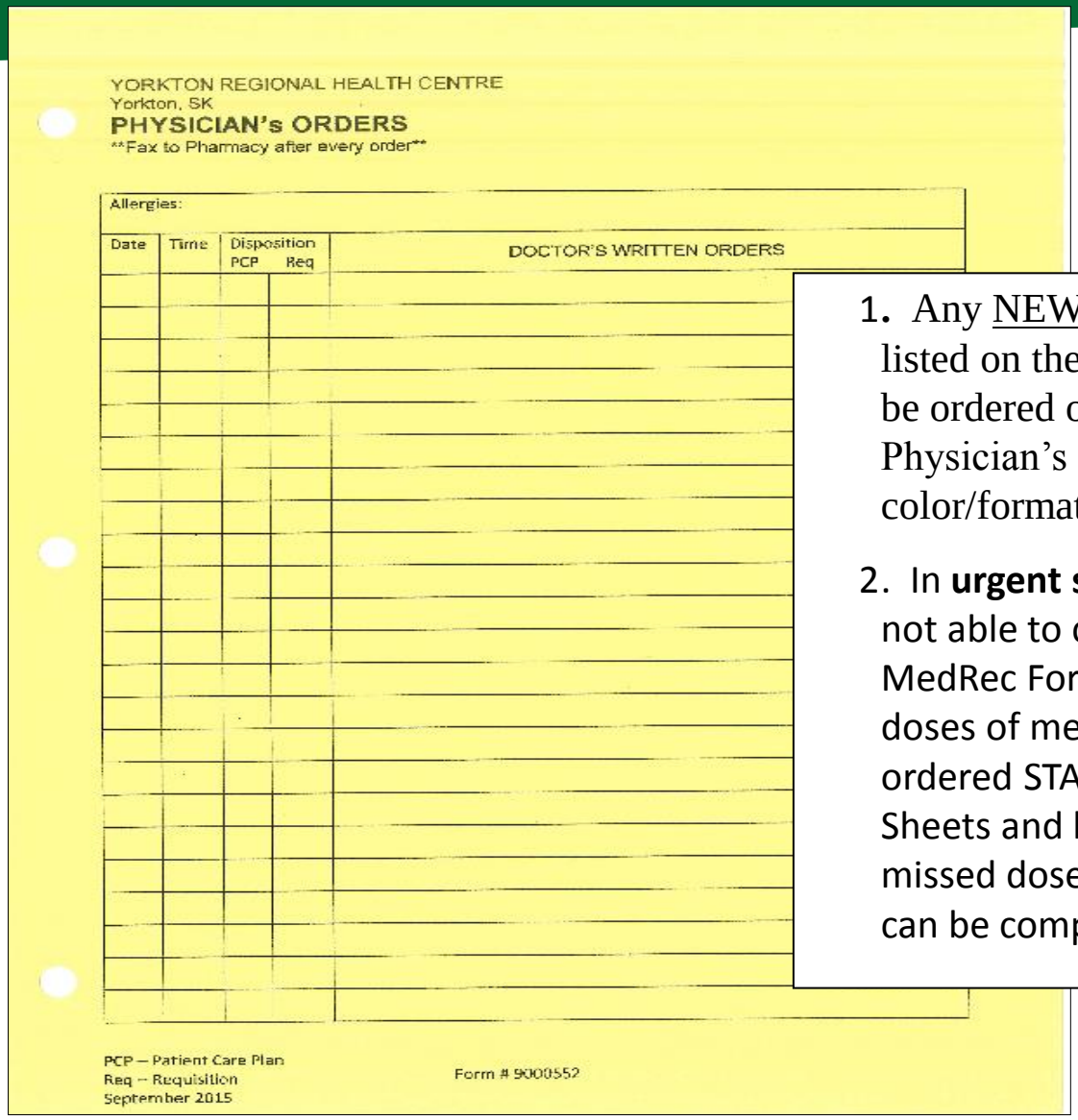
3. Prescribers MUST print and sign *name*, record *date and time* to EACH page

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

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

MedRec on 'Admission'

Step 2 : Admitting Orders con't



YORKTON REGIONAL HEALTH CENTRE
Yorkton, SK
PHYSICIAN's ORDERS
Fax to Pharmacy after every order

Allergies:

Date	Time	Disposition PCP	Disposition Req	DOCTOR'S WRITTEN ORDERS

PCP – Patient Care Plan
Req – Requisition
September 2015

Form # 9000552

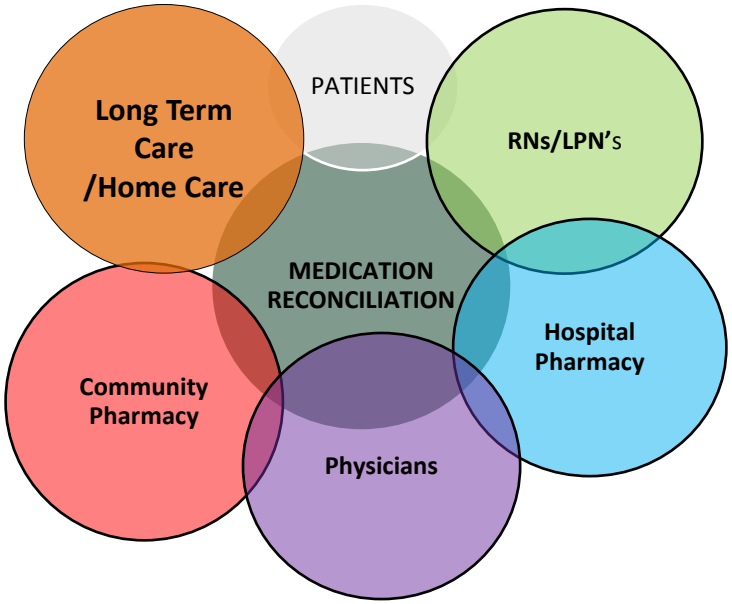
1. Any NEW medications that are NOT listed on the PIP MedRec Form and need to be ordered on admission are written on the Physician's Orders Sheet (may vary in color/formatting pending on facility)

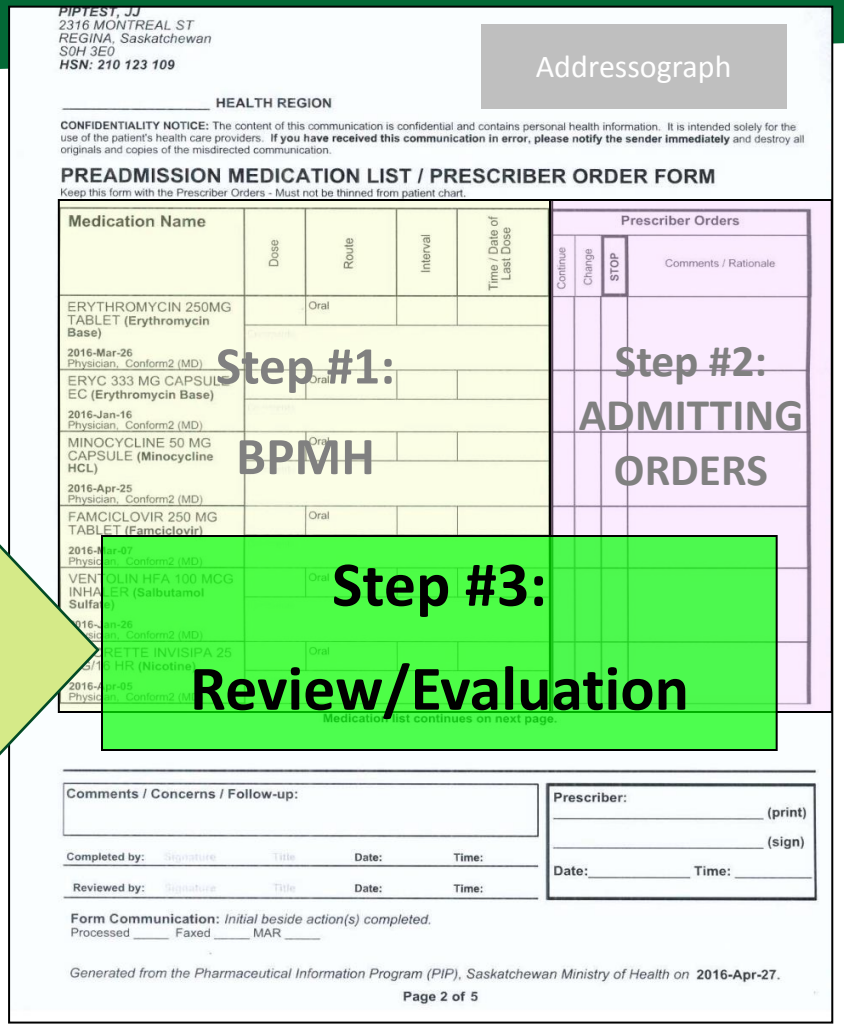
2. In **urgent situations** when prescribers are not able to complete orders on the PIP MedRec Form prior to the next scheduled doses of meds - these meds can be ordered STAT on the Physician Orders Sheets and be administered to avoid missed doses until the PIP MedRec Form can be completed by the prescriber

Saskatchewan Health Authority

MedRec on 'Admission'

Step 3: Evaluation





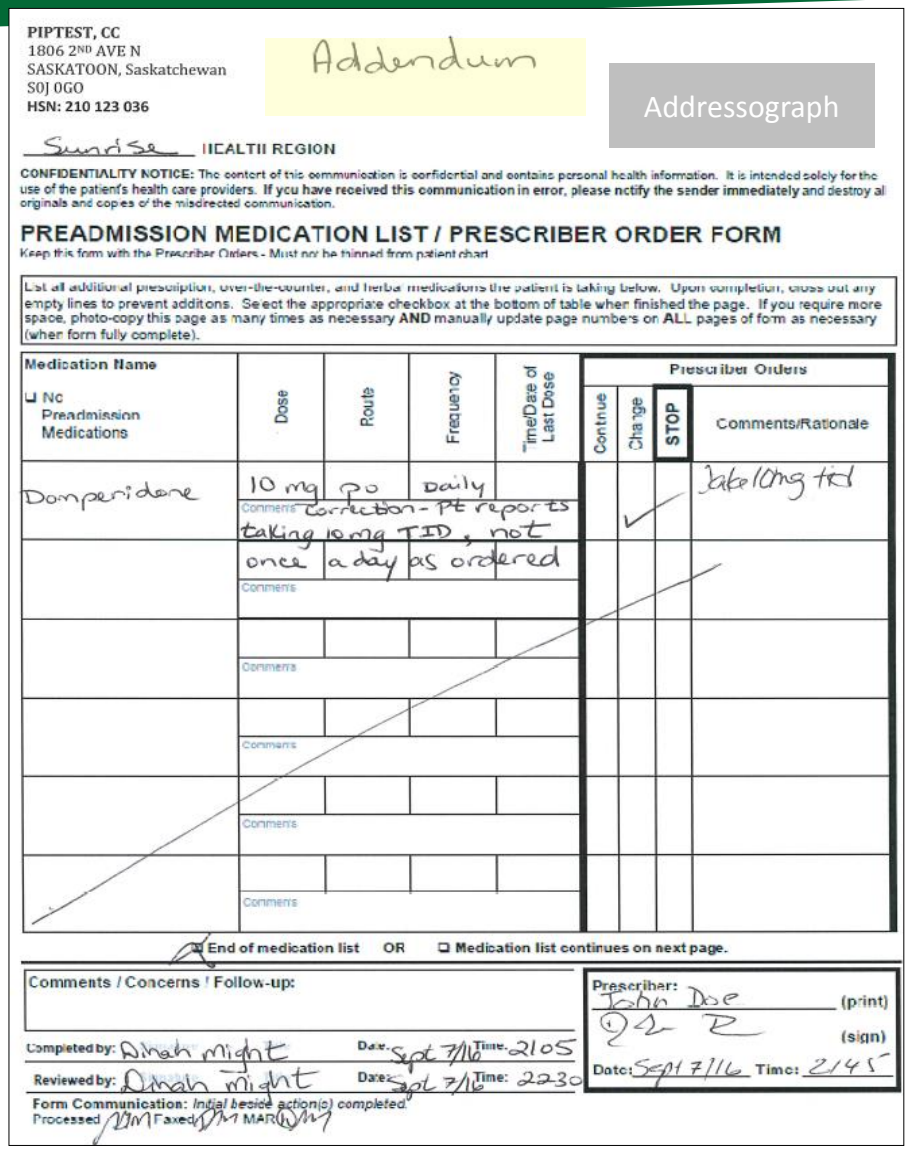
REVIEW THE BPMH AND COMPARE TO THE PHYSICIAN ORDERS AND RECONCILE ANY DISCREPANCIES

– this is the whole intent of the MedRec process!

