For Prescribers

Revised – Aug/19

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA CCU-0

Location / Patient / Allergy Info **pre-populate**

Tonne, Clay
Age: 66 yrs **HSN:** 123 456 789
DOB: 03/03/1951 **MRN#** 987654
Gender: M **Admitted:** Oct 30,2018

Allergies: codeine [CONFUSION]

Patient Address: 123 Easy Street
My Town, SK XXX XXX

Prescribers ONLY complete this form *on Discharge* to 'Home' or 'Long Term Care' as a Rx

STOP **DO NOT complete RX until medication list is reconciled**

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.
Prescriber/Community Pharmacist: "No Rx Needed" in the following table implies medication patient was taking prior to admission has not changed (dose, route frequency) and patient has supply, refills on file OR product can be acquired without a precription (i.e. over the counter medication)

1. Active Inpatient Medications

Review MAR and prescriber order sheets for last 72hrs

Reconcile meds from **the PIP medrec form, last MARs & Dr orders** to discharge form to complete

1. Review current meds, identify & resolve discrepancies (MedRec) & **initiate the Rx using 'continue' or 'stop'**

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
WARFARIN tab 1 MG	1 MG (1 TAB) PO DAILY **Sched: 16:00**			√	Last dose- Nov 2 at 4 pm	√	☐ 1 Month Or 7 days			
amLODIPine BESYLATE tab 5 MG	5 MG (1 TAB) PO DAILY **Sched: 09:00**		√		↑ from 2.5 mg Last dose-Nov 2 at 9 am	√	☐ 1 Month			
SERTRALINE tab 100 MG	100 MG (2 TABS) PO DAILY **Sched: 09:00**	√			Follow up with Psychiatrist in 2 wks Last dose- Nov 2 at 9 am	√	☐ 1 Month or		√	
SPIRONOLACTONE tab 25 MG	**HOLD** 25 MG (1 TAB) PO DAILY		√		Restart or Stop med		☐ 1 Month or			√
							☐ 1 Month or			

Active & prn meds will **pre-populate (Section 1)**

PRN Medications:

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

Medications Ordered After Time of Printing

RANITIDINE 150 MG PO BID Takes at 0900 and 2100				√						

2. Complete "Quantity" for EVERY medication using tickbox "1Month" **OR** indicate specific amount **OR** "No Rx needed". ***"Refills" are optional.***

Rx CAN ONLY BE COMPLETED by authorized prescribers- verbal/phone orders not acceptable

3. Record med changes in hospital, follow-up appt's or other pertinent med

"Completed by" – ind. that compares documents to complete "Same as prior to admission", "Adjusted in hospital" or "New in hospital"

Completed by: Dinah Might **Title** RN

Date: November 1/18 **Time:** 2330

Reviewed by: Ida Care **Title** BSP

"Reviewed by" – ind. that confirms document is complete & identifies discrepancies to be reconciled **OR** if left BLANK, indicates prescriber reconciled meds & needs only to sign Authorized Prescriber box

Authorized Prescriber: Dr Al Better **#**

(print) Dr Al Better

(sign)

Phone #: (XXX) XXX-XXXX

Date: Nov 2/18

111 Any Street My town, SK 555-0000

Address for orders for narcotics, controlled substances and gabapentin

4. Prescriber/Most Responsible Physician completing the Rx **signs & dates every completed page.** ***Exception****: if there are no med orders, do* ***not*** *need to sign*

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA CCU-0

Tonne, Clay
Age: 66 yrs **HSN:** 123 456 789
DOB: 03/03/1951 **MRN#** 987654
Admitted: Oct 30,2018

5. **Review** meds not ordered or stopped on admission and **'restart' or 'stop'** accordingly. Assists to communicate med changes to community pharmacy / other health services

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 20 MG PO BID	Stopped on admission		☐ 1 Month or			√
			☐ 1 Month or			
			☐ 1 Month or			

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

3. New Medications to START after discharge

6. '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	10 (ten) tabs	☐ 1 Month Or	
		☐ 1 Month or	
		☐ 1 Month or	

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

7. **Cross out** all blank lines after Rx is completed

Other Medication Instructions/Comments:

8. **Review Rx to identify & resolve discrepancies (med rec).** If discrepancy noted, reconcile **directly** onto form or prescriber will be contacted to return ASAP. If prescriber not available, s/he will need to contact the Pharmacy **directly** to reconcile

A copy of the completed Rx will be faxed to the prescriber's office for follow-up appointments

Copied/Faxed to:	Name of Recipient / Fax#	Date	Copied /faxed to:		
☒ Community Pharmacy	Drugs R' US 555-5555	Nov 2/18	☐ Receiving Facility		
☐ Long Term Care			☒ Family Physician/ Nurse Practitioner	Dr Al Better 555-0000	Nov 2/18
☐ Home Care			☐ Other ☒ Copy to Patient		Nov 2/18

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

Completed by: Dinah Might **Title** RN

9. **Prescriber #, Address, Phone number** - completed when narcotics/controlled substances/gabapentin are ordered (Prescription Review Program)

Reviewed by: Ida Care **Title** BSP

Date: November 2/18 **Time:** 1645

Authorized Prescriber: Dr Al Better **#**
(print) Dr Al Better
(sign)
Phone #: (XXX) XXX-XXXX
Date: Nov 2/18
111 Any Street My town, SK 555-0000
Prescriber Address for orders for narcotics, controlled substances and gabapentin

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

Allergies: nitrofurantoin [CONFUSION]	**Patient Address:**

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

Community Pharmacist: For refills beyond what is listed below, please contact family physician/nurse practitioner.

