RPN, RN, LPN, Pharm, Pharm Tech (Regulated) or Prescriber

Prescriber only

Revised – May/18

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

Location / Patient / Allergy Info **Pre-populates** on top

Allergies: Codeine

Patient Address:
123 Easy Street
Yorkton, SK XXX XXX

Patient Destination: Check **ONE**

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.

STOP

Active & prn meds pre-populate (Section 1)

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

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

Scheduled Medications:

Medication	Dose/Route/ Frequency	Same as prior	Adjusted in hospital	New in hospital	Comments / Rationale / Indication	Continue	Quantity (Discharge Only)	Refills (Discharge Only)	No RX Needed	STOP
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			√

2. Transfers/Discharges- Clinicians &/or prescribers records all pertinent medication info in this area

1. Transfers/Discharges-*Compare* med list to the last MAR(s), last 72 hrs of prescriber orders & the initial BPMH **AND indicate *status*** *of each med as* ***'Same as prior to admission', 'Adjusted in hospital' OR 'New in hospital'***

3. Discharge ONLY- completes Rx with quantity using '1/12' tickbox **or** a specified amount for **every med**. If appropriate, "mark" the 'no Rx needed' column. *Refills are optional.*

PRN Medications:

DimenhyDRINATE TAB 50 MG	**50 MG (1TAB) PO PRN (OR MAY GIVE IV-SEE ALTERNATE ORDER)**			√	PPO					

3. Transfers/Discharges- "handwrite" any orders received **after** form was printed & 'status' in blank lines provided

Medications Ordered After Time of Printing:

RANITIDINE 150 MG PO BID Take at 0900 and 2100				√		√	☑ 1/12 or			
							☐ 1/12 or			

4. Transfers/Discharges- ind. 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: #: XXXXX

Dr Al Better (print)

Dr Al Better (sign)

Phone #: (xxx) XXX-XXXX

Date: May 7/18

111 Any Street Yorkton, SK

Prescriber Address for orders for narcotics, controlled substances and gabapentin

4. Discharges ONLY- Prescriber/Most Responsible Physician completing the Rx will **sign, date & provide ph #** on **every completed page**. ***Exception:*** *if there are no med orders, do not need to sign*

5. Transfers/Discharges- 'countersigned' by ind. **confirming** document is complete & identifies any discrepancies to be reconciled **OR** if left BLANK, indicates prescriber reconciled meds & needs only to sign Authorized Prescriber box

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

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA YRH CCU-04

Site specific: Meds 'stopped'/'held' from BPMH **may prepopulate (Section 2)**

Tonne, Clay

Age:	66 yrs	**HSN:**	123 456 789
DOB:	03/03/1951	**MRN#**	987654
Gender:	M	**Admitted:**	May 1,2018

5. Record any pertinent info for **preadmission meds** 'held or stopped'

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 in hospital*		☐ 1/12 or			√

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

7. Discharge Only-Reviews med list and completes the Rx

3. NEW medications to START after discharge

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

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	

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

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

Other Medication Instructions/Comments:

6. Transfers/Discharges-Before faxing Rx or sending med list on transfer-**Review current meds & Rx to identify and resolve discrepancies (med rec).** If discrepancy noted, contact prescriber to return and reconcile directly on the form. If prescriber is not available, provide description of "unresolved discrepancies" in "Comments" to inform Community Pharmacy/ other services of discrepancy & prescriber will 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.

7. Select destination, enter recipient(s) name and date faxed. *NOTE*: FAX Rx directly from acute care to Comm'ty Pharm **or directly** from Prescriber office to Pharmacy. A 'fax' of a 'faxed' prescription is not legal (ie. Site A→Site B→Site C). A copy of the completed Rx from prescriber's office also needs to be faxed back to acute care site to retain in patient chart.

Authorized Prescriber: Dr Al Better **#:** XXXXX

Dr Al Better

Phone #: (xxx) XXX-XXXX

Date: *May 7/18*

111 Any Street Yorkton, SK 555-0000

Prescriber Address for orders for narcotics, controlled substances and gabapentin

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

Reviewed by: *Ida Care RN*

Date: *May 7/18* Time: *1545*