Saskatchewan Health Authority

MedRec on 'Admission'

Step 3: Evaluation



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

Addendum

Addressograph

Sunrise 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 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

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 ☐ No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments/Rationale
Domperidone	10 mg	PO	Daily			✓		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: Dinah Wright Date: Sept 7/16 Time: 2105

Reviewed by: Dinah Wright Date: Sept 7/16 Time: 2230

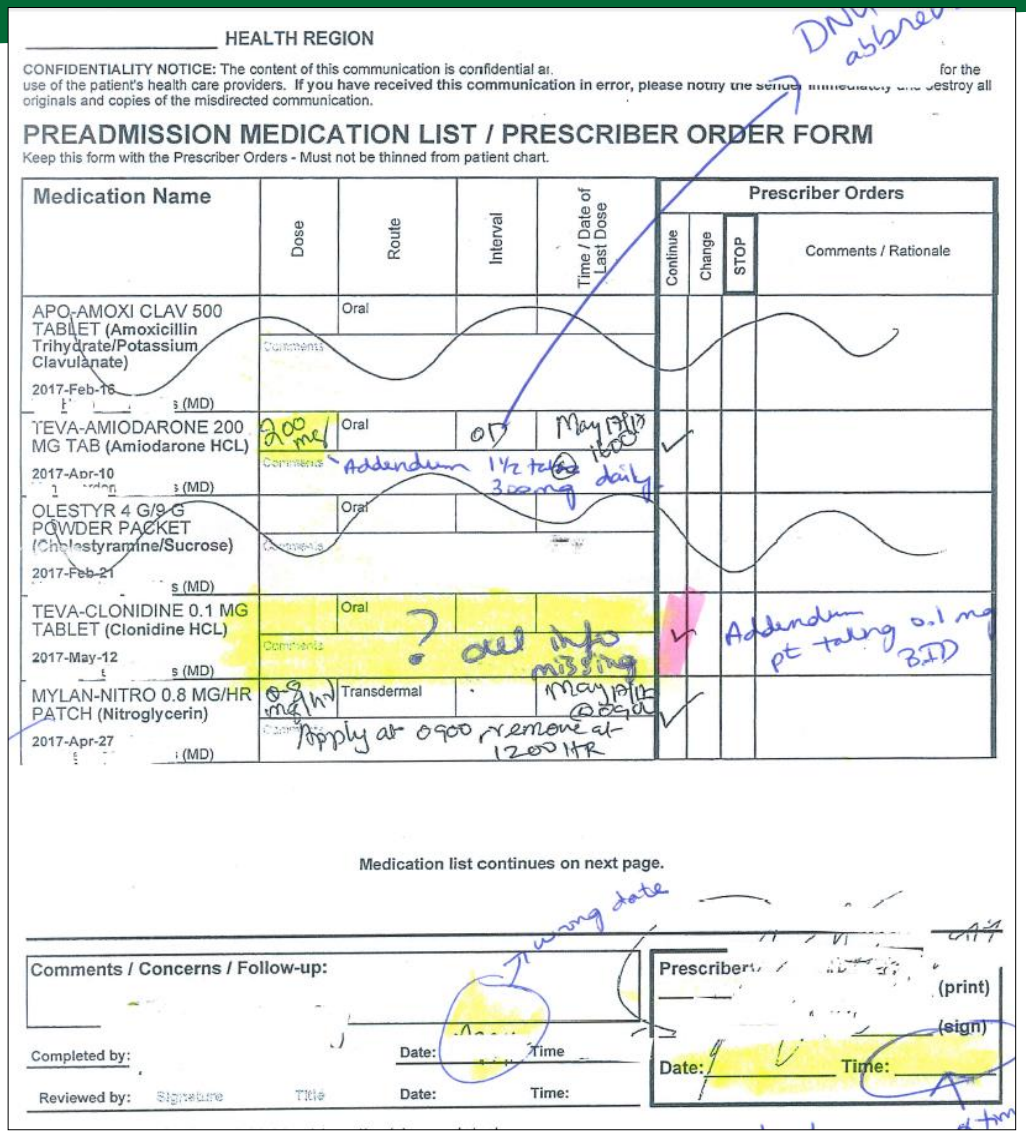
Form Communication: *Initial beside action(s) completed.*
Processed DW Faxed DW MAR DW

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

Saskatchewan Health Authority

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: Continue	Change	STOP	Comments / Rationale
APO-AMOXI CLAV 500 TABLET (Amoxicillin Trihydrate/Potassium Clavulanate) 2017-Feb-16		Oral						
TEVA-AMIODARONE 200 MG TAB (Amiodarone HCL) 2017-Apr-10	200 mg	Oral	OD	May 15/17 1600	✓			Addendum 1½ tabs 300mg daily
OLESTYR 4 G/9 G POWDER PACKET (Cholestyramine/Sucrose) 2017-Feb-21		Oral						
TEVA-CLONIDINE 0.1 MG TABLET (Clonidine HCL) 2017-May-12		Oral						Addendum pt taking 0.1 mg BID
MYLAN-NITRO 0.8 MG/HR PATCH (Nitroglycerin) 2017-Apr-27	0.8 mg/hr	Transdermal		May 15/17 0800	✓			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)

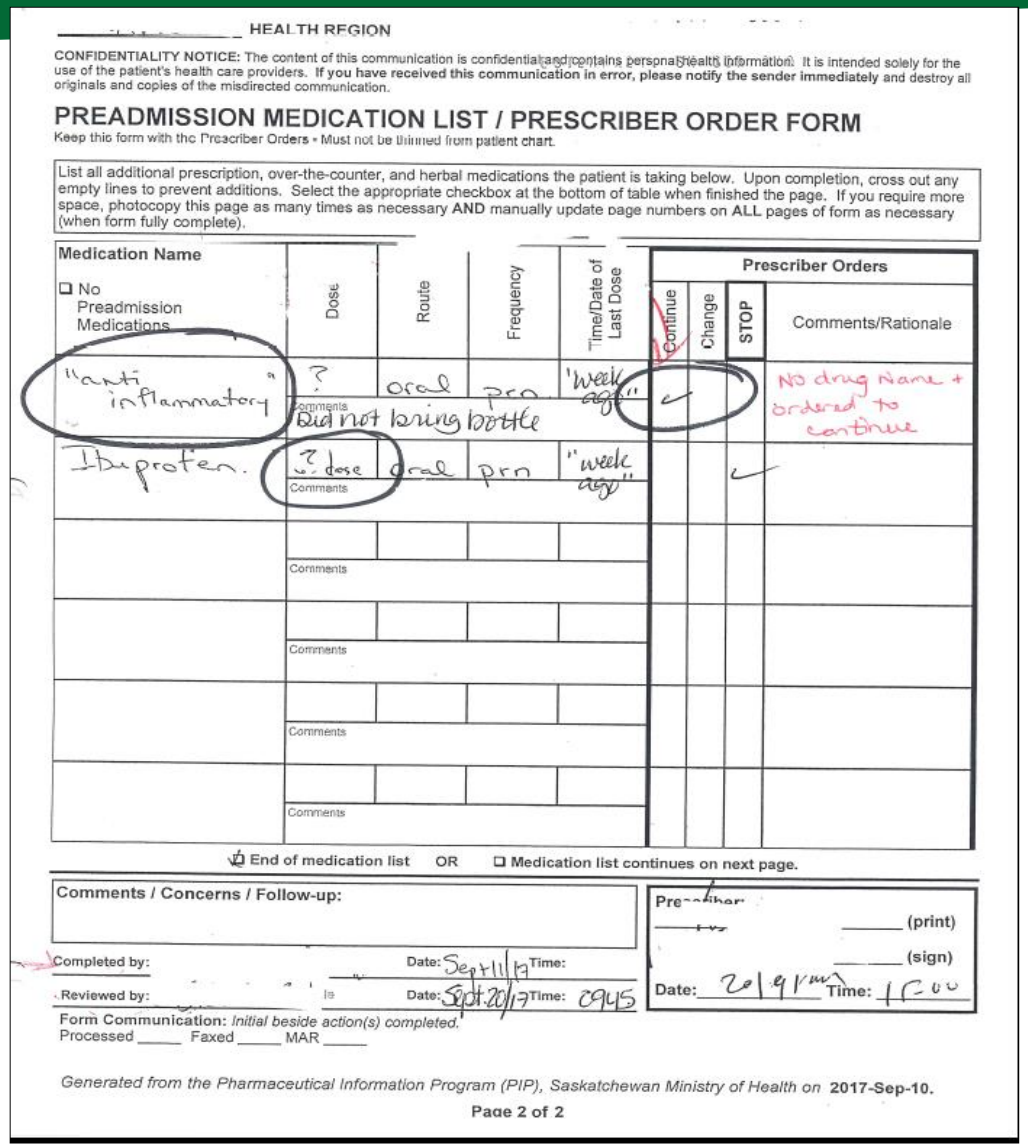
Date: Time:

Example of discrepancies

Saskatchewan Health Authority

MedRec on 'Admission'

Step 3: Evaluation



_____ HEALTH REGION

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PREADMISSION MEDICATION LIST / PRESCRIBER ORDER FORM

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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, 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 ☐ No Preadmission Medications	Dose	Route	Frequency	Time/Date of Last Dose	Prescriber Orders: Continue	Change	STOP	Comments/Rationale
"anti inflammatory"	?	oral	prn	"week ago"	✓			No drug name + ordered to continue
Comments: Did not bring bottle								
Ibuprofen.	? dose	oral	prn	"week ago"			✓	
Comments:								
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

Prescriber: _____ (print) _____ (sign)

Date: 20/9/17 Time: 1600

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

Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health on **2017-Sep-10.**

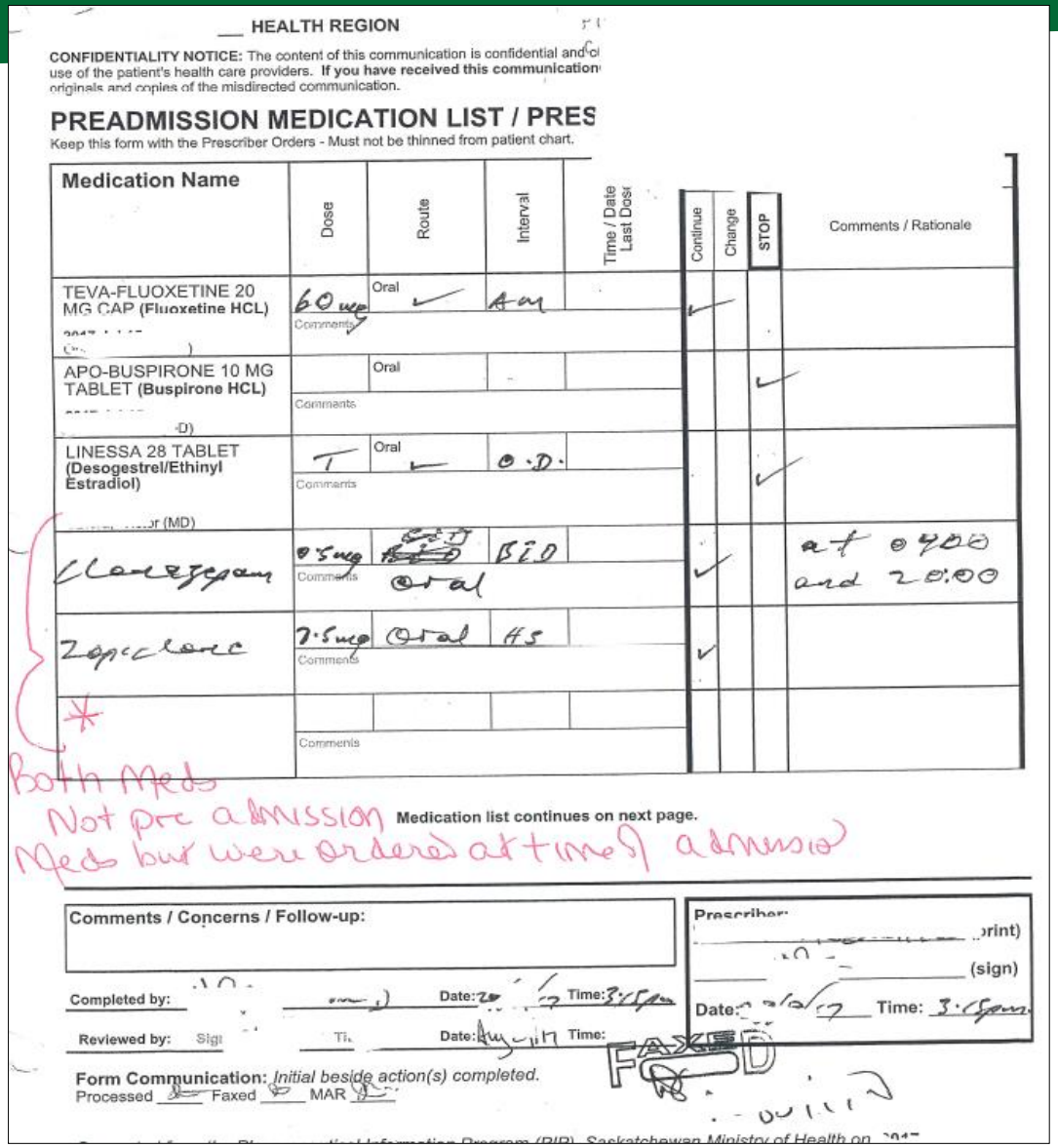
Page 2 of 2

Example of discrepancies

Saskatchewan Health Authority

MedRec on 'Admission'

Step 3: Evaluation



__ HEALTH REGION

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use of the patient's health care providers. If you have received this communication
originals and copies of the misdirected communication.

