

Best Possible Medication Discharge Plan and Prescription(s)

Location: U-6 / A6-303 / A
 Ht: 193.0cm As of: 2012/03/15
 Wt: 90.0kg As of: 2012/03/15

Patient: PharmNet, Helen
 VISIT: 420740930 PIN: 11842236
 DOB: 1978/02/06
 Health Card Number: 1231231233

Allergies: TEST, cephalosporins

| RECONCILE AGAINST BPMH Prescriber, Nurse or Pharmacist to complete | Reconcile | | | | Last Dose Date/Time Initial | Provide rationale for any modifications or changes <small>(e.g. Atenolol decrease from 25 mg to 12.5 mg po daily, due to hypotension; New Medication; etc.)</small> | Prescriber to complete | | | |
|---|-------------------------------------|--------|------------|-------------------------------------|-----------------------------------|---|-------------------------------------|----------|---------|---------|
| | Continue | Modify | Hold | Discontinue | | | No Rx Needed | Quantity | Refills | LU Code |
| Medication Orders | | | | | | | | | | |
| amLODIPine 5 mg PO daily | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | |
| cefTRIAxone 1 g IV daily dextrose 5% 50 mL <i>Order Stops: 2012/06/04</i> | <input checked="" type="checkbox"/> | | | | | see CCAL prescription | | | | |
| dalteparin 5000 units/0.2 mL SC daily <i>Order Stops: 2012/05/24</i> | <input checked="" type="checkbox"/> | | | | | | | 12 days | | |
| dexamethasone 5 mg/5 mL PO daily | <input checked="" type="checkbox"/> | | | | | | | 10 days | | |
| lansoprazole DR 30 mg PO daily <i>as per LHSC auto substitution policy for Pantoprazole 40 mg PO daily</i> | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | |
| perindopril 4 mg PO daily | <input checked="" type="checkbox"/> | | | | | | | 30 days | | |
| PRN Orders | | | | | | | | | | |
| acetaminophen 325-650 mg PO q4h PRN | | | | <input checked="" type="checkbox"/> | | | | | | |
| docusate sodium 100 mg PO BID PRN | <input checked="" type="checkbox"/> | | | | | | | 30 caps | | |
| ondansetron 4 mg PO q8h PRN | | | | <input checked="" type="checkbox"/> | | | | | | |
| RECONCILE AGAINST BPMH | | | | | | | | | | |
| Prescriber, Nurse or Pharmacist to complete | | | | | | | | | | |
| Name: _____ Date: _____ | Reconcile | | | | Last Dose Date/Time Initial | Provide rationale for any modifications or changes <small>(e.g. Atenolol decrease from 25 mg to 12.5 mg po daily, due to hypotension; New Medication; etc.)</small> | Prescriber to complete | | | |
| | Resume | Modify | Cont. Hold | Discontinue | | | No Rx Needed | Quantity | Refills | LU Code |
| On Hold Orders | | | | | | | | | | |
| acetaminophen 325-650 mg rectal q4h PRN | | | | <input checked="" type="checkbox"/> | | | | | | |
| sennosides 8.6-17.2 mg PO BID | | | | <input checked="" type="checkbox"/> | | | | | | |

Ahrens, P
 Prescriber Name (Printed)


 Prescriber Signature

123546
 CPSO # / CDSO #

2012/05/24
 Date (yyyy/mm/dd)

Printed: 2012/05/24 09:34

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|---|-------|-------------------------------------|--------|------------|-------------------------------------|-----------------------------------|--------------|---|----------------------|---------------|---------|---------|
| Name: | Date: | Continue | Modify | Hold | Discontinue | | | Total Quantity | Partfill Quantity | Time Interval | Refills | LU Code |
| Narcotic and Controlled Drug Orders | | | | | | | | | | | | |
| HYDROmorphone CR 36 mg PO q12h | | <input checked="" type="checkbox"/> | | | | | | 30 (thirty) tabs x 30mg 30 (thirty) tabs x 6mg | / | / | / | |
| PRN Orders | | | | | | | | | | | | |
| HYDROmorphone 2-4 mg PO q4h PRN | | <input checked="" type="checkbox"/> | | | | | | 30 (thirty) tabs x 2mg | / | / | / | |
| LORazepam 1 mg PO at bedtime PRN | | <input checked="" type="checkbox"/> | | | | | | 10 tabs | / | / | / | |
| RECONCILE AGAINST BPMH Prescriber, Nurse or Pharmacist to complete | | Reconcile | | | | Last Dose Date/Time Initial | No Rx Needed | Prescriber to complete | | | | |
| Name: | Date: | Resume | Modify | Cont. Hold | Discontinue | | | Total Quantity | Partfill Quantity | Time Interval | Refills | LU Code |
| On Hold Orders | | | | | | | | | | | | |
| ALPRAZolam 0.25 mg PO TID | | | | | <input checked="" type="checkbox"/> | | | | | | | |
| codeine CR 50 mg PO q12h | | | | | <input checked="" type="checkbox"/> | | | | | | | |

Ahrens, D
Prescriber Name (Printed)
[Signature]
Prescriber Signature
123546
CPSO # / CDSO #
2012/05/24
Date (yyyy/mm/dd)

Printed: 2012/05/24 09:34

DO NOT THIN FROM CHART

Page: 2 of 3

Distribution: Original to go with patient on discharge. Place copy in Patient Care Order Section of Chart.
PATIENT INSTRUCTIONS: THIS IS A PRESCRIPTION, GIVE TO YOUR COMMUNITY PHARMACIST

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Allergies: TEST, cephalosporins

| LIST DISCONTINUED MEDICATIONS FROM BPMH Prescriber, Nurse or Pharmacist to complete | Reconcile | | | Provide Rationale | No Rx Needed | Prescriber to complete | | |
|--|-----------|--------|-------------------------------------|--------------------------|--------------|------------------------|---------|---------|
| | Resume | Modify | Discontinue | | | Quantity | Refills | LU Code |
| Name: <i>Ahrens</i> Date: <i>2012/05/24</i> <i>Perindopril 8mg PO daily</i> | | | <input checked="" type="checkbox"/> | <i>See Rx for ↓ dose</i> | | | | |
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| | | | | | | | | |

| Additional Medication Orders | Quantity | Refills | LU Code |
|-----------------------------------|----------------|-------------------------------------|---------|
| <i>Acetaminophen 975mg PO QID</i> | <i>30 Tabs</i> | <input checked="" type="checkbox"/> | |
| | | | |
| | | | |
| | | | |

| Additional Patient Instructions Including Directions for Medications Prior to Hospital | | |
|--|-------|-------|
| <i>Follow-up with family physician in 3 days.</i> | | |
| | | |
| | | |
| Instructions provided by (if other than Prescriber) | Name: | Date: |

Ahrens, P. *12356* *2012/05/24*
 Prescriber Name (Printed) Prescriber Signature CPSO # / CDSO # Date (yyyy/mm/dd)

Printed: 2012/05/24 09:34
 Discharge Medications reviewed with Patient/Family: *A.P.* (Initials)

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