

**The PIP Med Rec Form is a Medication Order.
Adhere to the Saskatoon Ordering of Medications and
Do Not Use Abbreviation Policies.**

**ADMISSION MEDICATION RECONCILIATION POCKET GUIDE
(Adult Patients)**

The purpose of Admission Med Rec is to ensure the RIGHT information is collected at admission so SAFE medication decisions can be made, communicated and acted on.

☑ PATIENT NAME (2 identifiers)

- CONFIRM with patient
 - ASK patient to spell name, ASK date of birth
- CHECK wrist band

☑ ALLERGY/INTOLERANCE STATUS

- Medications, Food, Environmental, Items found in hospital (e.g. Latex, Contrast media or X-ray dyes)
- Reaction and severity (confirm rash/hives, difficulty breathing, swelling, GI symptoms, etc.)

☑ HEIGHT AND WEIGHT

- Verify if reported in pounds or kg; inches or cm; actual or estimate
- Document in SI UNITS (kg/cm)
- May be required for dosing medications

**☑ PRESCRIPTION MEDICATIONS including:
(USE THE PIP Med Rec Form AS A GUIDE)**

☑ Scheduled Medication: Drug Name, Dose (strength/concentration), Route, Frequency, Time of Last Dose

☑ PRN Medications: Drug Name, Dose (strength/concentration), Route, Frequency (minimum to maximum number of times the medication is taken per day during the past 2 weeks), Time of Last Dose

☑ ASA? Ask explicitly!

☑ OTCs (used in the last 2 weeks prior to admission)

- ✓ Vitamins/Minerals (e.g. vitamin D, calcium, Tums®)
- ✓ Herbals/Homeopathic/Natural/Traditional Medicines (e.g. glucosamine, rat root, etc.)

☑ HEAD TO TOE REVIEW (OTCs, NON-ORAL Agents)

- ✓ Aches/pains/headache medication (e.g. acetaminophen, ibuprofen, naproxen)
- ✓ Sleep medication
- ✓ Cold/allergy medication
- ✓ Eye Drops/Ear Drops/Nasal Sprays/Inhalers
- ✓ Nitroglycerin spray
- ✓ Heartburn/Stomach medication
- ✓ Bladder/Bowel Care (e.g. laxatives, stool softeners)
- ✓ Medicated Creams/Lotions/Ointments
- ✓ Patches (e.g. nicotine patch)
- ✓ Injectables (e.g. monthly B12)

☑ OTHER (medications not captured on PIP)

- ✓ Samples
- ✓ Cancer Centre: chemotherapy and adjunctive agents (e.g. tamoxifen, levothyroxine, symptom management)
- ✓ Study/Investigational/Special Access
- ✓ Hormones/Contraceptives/IUD (provided by clinic)
- ✓ Medical Marijuana
- ✓ Recreational Drugs

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Contact (306) 655-2612 for duplication or questions.

Product Type & Example of Legal Documentation	Standard
Single Entity Tablet (Carvedilol 18.75 mg po BID)	<ul style="list-style-type: none"> • Use generic name for single entity products. • Document as strength (mg, units) NOT number of tablets
Single Entity Liquid (Potassium Chloride Elixir 20 mEq po daily)	<ul style="list-style-type: none"> • Document in strength (mg, units), NEVER volume (mLs). • Indicate formulation.
Combination Products (Atacand Plus®: Candesartan 16 mg/ Hydrochlorothiazide 12.5 mg po daily)	<ul style="list-style-type: none"> • Brand name is acceptable. • Document dose of each product to enact as an order for medication dispensing and administration.
Same drug, different dose at different administration times (Furosemide 40 mg po daily AM AND Furosemide 20 mg po daily noon)	<ul style="list-style-type: none"> • Indicate administration times of each dose
Same drug, different doses on different days of the week (Warfarin 3 mg po daily Monday to Friday AND Warfarin 3.5 mg po daily Sat, Sun)	<ul style="list-style-type: none"> • Clearly document which days of the week specific doses are taken.
Eye drops, Ear drops, Nasal sprays, Inhalers (Combigan Ophthalmic Drop 0.2 %/0.5 %: Instill 1 drop in right eye daily)	<ul style="list-style-type: none"> • Quantify exact dose and route (e.g. number of drops, left vs. right vs. both, etc.) • Document strength/concentration
Patches (Nitroglycerin 0.4 mg/hr Patch: Apply 1 patch once daily for 12 hours (On: 08:00hrs Off: 20:00hrs))	<ul style="list-style-type: none"> • Document dose, interval, on/off time and last time new patch was applied.
Injectable (Ranibizumab (Lucentis®) 0.5 mg intraocular to right eye once a month (next dose due July 9, 2016))	<ul style="list-style-type: none"> • Document appropriate route (e.g. IM, Subcut, IV, Intraocular, etc.) and location of injection (e.g. eye, thigh, etc.)
PRN Medications (Ipratropium 20 mcg Inhaler: Inhale 1-2 puffs q4-6h PRN)	<ul style="list-style-type: none"> • Document explicit range and interval frequency. • "PRN" alone is not a complete order.
Cyclic medication (Alendronate 70 mg po once weekly on Sundays)	<ul style="list-style-type: none"> • Document day of week/month for cycle and last day of administration.
Medications with Critical Administration Times (Sinemet® 100 mg/25 mg po QID (0500hrs, 1100hrs, 1600hrs, 2000hrs))	<ul style="list-style-type: none"> • Obtain and document specific dosing times for medications where administration times are critical (e.g. Parkinson's, transplant, renal patient, etc.)
Medical Marijuana (Medical Marijuana oil – Patient's Own Medication. May use up to 3 grams po daily prn in divided doses. Period of use is for 30 days until dd/mm/yy.)	<ul style="list-style-type: none"> • <u>ORDER MUST be written by an MRP.</u> Indicate daily quantity in grams and period of use not to exceed the date documented on the Proof of Authorization. Note "Patient's Own"

HISTORY GATHERING TIPS:

USE SUPPLEMENTARY SOURCES OF INFORMATION

- LOOK FOR: MAR from sending site, vials, patient's list, bubble pack, other document (e.g., from renal unit, home care, etc.)
- TALK TO: Patient, Next of Kin, Family Doctor, Community Pharmacy
- CHECK: PIP/eHR Viewer

TRY OPEN ENDED QUESTIONS. GET SPECIFIC INFORMATION.