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		✓			
APO-BUSPIRONE 10 MG TABLET (Buspirone HCL)		Oral					✓	
LINESSA 28 TABLET (Desogestrel/Ethinyl Estradiol)	T	Oral	O.D.				✓	
Clonazepam	0.5mg	Oral	BID		✓			at 0700 and 20:00
Zopiclone	7.5mg	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:

Completed by: Date: Time:

Reviewed by: Sign Ti. Date: Time:

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

FAXED

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

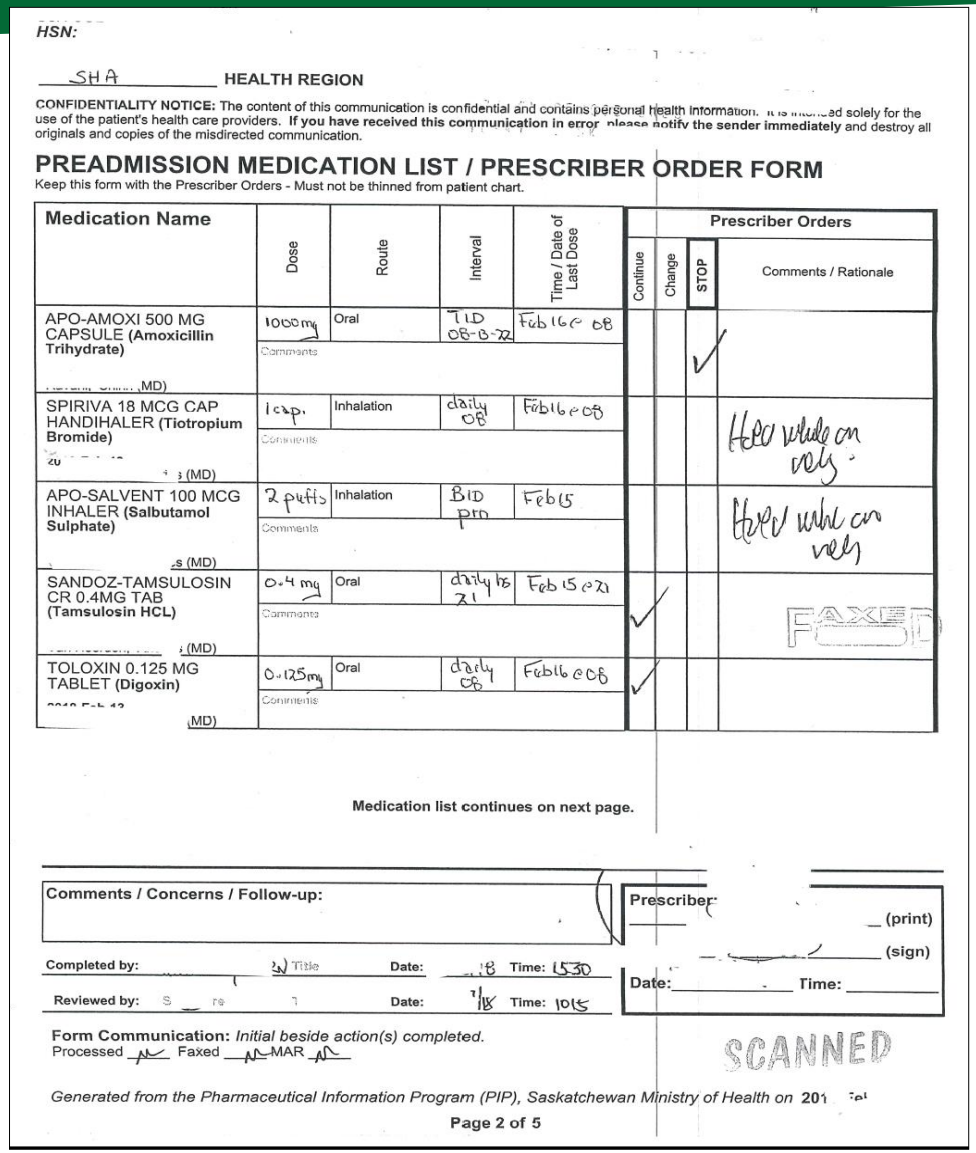
Example of incorrect AMO

Saskatchewan Health Authority

MedRec processes and provincial forms

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: Continue	Change	STOP	Comments / Rationale
APO-AMOXI 500 MG CAPSULE (**Amoxicillin Trihydrate**) ...MD)	1000mg	Oral	TID 08-B-22	Feb 16 @ 08			✓	
	Comments							
SPIRIVA 18 MCG CAP HANDIHALER (**Tiotropium Bromide**) ...(MD)	1 cap.	Inhalation	daily 08	Feb 16 @ 08				Here while on vacy.
	Comments							
APO-SALVENT 100 MCG INHALER (**Salbutamol Sulphate**) ...s (MD)	2 puffs	Inhalation	BID prn	Feb 15				Here while on vacy
	Comments							
SANDOZ-TAMSULOSIN CR 0.4MG TAB (**Tamsulosin HCL**) ...(MD)	0.4 mg	Oral	daily hs 21	Feb 15 @ 21	✓			FAXED
	Comments							
TOLOXIN 0.125 MG TABLET (**Digoxin**) ...MD)	0.125mg	Oral	daily 08	Feb 16 @ 08	✓			
	Comments							

Medication list continues on next page.

Comments / Concerns / Follow-up:

Prescriber: _____ (print) _____ (sign)

Date: _____ **Time:** _____

Completed by: _____ Title **Date:** _____ **Time:** 1530

Reviewed by: S... Date: 7/18 Time: 1015

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

SCANNED

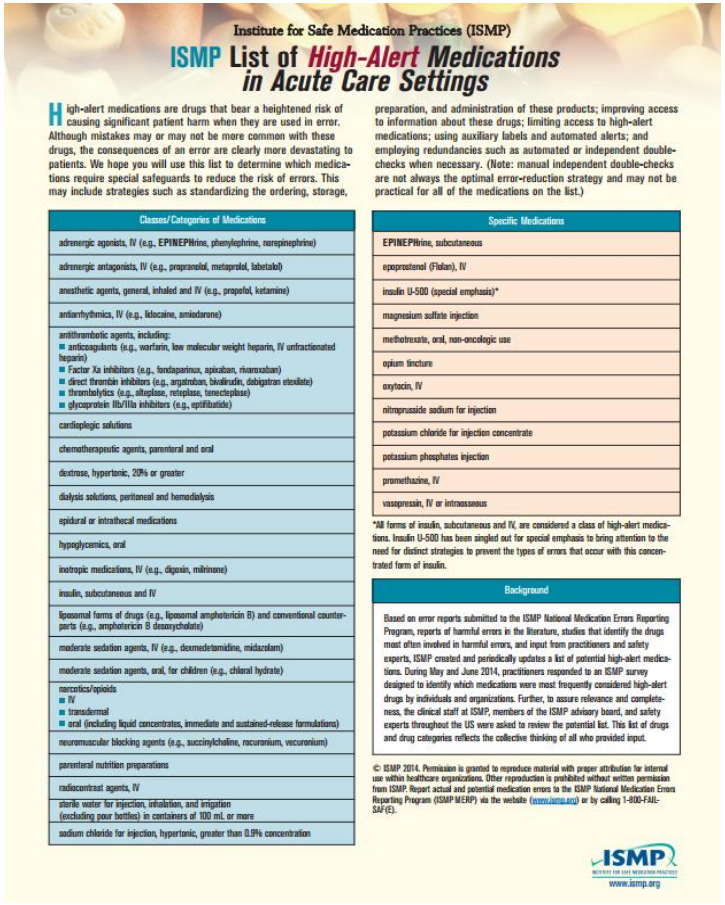
Generated from the Pharmaceutical Information Program (PIP), Saskatchewan Ministry of Health on 201...

Page 2 of 5

Example of correctly completed form

Saskatchewan Health Authority

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 when 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
adrenergic agonists, IV (e.g., EPINEPHrine, phenylephrine, norepinephrine)
adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)
anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)
antiarrhythmics, IV (e.g., lidocaine, amiodarone)
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., eptifibatide)
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 desoxycholate)
moderate sedation agents, IV (e.g., dexmedetomidine, midazolam)
moderate sedation agents, oral, for children (e.g., chloral hydrate)
narcotics/opioids ■ IV ■ transdermal ■ oral (including liquid concentrates, immediate and sustained-release formulations)
neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)
parenteral nutrition preparations
radiocontrast 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

Specific Medications
EPINEPHrine, subcutaneous
epoprostenol (Flolan), IV
insulin U-500 (special emphasis)*
magnesium sulfate injection
methotrexate, oral, non-oncologic use
opium tincture
oxytocin, IV
nitroprusside sodium for injection
potassium chloride for injection concentrate
potassium phosphates injection
promethazine, IV
vasopressin, IV or intraosseous

*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.

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.

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ISMP
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

Saskatchewan Health Authority

MedRec on 'Discharge'

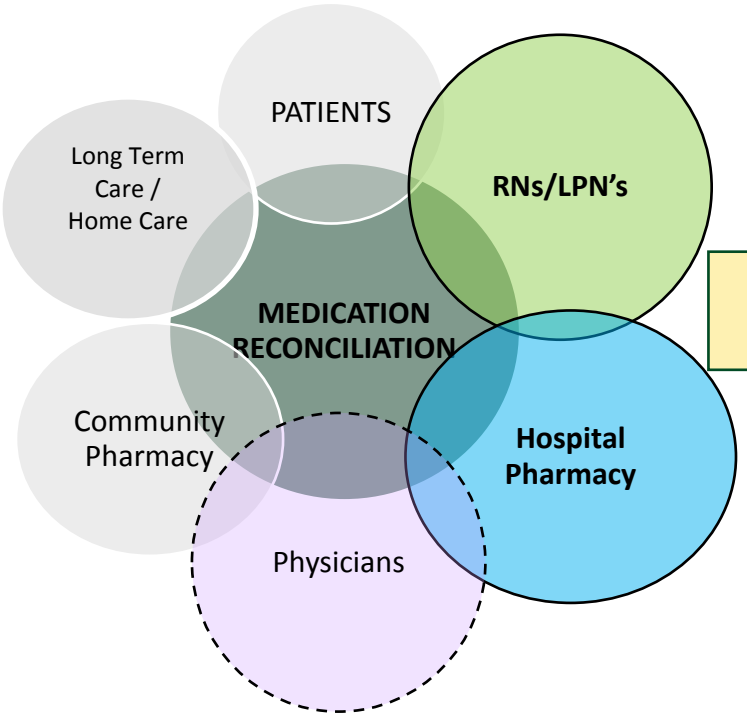
"is the movement of a patient from an acute care facility to his or her residence (ie. Home with or without home care support, personal care home or LTC facility) or to a supportive care bed (ie. Respite or palliative care) in the same or different facility OR within the same facility with a change in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

(from the Ministry of Health Definitions 2017)

Saskatchewan Health Authority

MedRec on 'Discharge'

- 3-step process:



Step #1:

"Review" DTMR with MAR, BPMH & DR orders

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 ... order sheets for last 72hrs
Scheduled medications followed by PRN active prior to discharge

Medication	Dose / Route / Frequency	Medication Status: Home to prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Prescriber Orders: Continue	Quantity (Discharge Only)	Refills (Discharge Only)	No Rx Needed	STOP
						☐	☐ ¼ ½ Or			

