

RPN, RN, LPN, Pharm, Pharm Tech/Prescriber

Prescriber only

SK Discharge/Transfer Medication Reconciliation Form

Saskatchewan Health Authority

Also known as DTMR Form

Label/Address

Location: _____

Allergies: Codeine

2. Patient Destination: Check ONE

1. Complete Address and Location on all pages. Complete Allergy information on first page.

Prescription - Discharge to home

Prescription - Discharge to LTC

Transfer Medication List – External
Transfer Orders – Internal

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

1. Active Inpatient Medications		Medication Status			Comments / Rationale / Indication	Prescriber Orders				
Review MAR and prescriber order sheets for last 72hrs		Same as prior to admission	Adjusted in hospital	New in hospital		Continue	Quantity Discharge Only	Refills Discharge Only	No RX Needed	STOP
Scheduled medications, followed by PRN active prior to discharge										
3. List ALL active meds followed by PRN meds. (Section 1)										
Medication	Dose/Route/ Frequency									
Scheduled Medications:										
Warfarin TAB 1 MG	1 MG (1 TAB) PO DAILY Sched: 16:00	<input checked="" type="checkbox"/>			Last dose- May 6 at 4 pm	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1/12 Or <input checked="" type="checkbox"/> 7 days			
RAMIPRIL CAP 5 MG	5 MG (1 CAP) PO DAILY Sched: 09:00		<input checked="" type="checkbox"/>		↑ from 2.5 mg Last dose-May 7 at 9 am	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1/12 or			
FLUOXETINE CAP 40 MG	40 MG (1 CAP) PO DAILY Sched: 09:00	<input checked="" type="checkbox"/>			Follow up with Psychiatrist in 2 wks Last dose- May 7 at 9 am	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1/12 or		<input checked="" type="checkbox"/>	
ACETAMINOPHEN TAB 325 MG 650 MG (2TABS) PO DAILY				<input checked="" type="checkbox"/>			<input type="checkbox"/> 1/12 or			<input checked="" type="checkbox"/>
Dimenhydrinate TAB 50 MG 50 MG (1TAB) PO PRN (or may give IV- see alternate order)				<input checked="" type="checkbox"/>	PPD		<input type="checkbox"/> 1/12 or			<input checked="" type="checkbox"/>
							<input type="checkbox"/> 1/12 or			
							<input type="checkbox"/> 1/12			

1. On Discharge only- Prescriber reviews active meds, identifies & resolves discrepancies prior to indicating 'continue' or 'stop'

3. List ALL active meds followed by PRN meds. (Section 1)

4. For Transfers & Discharges- Compare DTMR Form to BPMH, the last 24-72 hrs of MAR(s) and prescriber orders. Indicate the status of each medication.

For Transfers & Discharges, prescribers can use this area to record all pertinent med info

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

5. For Transfers & Discharges- "Completed by" is signed & dated by person comparing the BPMH, MARs & Dr order sheets to the DTMR Form, completed med status columns & comments, & time entry.

Completed by: Snow White RN

Date: May 7/18 Time: 1400

Reviewed by: Ida Care RN

Date: May 7/18 Time: 1515

Authorized Prescriber: #: 12345

Dr Al Better (print)

Dr Al Better (sign)

Phone #: (306) 123-4567

Date: May 7/18

123 MedRec Street Smalltown, SK

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

4. Discharges ONLY- Prescriber/MRP completing the Rx will sign, date & time every completed page. Exception: if there are no med orders, do not need to sign

6. Transfers and Discharges- "Reviewed by" - indiv. who confirms document is complete & identifies any discrepancies to be reconciled OR if left BLANK, indicates prescriber has reconciled meds & needs only to sign Authorized Prescriber box

Complete: Page numbers

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8. Record info for meds 'held or stopped' at admission

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
<i>Furosemide TAB 20 MG</i>	<i>20 MG (1 TAB) PO BID Sched: 0900, 1200</i>

Comments / Rationale / Indication
e.g. of use:
-restart Warfarin on discharge
-stop NSAID due to GI Bleed

Held on admission

Prescriber Orders

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

Restart	Quantity Discharge Only	Refills Discharge Only	No Rx Needed	STOP
<input type="checkbox"/>	<input type="checkbox"/> 1/12 or			<input checked="" type="checkbox"/>

7. Record any meds "held" or "stopped" on admission from the BPMH (Section 2)

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

3. NEW medications to START after discharge

Medication	Dose / Route / Frequency	Comments / Rationale / Indication
<i>Tylenol #3</i>	<i>1-2 tabs q4h prn for pain</i>	<i>Ten tabs</i>

Comments / Rationale / Indication

Ten tabs

Prescriber Orders

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

Quantity Discharge Only	Refills Discharge only
<input checked="" type="checkbox"/> 1/12 or <i>10 tabs</i>	
<input type="checkbox"/> 1/12 or	
<input type="checkbox"/> 1/12 or	

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

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:

9. For Transfers & Discharges, review current meds & Rx to identify and resolve discrepancies. If discrepancy is noted, contact prescriber to reconcile directly on the form. If prescriber is unavailable, provide description of "unresolved discrepancies in this box to inform next service provider. Other significant patient information can be recorded here as well.

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

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

10. Select destination category & enter recipient(s) name and date faxed. FAX Rx directly from acute care to comm. pharmacy/from prescriber's office to comm. pharmacy. A 'fax' of a 'faxed' prescription is not legal. Fax copy of the completed Rx from prescriber's office back to acute care site to retain in chart.

Authorized Prescriber: _____ #: 12345

Dr Al Better

Dr Al Better

Phone #: *(306) 123-4561*

Date: *May 7/18*

123 MedRec Street Smalltown, SK

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

Reviewed by: Ida Care RN

Date: May 7/18 Time: 1545