Prescriber/Community Pharmacist: "No Rx Needed" in the following tables implies medication patient was taking prior to admission has not changed (dose, route, frequency) and patient has supply, refills on file OR product can be acquired without a prescription (i.e. over the counter medication)

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	Medication Status: Adjusted in hospital	Medication Status: New in hospital	Comments / Rationale / Indication	Prescriber Orders: Continue	Prescriber Orders: Quantity Discharge Only	Prescriber Orders: Refills Discharge Only	Prescriber Orders: No Rx Needed	Prescriber Orders: STOP
Scheduled Medications:										
Bowel Care per Protocol	. Sched:						☐1 month Or			
RIVAROXABAN TAB 10 MG (XARELTO)	20 MG (2 TAB) PO DAILY Sched: 17:00						☐1 month Or			
ATORVASTATIN tab 10 mg (LIPITOR)	20 MG (2 TAB) PO HS Sched: 21:00						☐1 month Or			
NITROGLYCERIN PATCH 0.4 MG	APPLY 0.4 MG (1 PATCH) DAILY 2100H, REMOVE 0900H ROTATE ADMINISTRATION SITES Sched: 21:00						☐1 month Or			
BISOPROLOL tab 5 mg	2.5 MG (0.5 TAB) PO DAILY Sched: 09:00						☐1 month Or			
amLODIPine BESYLATE tab 5 mg	5 MG (1 TAB) PO DAILY Sched: 09:00						☐1 month Or			
PERINDOPRIL tab 4 mg (COVERSYL)	4 mg (1 TAB) PO DAILY Sched: 09:00						☐1 month Or			
SPIRONOLACTONE tab 25 mg	25 mg (1 TAB) PO DAILY Sched: 09:00						☐1 month Or			
FUROSEMIDE tab 40 mg	40 MG (1 TAB) PO BID Sched: 09:00, 14:00						☐1 month 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

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

1. Active Inpatient Medications (continued) 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									
FLUTICASONE PROPIONATE INH 250 mcg/puff	1 PUFF INHALE BID RINSE AND SPIT AFTER USE * WAIT ONE MINUTE BETWEEN PUFFS *USE AN AEROCHAMBER* Sched: 09:00, 21:00						☐1 month Or			
metFORMIN tab 500 mg	500 MG (1 TAB) PO TID WITH MEALS Sched: 09:00, 12:00, 17:00						☐1 month Or			
VITAMIN B12 tab 1000 mcg	1000 MCG (1 TAB) PO DAILY Sched: 09:00						☐1 month Or			
VITAMIN D tab 1000 units	1000 UNITS (1 TAB) PO DAILY Sched: 09:00						☐1 month Or			
PRN Medications:										
ACETAMINOPHEN tab 325 mg	650 MG (2 TAB) PO *OR NG/PR* Q4H PRN						☐1 month Or			
METOCLOPRAMIDE tab 5 mg (METONIA)	10 MG (2 TAB) PO *OR NG/IV* Q6H PRN						☐1 month Or			
ANTACID (MAGNESIUM/ALUMINUM) SUSP 350 mL	15 TO 30 ML PO PRN						☐1 month Or			
dimenhyDRINATE TAB 50 MG	12.5 TO 50 MG PO Q4H PRN *OR NG/PR/IV* Q4H PRN (CONSIDER LOWER DOSE FOR FRAIL/ELDERLY)						☐1 month Or			
ONDANSETRON TAB 4 MG	4 MG (1 TAB) PO *OR NG/IV* Q8H PRN (NON-SEDATING) **DISCONTINUE ON DISCHARGE**						☐1 month Or			
Medications Ordered After Time of Printing:										

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

SK Discharge/Transfer Medication Reconciliation Form
Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

1. Active Inpatient Medications (continued)
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	Medication Status: Adjusted in hospital	Medication Status: New in hospital	Comments / Rationale / Indication	Prescriber Orders: Continue	Prescriber Orders: Quantity Discharge Only	Prescriber Orders: Refills Discharge Only	Prescriber Orders: No Rx Needed	Prescriber Orders: STOP

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

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	Prescriber Orders: Restart	Prescriber Orders: Quantity Discharge Only	Prescriber Orders: Refills Discharge Only	Prescriber Orders: No Rx Needed	Prescriber Orders: STOP
				☐1 month Or			
				☐1 month Or			
				☐1 month Or			
				☐1 month Or			
				☐1 month Or			
				☐1 month Or			
				☐1 month Or			
				☐1 month Or			

Prescriber Orders: 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)

Phone #: _____ (sign)

Date: _____

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

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Location: SHA YRH 1E E102-01

9

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
			☐1 month Or	
			☐1 month Or	
			☐1 month Or	
			☐1 month Or	
			☐1 month Or	
			☐1 month Or	
			☐1 month Or	

Other Medication Instructions/Comments:

Copied/Faxed to:	Name of Recipient / Fax #	Date	Copied/Faxed to:	Name of Recipient / Fax #	Date
☐ Community Pharmacy			☐ Receiving Facility		
☐ Long Term Care			☐ Family Physician/ Nurse Practitioner		
☐ Home Care			☐ Other ☐ Copy to patient		

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

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