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

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 1: Review

Section 1

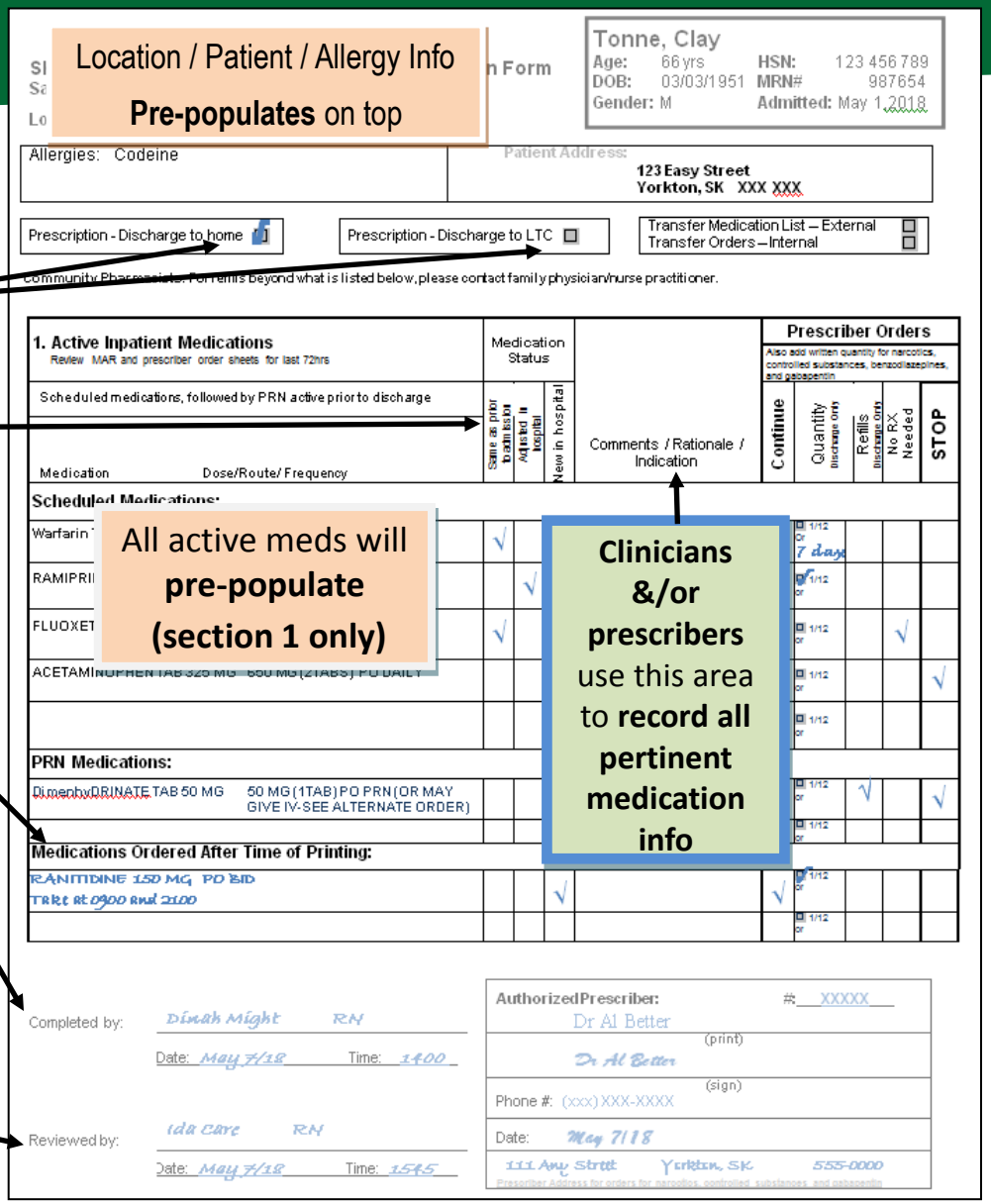
Patient Destination: Check one

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.



MedRec on 'Discharge'

Step 1: Review con't

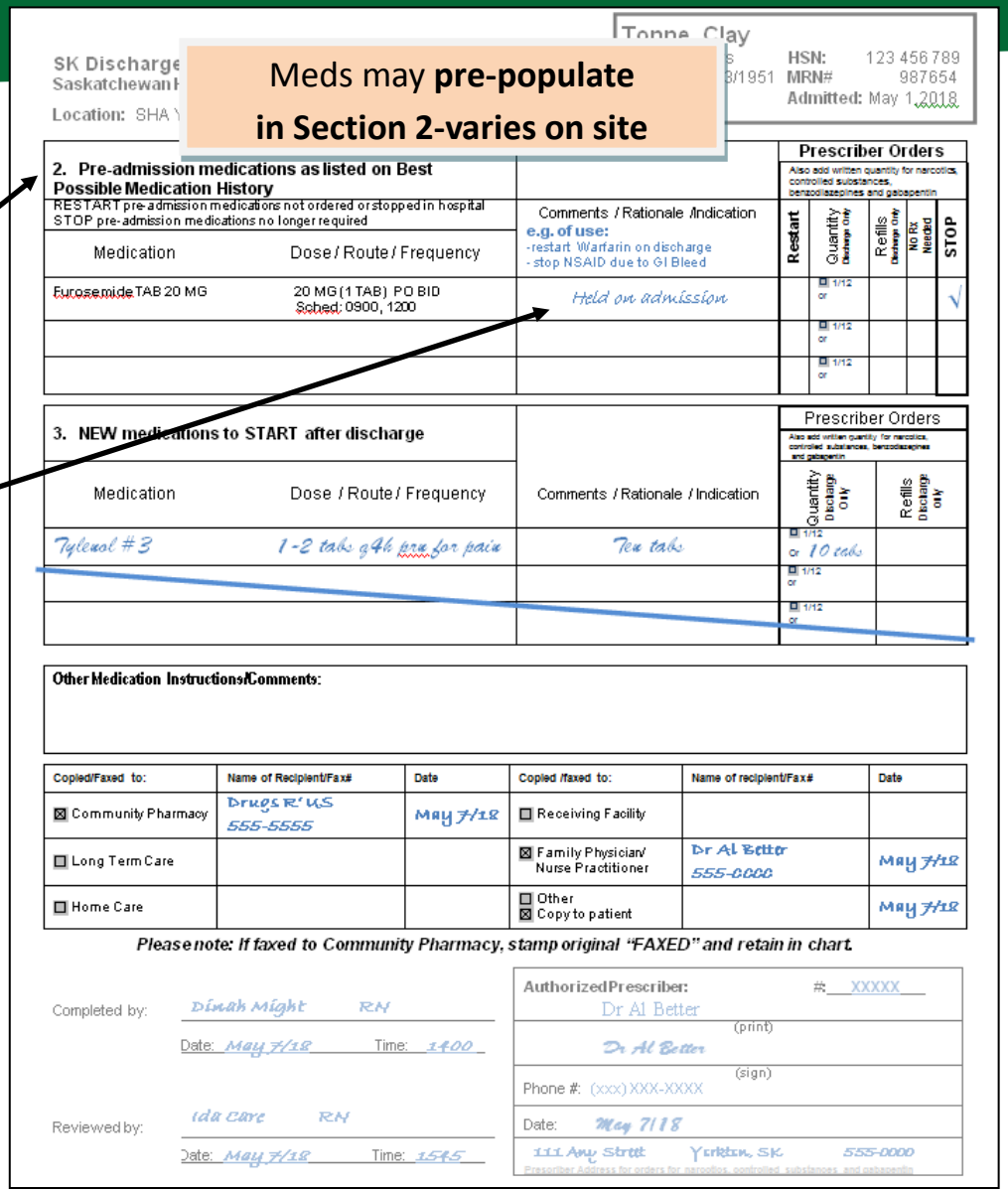
Section 2

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

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



SK Discharge
Saskatchewan
Location: SHA

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

2. Pre-admission medications as listed on Best Possible Medication History
RESTART pre-admission medications not ordered or stopped in hospital
STOP pre-admission medications no longer required

Medication	Dose / Route / Frequency	Comments / Rationale /Indication e.g. of use: -restart Warfarin on discharge -stop NSAID due to GI Bleed	Prescriber Orders: Restart	Quantity (Discharge Only)	Refills (Discharge Only)	No Rx Needed	STOP
~~Furosemide~~ TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200	Held on admission		☐ 1/12 or			√
				☐ 1/12 or			
				☐ 1/12 or			

3. NEW medications to START after discharge

Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Prescriber Orders: 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	

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 555-5555	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.

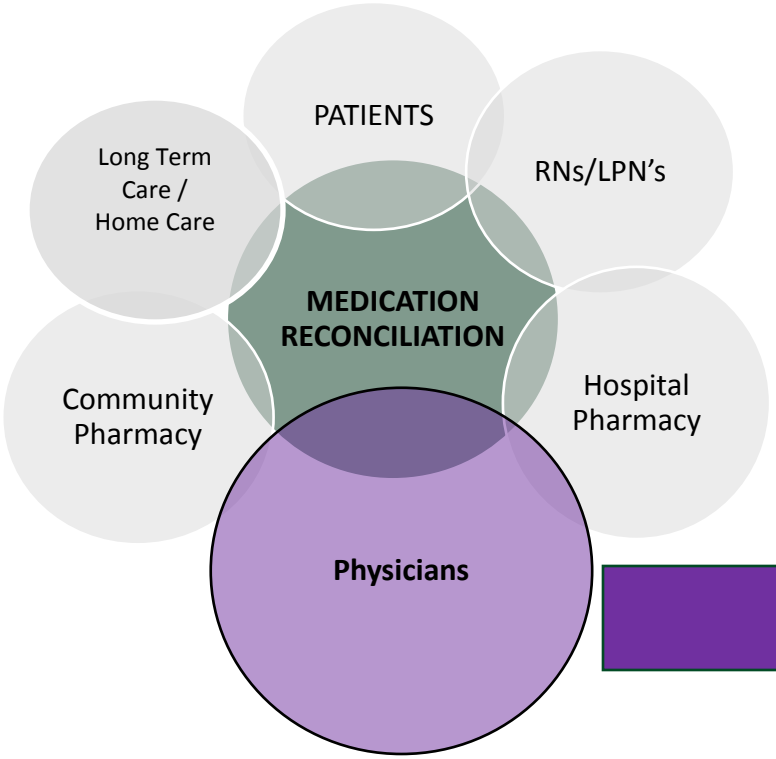
Completed by: Dinah Might RN
Date: May 7/18 Time: 1400

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

Authorized Prescriber: #: XXXXX
Dr Al Better (print)
Dr Al Better (sign)
Phone #: (xxx) XXX-XXXX
Date: May 7/18
111 Any Street Yorkton, SK 555-0000

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
Review MAR and prescriber order sheets for last 72hrs

Scheduled medications, followed by PRN active prior to discharge

Medication	Dose / Route / Frequency	Medication Status: Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication

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

Step #2:
Discharge RX (Physicians)

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

Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
	☐ ½ Or			
	☐ ½ Or			
	☐ ½ Or			
	☐ ½ Or			
	☐ ½ Or			
	☐ ½ Or			
	☐ ½ Or			
	☐ ½ Or			

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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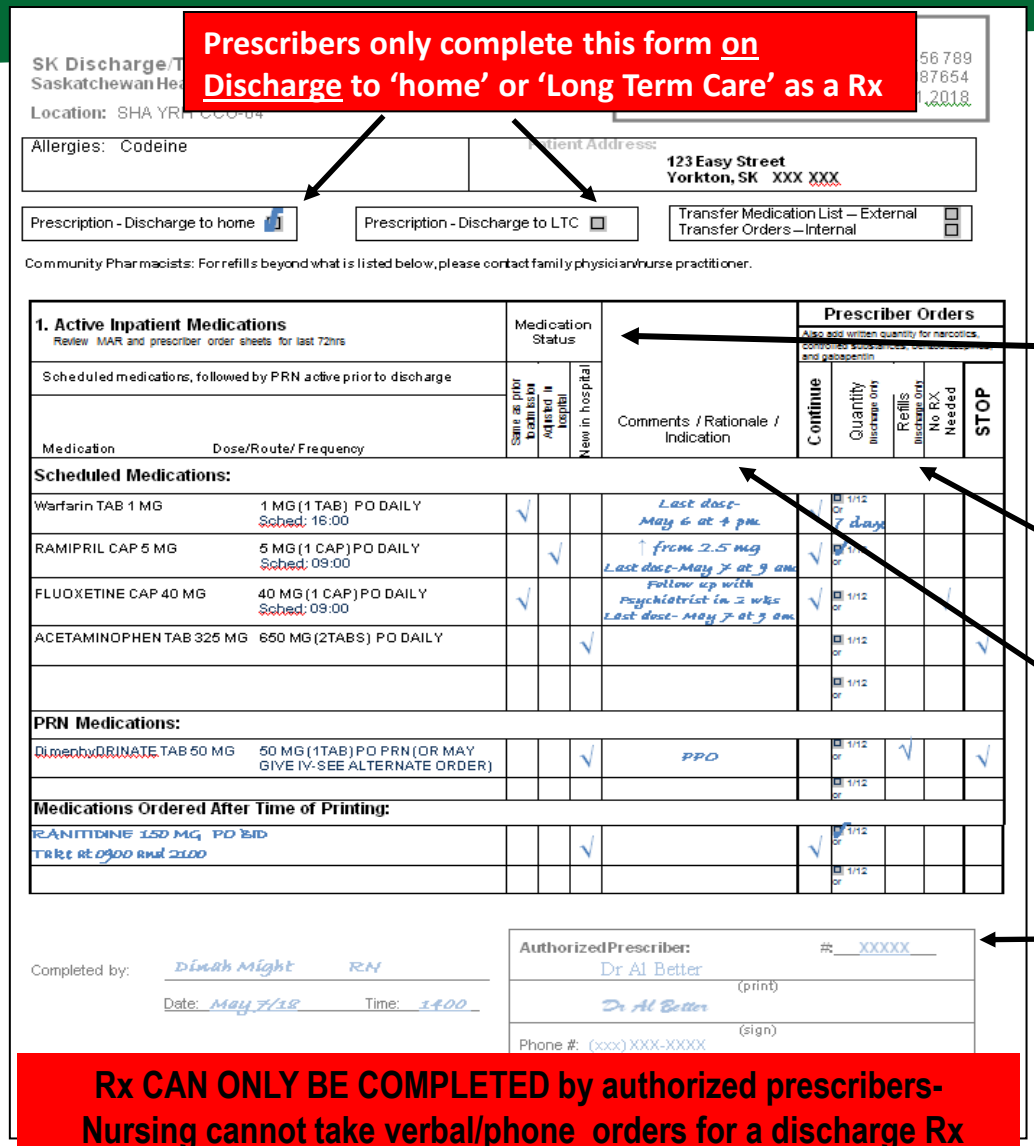
Version: Paper.2.11

Page ___ of ___

MedRec on 'Discharge'

Step 2: Discharge Rx con't



SK Discharge/T
Saskatchewan He
Location: SHA YRH CCU-04

56 789
87654
1,2018

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

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 (Review MAR and prescriber order sheets for last 72hrs)		Medication Status				Prescriber Orders				
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									
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 (2TABS) PO DAILY			√			☐ 1/12 or			√
							☐ 1/12 or			
PRN Medications:										
DimenhyDRINATE TAB 50 MG	50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)			√	PPO		☐ 1/12 or	√		√
							☐ 1/12 or			
Medications Ordered After Time of Printing:										
RANITIDINE 150 MG PO BID TRKT AT 0900 and 2100				√		√	☐ 1/12 or			
							☐ 1/12 or			

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

Authorized Prescriber: #: XXXXX
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"**

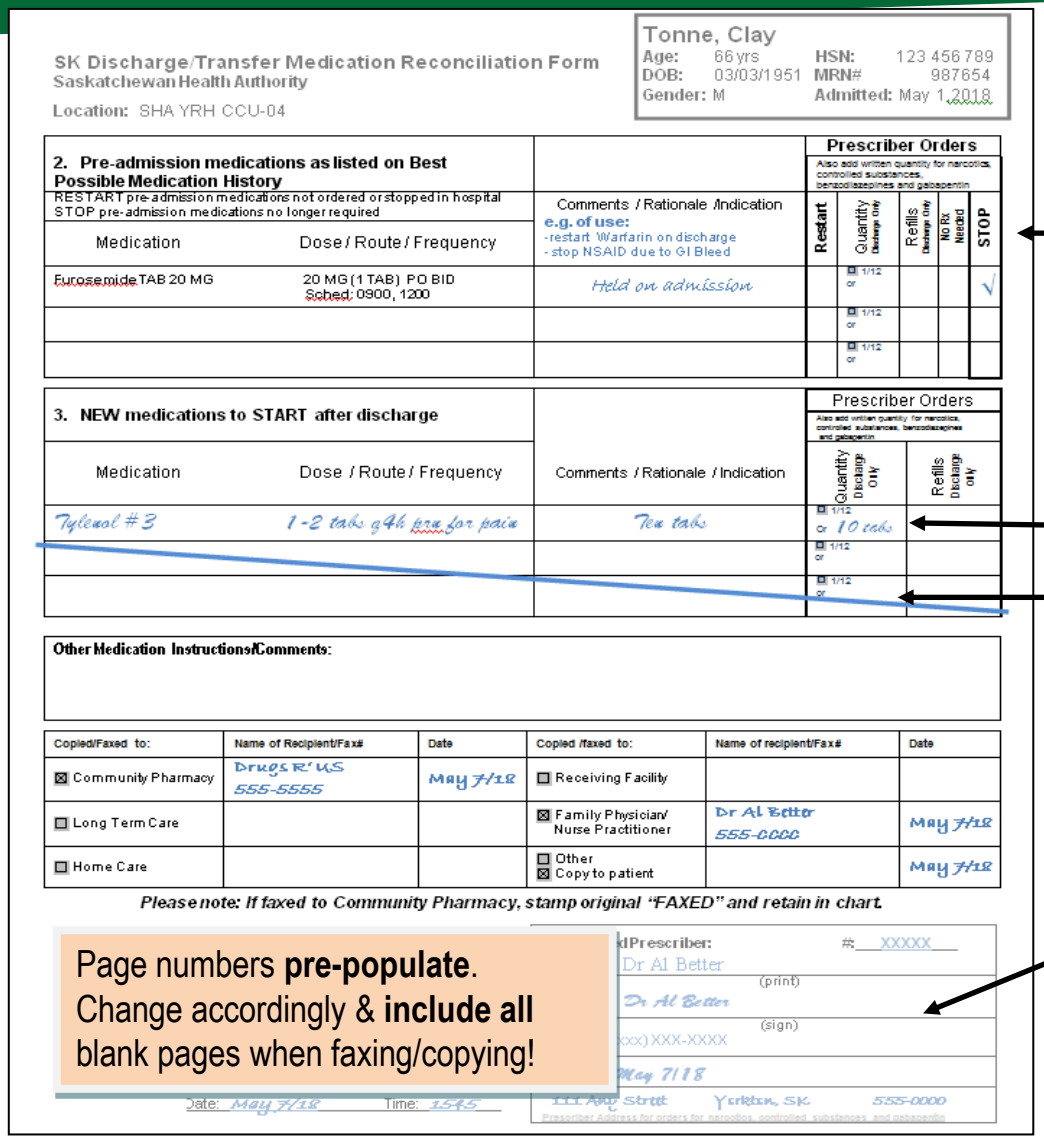
Discharge ONLY- complete Rx by recording quantity using '1/12' tickbox **or** specific amount **for every med**. If appropriate, "Check off" the 'no Rx needed' column. *Refills are optional.*

"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
RESTART pre-admission medications not ordered or stopped in hospital
STOP pre-admission medications no longer required

Medication	Dose / Route / Frequency	Comments / Rationale / Indication e.g. of use: -restart Warfarin on discharge -stop NSAID due to GI Bleed	Prescriber Orders: Restart	Quantity (Discharge Only)	Refills (Discharge Only)	No Rx Needed	STOP
Furosemide TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200	Held on admission		1/12 or			√
				1/12 or			
				1/12 or			

3. NEW medications to START after discharge

Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Prescriber Orders: 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	

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 555-5555	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.

dPrescriber: #: XXXXX
Dr Al Better (print)
Dr Al Better (sign)
xxx) XXX-XXXX
May 7/18
111 Any Street Yorkton, SK 555-0000
Prescriber Address for orders for narcotics, controlled substances, and gabapentin
Date: May 7/18 Time: 1545

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)

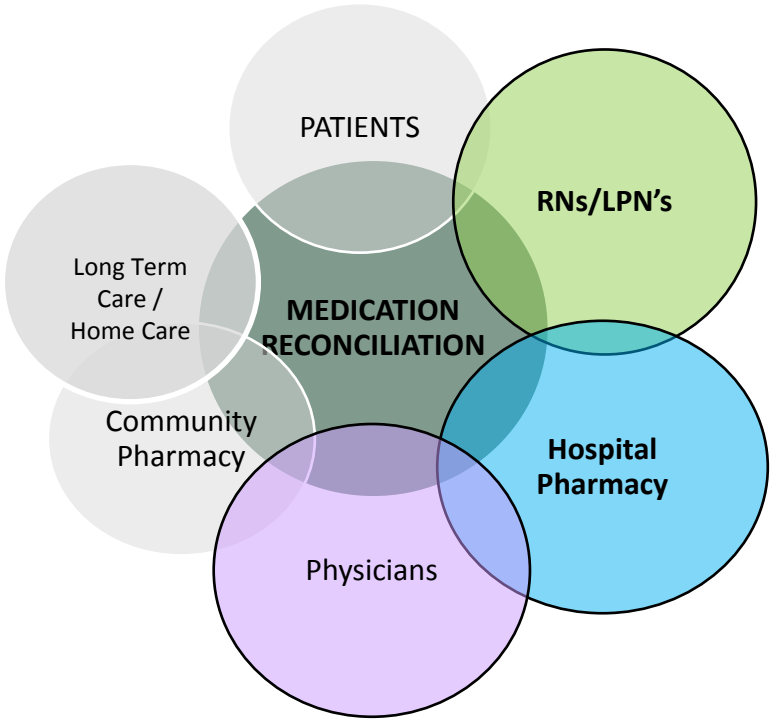
Prescriber # / address/phone number is completed when narcotics/controlled substances/gabapentin are ordered (Prescription Review Program requirement)

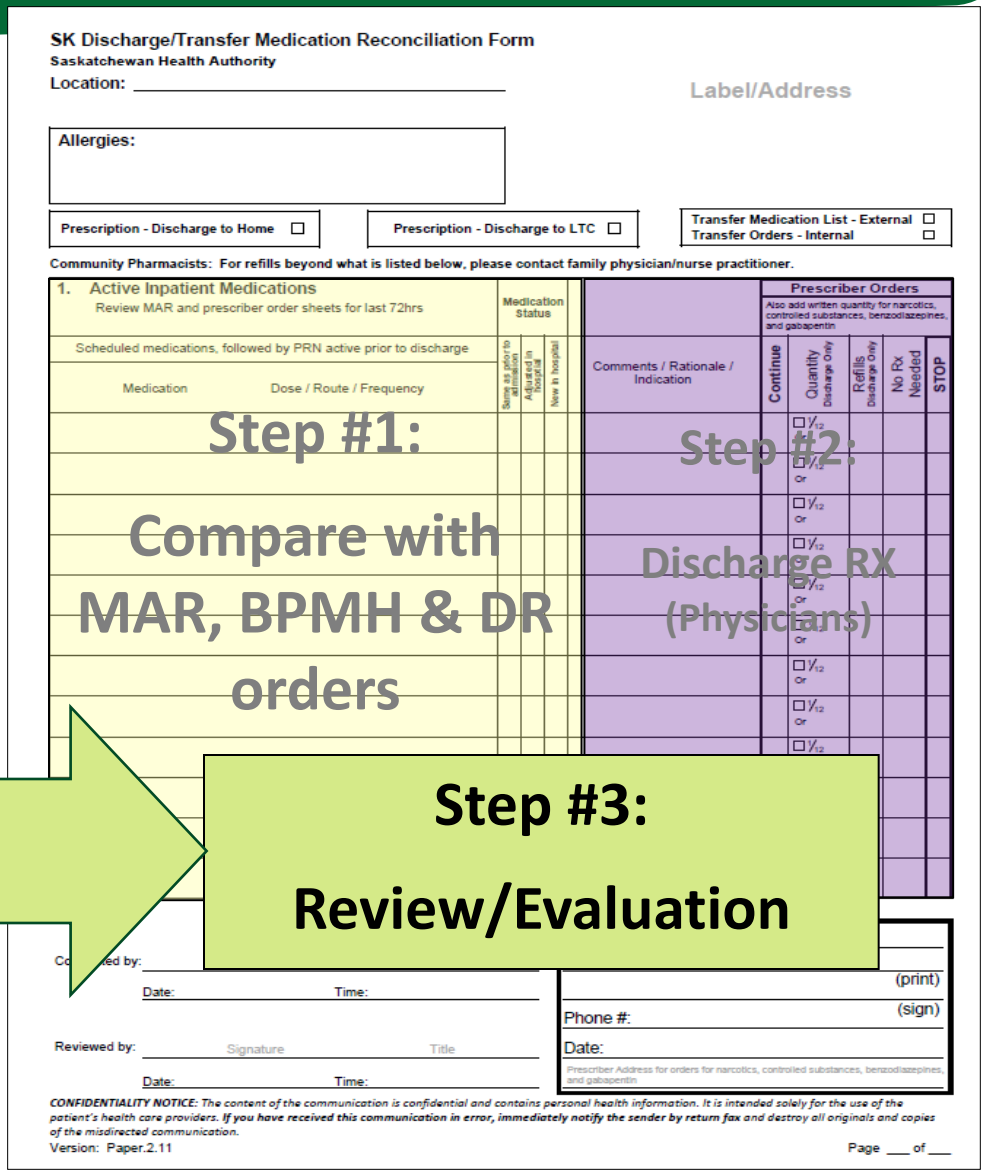
Page numbers **pre-populate**. Change accordingly & **include all** blank pages when faxing/copying!

Saskatchewan Health Authority

MedRec on 'Discharge'

Step 3: Review/Evaluation





MedRec processes and provincial forms

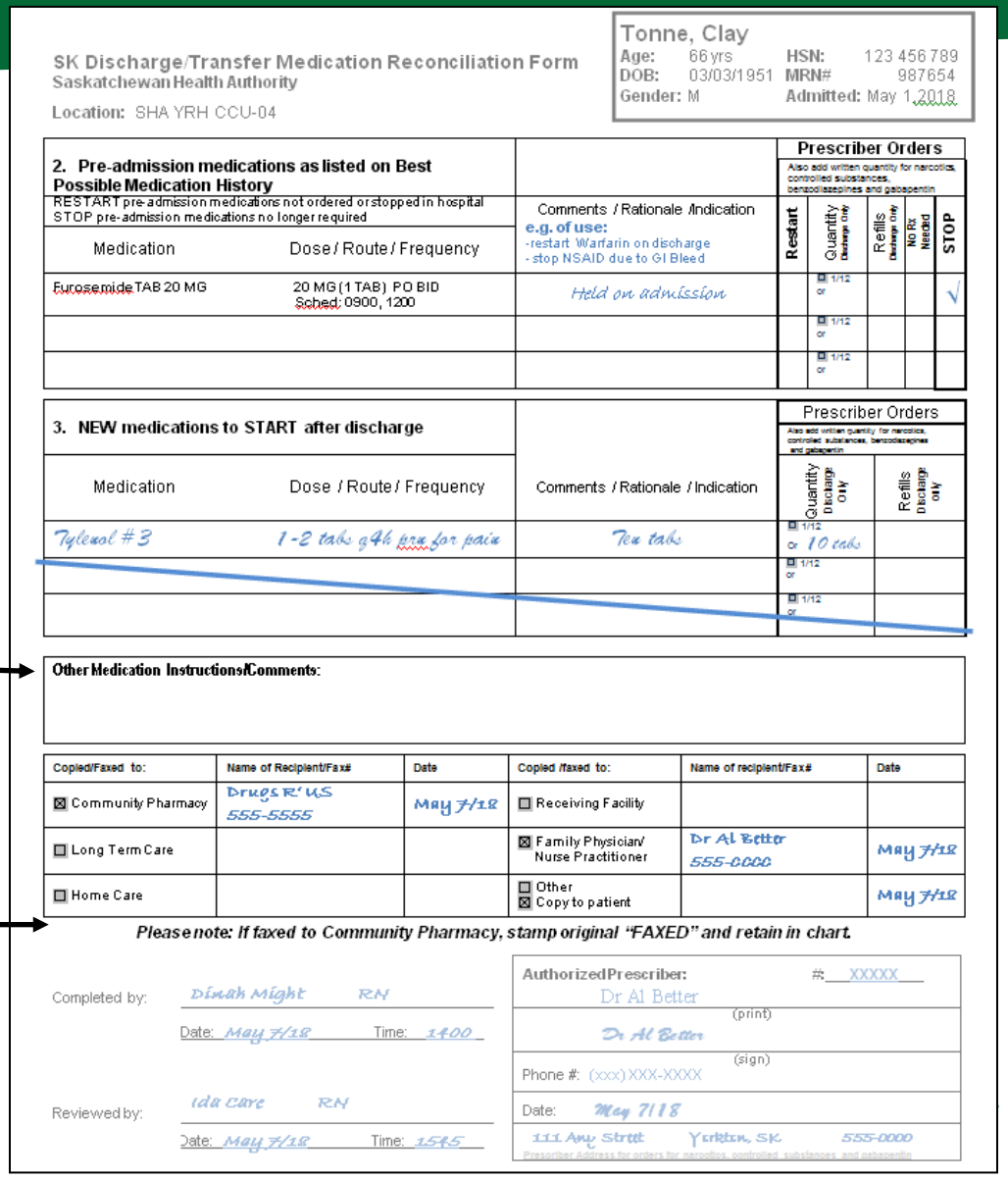
MedRec on 'Discharge'

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
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
RESTART pre-admission medications not ordered or stopped in hospital
STOP pre-admission medications no longer required

Medication	Dose / Route / Frequency	Comments / Rationale / Indication e.g. of use: -restart Warfarin on discharge - stop NSAID due to GI Bleed	Prescriber Orders: Restart	Quantity (Discharge Only)	Refills (Discharge Only)	No Rx Needed	STOP
~~Furosemide~~ TAB 20 MG	20 MG (1 TAB) PO BID Sched: 0900, 1200	Held on admission		☐ 1/12 or			√
				☐ 1/12 or			
				☐ 1/12 or			

3. NEW medications to START after discharge

Medication	Dose / Route / Frequency	Comments / Rationale / Indication	Prescriber Orders: 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	

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 555-5555	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

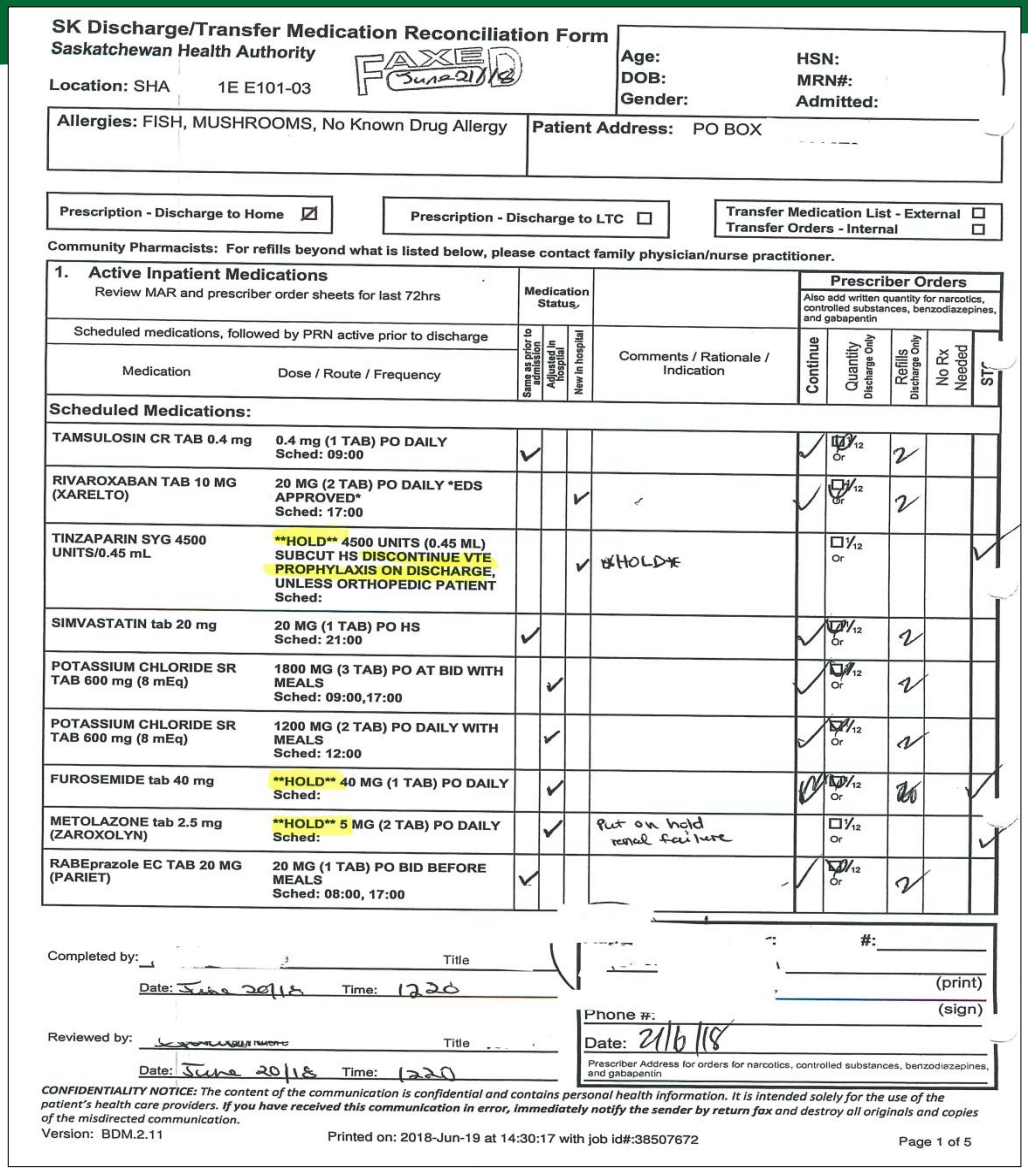
Please note: If faxed to Community Pharmacy, stamp original "FAXED" and retain in chart.

Completed by: Dinah Might RN
Date: May 7/18 Time: 1400
Reviewed by: Ida Care RN
Date: May 7/18 Time: 1545

Authorized Prescriber: #: XXXXX
Dr Al Better (print)
Dr Al Better (sign)
Phone #: (xxx) XXX-XXXX
Date: May 7/18
111 Any Street Yorkton, SK 555-0000

MedRec on 'Discharge'

Step 3: Evaluation



SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

FAXED June 21/18

Location: SHA 1E E101-03

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

Scheduled medications, followed by PRN active prior to discharge

Medication	Dose / Route / Frequency	Medication Status: Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Prescriber Orders: 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	✓				✓	☐ 1/12 Or	2		
RIVAROXABAN TAB 10 MG (XARELTO)	20 MG (2 TAB) PO DAILY *EDS APPROVED* Sched: 17:00			✓	✓	✓	☐ 1/12 Or	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:			✓	✓HOLD*		☐ 1/12 Or			✓
SIMVASTATIN tab 20 mg	20 MG (1 TAB) PO HS Sched: 21:00	✓				✓	☐ 1/12 Or	2		
POTASSIUM CHLORIDE SR TAB 600 mg (8 mEq)	1800 MG (3 TAB) PO AT BID WITH MEALS Sched: 09:00,17:00		✓			✓	☐ 1/12 Or	2		
POTASSIUM CHLORIDE SR TAB 600 mg (8 mEq)	1200 MG (2 TAB) PO DAILY WITH MEALS Sched: 12:00		✓			✓	☐ 1/12 Or	2		
FUROSEMIDE tab 40 mg	**HOLD** 40 MG (1 TAB) PO DAILY Sched:		✓			✓	☐ 1/12 Or	20		✓
METOLAZONE tab 2.5 mg (ZAROXOLYN)	**HOLD** 5 MG (2 TAB) PO DAILY Sched:		✓		Put on hold renal failure		☐ 1/12 Or			✓
RABEprazole EC TAB 20 MG (PARIET)	20 MG (1 TAB) PO BID BEFORE MEALS Sched: 08:00, 17:00	✓				✓	☐ 1/12 Or	2		

Completed by: Title
Date: June 20/18 Time: 1220

Reviewed by: Title
Date: June 20/18 Time: 1220

#:
(print)
(sign)
Phone #:
Date: 21/6/18
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

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Version: BDM.2.11 Printed on: 2018-Jun-19 at 14:30:17 with job id#:38507672 Page 1 of 5

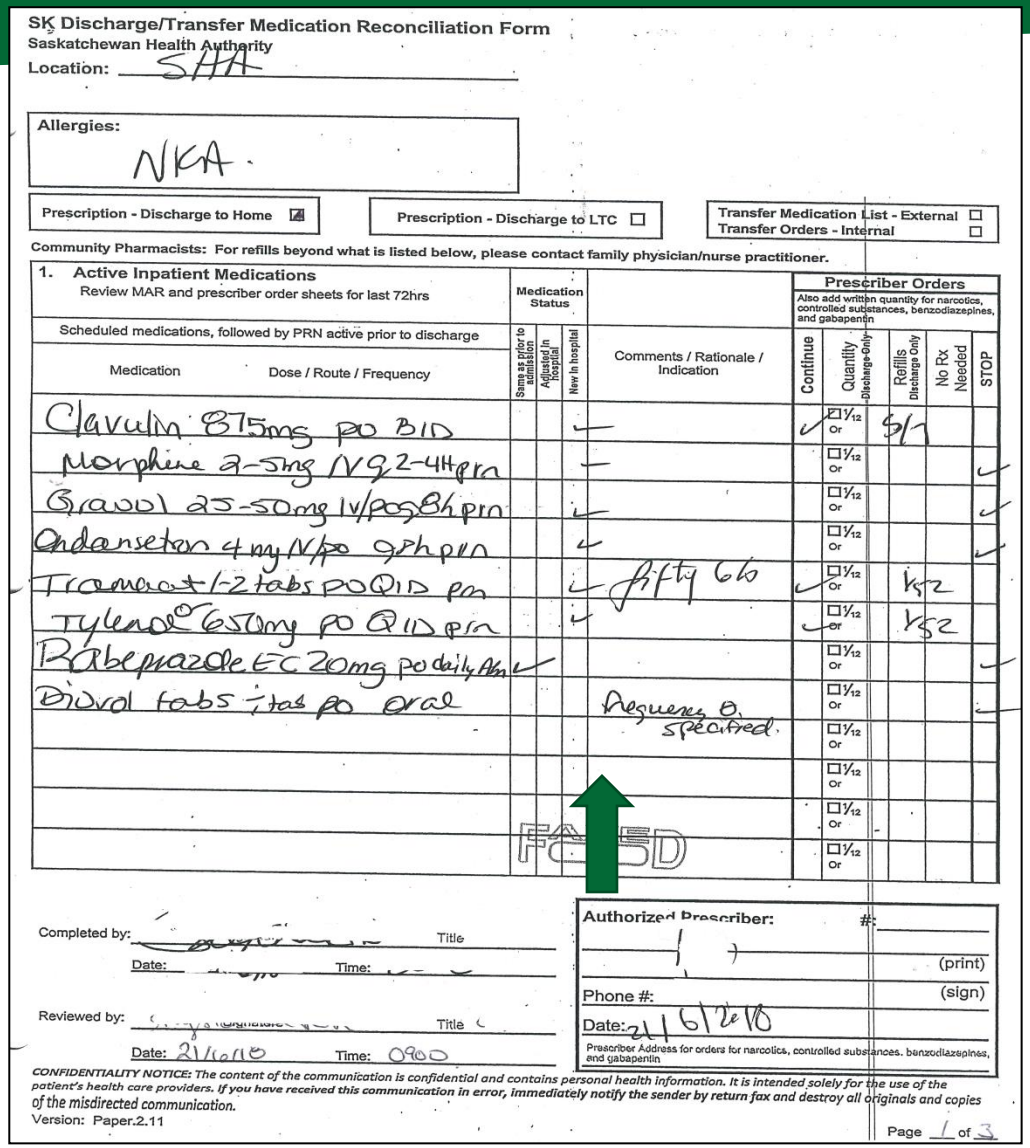
Example of unclear orders

Saskatchewan Health Authority

MedRec processes and provincial forms

MedRec on 'Discharge'

Step 3: Evaluation



SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority
Location: SHA

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

Scheduled medications, followed by PRN active prior to discharge

Medication	Dose / Route / Frequency	Medication Status: Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Prescriber Orders: Continue	Quantity (Discharge Only)	Refills (Discharge Only)	No Rx Needed	STOP
Clavulin	875mg PO BID			✓		✓	☐ ½ 12 Or	5/1		
Morphine	2-5mg IV q2-4H prn			✓			☐ ½ 12 Or			✓
Gravol	25-50mg IV/PO q8h prn			✓			☐ ½ 12 Or			✓
Ondansetron	4mg IV/PO q8h prn			✓			☐ ½ 12 Or			✓
Tramacet	1-2 tabs PO QID prn			✓	fifty 6's	✓	☐ ½ 12 Or	x52		
Tylenol	650mg PO Q4D prn			✓		✓	☐ ½ 12 Or	x52		
Rabeprazole EC	20mg PO daily Abx	✓					☐ ½ 12 Or			✓
Diovol	1 tab PO oral				frequency not specified		☐ ½ 12 Or			✓
							☐ ½ 12 Or			
							☐ ½ 12 Or			
							☐ ½ 12 Or			
							☐ ½ 12 Or			

FAXED

Completed by: [redacted] Title
Date: [redacted] Time: [redacted]

Reviewed by: [redacted] Title
Date: 21/6/18 Time: 0900

Authorized Prescriber: #:
(print)
Phone #:
(sign)
Date: 21/6/2018
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

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Version: Paper.2.11

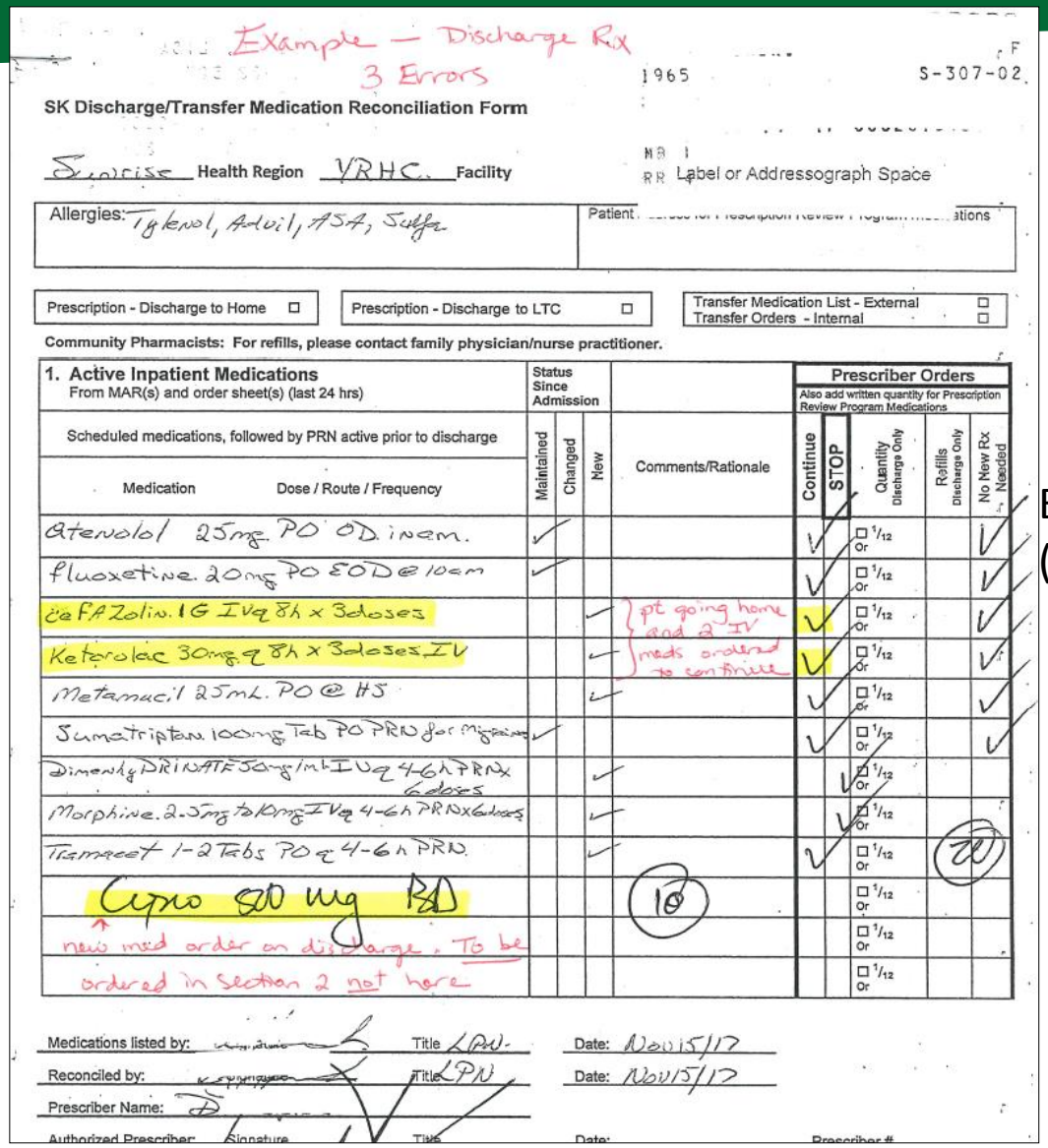
Page 1 of 3

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

Sunrise Health Region VRHC Facility

Label or Addressograph Space

Allergies: Tylenol, Advil, ASA, Sulfa

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				Prescriber Orders (Also add written quantity for Prescription Review Program Medications)				
Scheduled medications, followed by PRN active prior to discharge									
Medication — Dose / Route / Frequency	Maintained	Changed	New	Comments/Rationale	Continue	STOP	Quantity Discharge Only	Refills Discharge Only	No New Rx Needed
Atenolol 25mg PO OD in am.	✓				✓		☐ 1/12 Or		✓
fluoxetine 20mg PO EOD @ 10am	✓				✓		☐ 1/12 Or		✓
ceFAZolin 1G IVq 8h x 3doses			✓	pt going home and 2 IV meds ordered to continue	✓		☐ 1/12 Or		✓
Ketorolac 30mg q 8h x 3doses IV			✓		✓		☐ 1/12 Or		✓
Metamucil 25mL PO @ HS			✓		✓		☐ 1/12 Or		✓
Sumatriptan 100mg Tab PO PRN for migraine	✓				✓		☐ 1/12 Or		✓
Dimenhy DRINATE 50mg/mL IVq 4-6h PRN 6 doses			✓			✓	☐ 1/12 Or		
Morphine 2.5mg to 10mg IVq 4-6h PRN x 6 doses			✓			✓	☐ 1/12 Or		
Tramacet 1-2 Tabs PO q 4-6h PRN			✓		✓		☐ 1/12 Or	(2)	
Cipro 500 mg BD				(10)			☐ 1/12 Or		
new med order on discharge. To be ordered in Section 2 not here							☐ 1/12 Or		
							☐ 1/12 Or		

Medications listed by: Title LPN Date: Nov 15/17

Reconciled by: Title LPN Date: Nov 15/17

Prescriber Name:

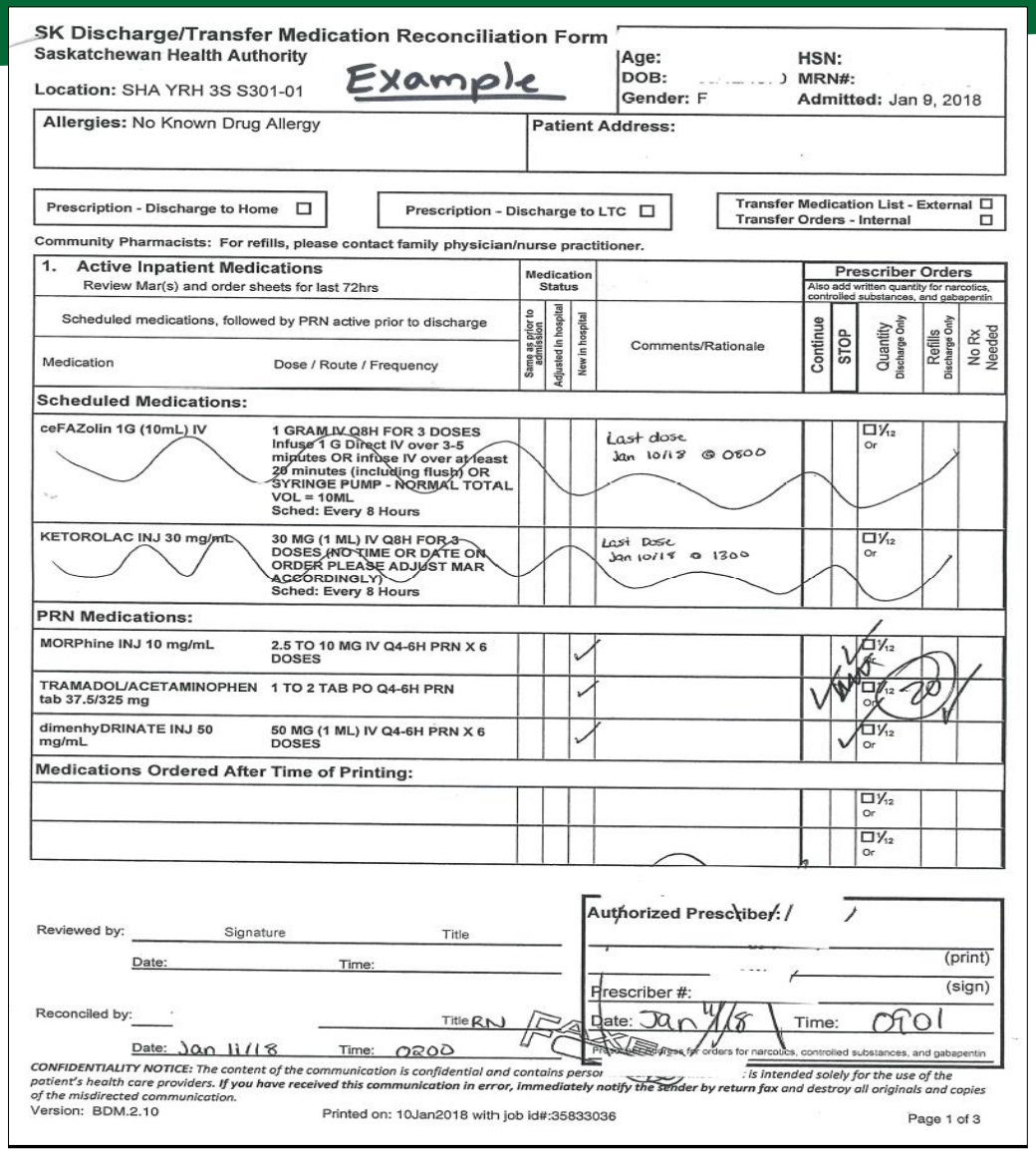
Authorized Prescriber: Signature Title Date: Prescriber #

Example of discrepancy (previous DTMR format)

Saskatchewan Health Authority

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
Review Mar(s) and order sheets for last 72hrs

Scheduled medications, followed by PRN active prior to discharge

Medication	Dose / Route / Frequency	Medication Status: Same as prior to admission	Adjusted in hospital	New in hospital	Comments/Rationale	Prescriber Orders: Continue	STOP	Quantity Discharge Only	Refills Discharge Only	No Rx Needed
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			☐ ½ Or		
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			☐ ½ Or		
PRN Medications:										
MORPhine INJ 10 mg/mL	2.5 TO 10 MG IV Q4-6H PRN X 6 DOSES			✓				☐ ½ Or		
TRAMADOL/ACETAMINOPHEN tab 37.5/325 mg	1 TO 2 TAB PO Q4-6H PRN			✓				☐ ½ Or		
dimenhyDRINATE INJ 50 mg/mL	50 MG (1 ML) IV Q4-6H PRN X 6 DOSES			✓				☐ ½ Or		
Medications Ordered After Time of Printing:										
								☐ ½ Or		
								☐ ½ Or		

Reviewed by: Signature Title
Date: Time:

Reconciled by: Title RN
Date: Jan 11/18 Time: 0800

Authorized Prescriber: /
(print)
Prescriber #: (sign)
Date: Jan 4/18 Time: 0901
Prescriber signature for orders for narcotics, controlled substances, and gabapentin

FAXED

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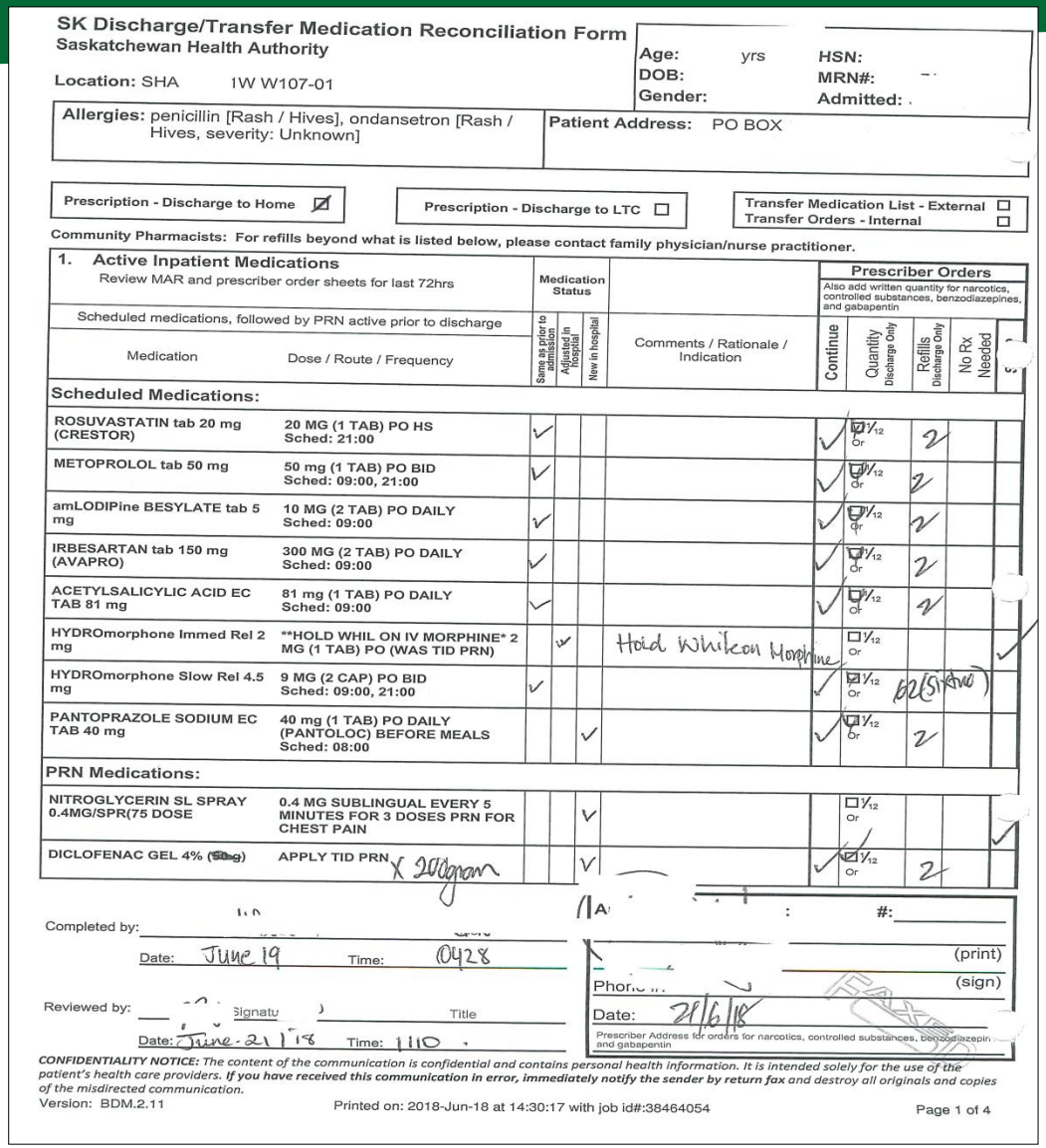
Version: BDM.2.10 Printed on: 10Jan2018 with job id#:35833036 Page 1 of 3

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

Saskatchewan Health Authority

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
Review MAR and prescriber order sheets for last 72hrs

Scheduled medications, followed by PRN active prior to discharge

Medication	Dose / Route / Frequency	Medication Status: Same as prior to admission	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Prescriber Orders: Continue	Quantity (Discharge Only)	Refills (Discharge Only)	No Rx Needed
Scheduled Medications:									
ROSUVASTATIN tab 20 mg (CRESTOR)	20 MG (1 TAB) PO HS Sched: 21:00	✓				✓	☒ 1/12 Or	2	
METOPROLOL tab 50 mg	50 mg (1 TAB) PO BID Sched: 09:00, 21:00	✓				✓	☒ 1/12 Or	2	
amLODIPine BESYLATE tab 5 mg	10 MG (2 TAB) PO DAILY Sched: 09:00	✓				✓	☒ 1/12 Or	2	
IRBESARTAN tab 150 mg (AVAPRO)	300 MG (2 TAB) PO DAILY Sched: 09:00	✓				✓	☒ 1/12 Or	2	
ACETYLSALICYLIC ACID EC TAB 81 mg	81 mg (1 TAB) PO DAILY Sched: 09:00	✓				✓	☒ 1/12 Or	2	
HYDROmorphone Immed Rel 2 mg	**HOLD WHIL ON IV MORPHINE* 2 MG (1 TAB) PO (WAS TID PRN)		✓		Hold Whilcon Morphine		☐ 1/12 Or		✓
HYDROmorphone Slow Rel 4.5 mg	9 MG (2 CAP) PO BID Sched: 09:00, 21:00	✓				✓	☒ 1/12 Or	62(Sixty two)	
PANTOPRAZOLE SODIUM EC TAB 40 mg	40 mg (1 TAB) PO DAILY (PANTOLOC) BEFORE MEALS Sched: 08:00			✓		✓	☒ 1/12 Or	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			✓			☐ 1/12 Or		✓
DICLOFENAC GEL 4% (~~50g~~)	APPLY TID PRN X 200gram			✓		✓	☒ 1/12 Or	2	

Completed by:
Date: June 19 Time: 0428
Reviewed by: Signatu Title
Date: June-21 '18 Time: 1110

(print)
(sign)
Date: 21/6/18
Prescriber Address for orders for narcotics, controlled substances, benzodiazepin and gabapentin

FAXED

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Version: BDM.2.11 Printed on: 2018-Jun-18 at 14:30:17 with job id#:38464054 Page 1 of 4

Example of a well completed DTMR form

Saskatchewan Health Authority

MedRec on 'Transfer'

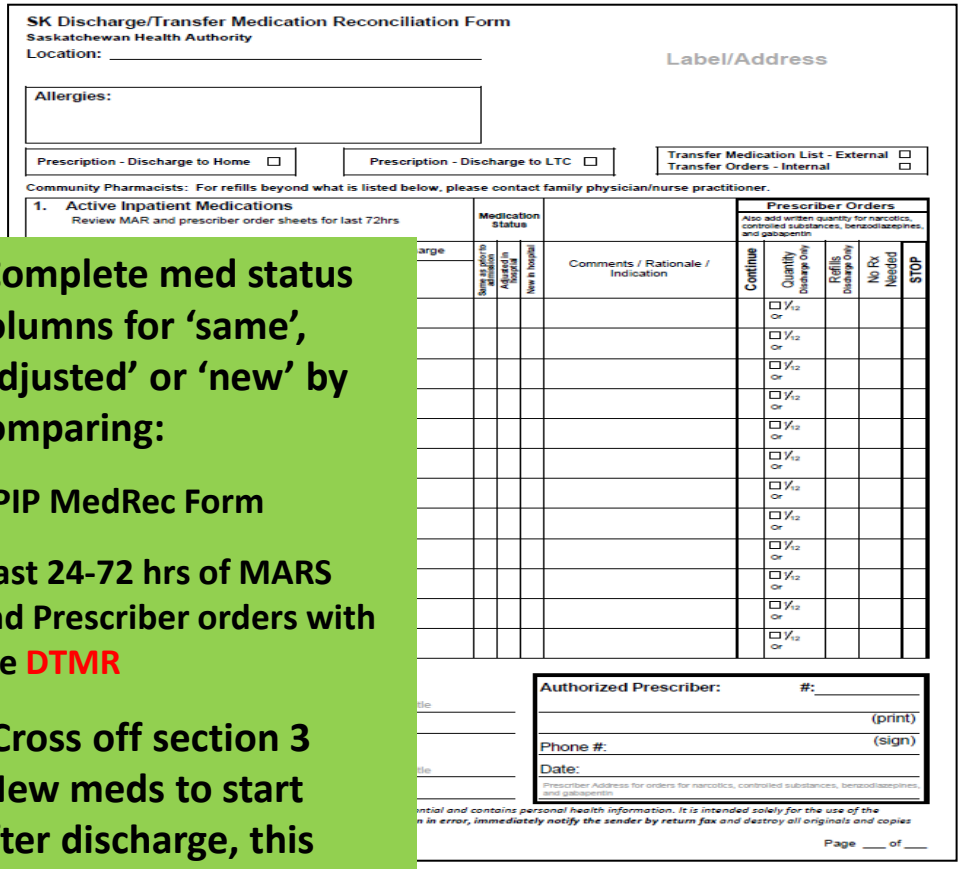
Is the movement of an acute care patient between two acute care inpatient facilities (Ministry of Health definitions, 2017)

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 Status: Same as prior to admission	Adjusted in Hospital	New in hospital	Comments / Rationale / Indication	Prescriber Orders: Continue	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			
					☐ ½ Or			

Authorized Prescriber: #:
(print)
(sign)
Phone #:
Date:
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

...ntial and contains personal health information. It is intended solely for the use of the ...n in error, immediately notify the sender by return fax and destroy all originals and copies

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-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)

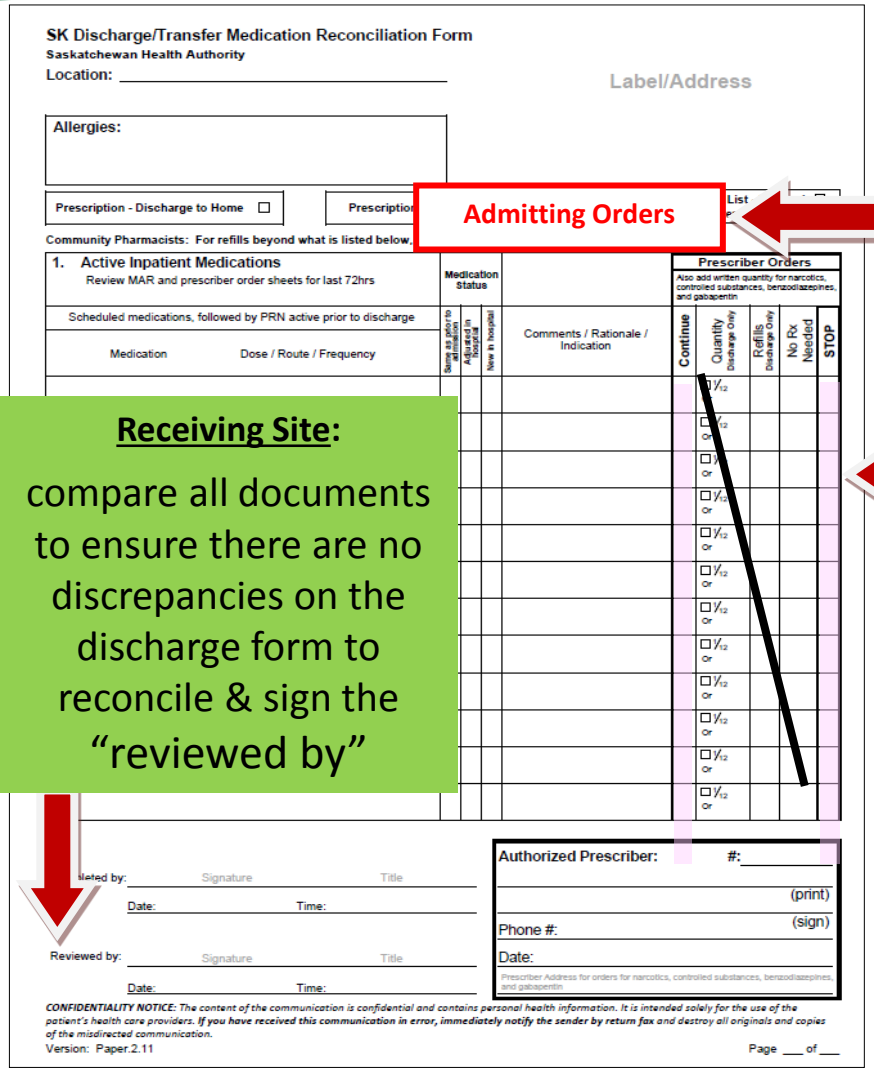
On '**transfer' to another acute** site, the form serves as a 'medication list' that will be used by **the receiving site/physician** to review and write 'admitting orders' for the patient

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

Saskatchewan Health Authority

MedRec on 'Transfer' - Receiving Site

External



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

Allergies:

Prescription - Discharge to Home ☐ | Prescription | List

Community Pharmacists: For refills beyond what is listed below,

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

Scheduled medications, followed by PRN active prior to discharge

Medication	Dose / Route / Frequency	Medication Status: Same as prior to admission / Adjusted in hospital / New in hospital	Comments / Rationale / Indication	Prescriber Orders (Also add written quantity for narcotics, controlled substances, benzodiazepines, and gabapentin): Continue	Quantity (Discharge Only)	Refills (Discharge Only)	No Rx Needed	STOP
				☐				

Authorized Prescriber: #:
(print)
(sign)
Phone #:
Date:
Prescriber Address for orders for narcotics, controlled substances, benzodiazepines, and gabapentin

leted by: Signature Title
Date: Time:

Reviewed by: Signature Title
Date: Time:

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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Admitting Orders

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

Saskatchewan Health Authority

MedRec Compliance Audits

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

Do your part & ensure patient safety!

The End

Saskatchewan Health Authority