HOME CARE MEDICATION RECONCILIATION
PHYSICIAN ORDER FORM

NAME: _____ QUADRANT (if applicable) _____

HSN: _____

❒ On Admission ❒ Review Date:

❒ Referral From Community
❒ Referral From Acute Care/ Long Term Care

PHARMACY NAME:

PLEASE FAX COMPLETED FORM TO Home Care 655-4400

#1 _____ **Phone:**_____ **Fax:** _____

#2 _____ **Phone:**_____ **Fax:** _____

Weight _____

❒Estimate ❒Actual

Height _____

❒Estimate ❒Actual

Information Source List

❒ Client ❒ Family/Caregiver ❒ Rx Vials/Blister Packs ❒ Comm. Pharmacy ❒ Physician Rx ❒ PIP ❒ Drs samples ❒ Other

Type of Discrepancy

0. No discrepancy
1. Med not currently prescribed
2. Dose different
3. Frequency different
4. Route different
5. Client no longer taking med
6. OTC – dose & frequency required
7. New Medication

Home Medications on Admission to Home Care will include: prescription, physician/RN (NP) directed OTC's and Physician Samples (eg. patches, topical, nasal spray/inhaler, oral inhalers, ear/eye drops, rectal, injectable, oral) Scheduled & PRN included.	Date	Interview/ Discrepancy Assessment	Fax BPMH/ Med Rec/ Allergy/ Intolerance Record to Physician	Transcribe to Medication Flow Sheet	Fax BPMH/ Med Rec/ Allergy/ Intolerance Record to Community Pharmacy	Signature

SECTION 1 – PRESCRIPTION OR PHYSICIAN DIRECTED OTC MEDICATIONS

Medication	Dose (i.e. mg)	Route	Frequency	Ordering Physician/ RN (NP) (if known)	Discrepancies identified between home med list and additional services (see codes above)		RECONCILIATION / PHYSICIAN ORDERS/ RN (NP) (Physician/ RN (NP) Use Only)		
					Code	Explanation	Continue	Stop	Comments/Change to (specify):

In case of an **Anaphylactic Reaction** the RN/RPN/LPN is authorized to give **Epinephrine Hydrochloride (Adrenalin) 1:1000 by intramuscular injection into the antero- lateral thigh according to the following table**:

50 kg or greater (Adult Dose): 0.5 mL							
Weight	**Dose (mL)**	Weight	**Dose (mL)**	Weight	**Dose (mL)**	Weight	**Dose (mL)**
10 kg	**0.1 mL**	20 kg	**0.2 mL**	30 kg	**0.3 mL**	40 kg	**0.4 mL**

Prescribing Physician/ RN (NP): (print)_____ **SIGNATURE**_____ **DATE** (YYYY/MM/DD)_____

DO NOT USE the following Dangerous Abbreviations, Symbols and Dose Designations

ISMP Canada July 2006

DO NOT USE	USE THIS	DO NOT USE	USE THIS	DO NOT USE	USE THIS
s.c.	**Subcut**	cc	**mL**	> or <	**Greater than or less than**
U, UI, u or iu	**Units**	µg	**mcg**	Trailing zero (*x*.0 mg)	**Never use zeros AFTER decimal**
QD or od QOD	**DAILY** **Every other day**	@	**at**	Lack of leading zero(.x mg)	**Always use zeros BEFORE decimal**
Drug name abbreviations	**Write generic drug name**	D/C	**discharge**	OU	**Both eyes**
OS	**Left eye**	OD	**Right eye**		

Tips for Performing a Medication History

- Balance open-ended questions with yes / no questions
- Ask non-biased questions
- Don't ask leading questions
- Vague responses may indicate non-adherence
- Avoid medical jargon
- Encourage questions from client
- Client to bring medications to hospital
- Client to carry a list of current medications
- Ensure the vial contains the medication specified on the label
- Prompt regarding prn medication

Other Questions for Medication History Interviews

1. Did a doctor change the dose or stop any of your medications recently?
2. Have you changed the dose or stopped any of your medications recently?
3. Have any of the medications been causing side effects?
4. Your profile indicates that you may have run out of some medications. Are you still taking any of these?
5. Have you spent any days in the hospital over the past year?
6. When you feel better, do you sometimes stop taking your medicine?
7. Sometimes if you feel worse when you take your medicine, do you stop taking it?
8. Are the pills in the bottle the same as what is on the label?
9. Have you changed your daily routine to accommodate your medication schedule?

Client's Name _____

HSN _____

SECTION 1 continued

Medication	Dose (i.e. mg)	Route	Frequency	Ordering Physician/ RN (NP) (if known)	Discrepancies identified between home med list and additional services (see codes above)		RECONCILIATION / PHYSICIAN ORDERS (Physician/RN (NP) Use Only)		
					Code	Explanation	Continue	Stop	Comments/Change to (specify):

Prescribing Physician/ RN (NP): (print)_____ **SIGNATURE**_____ **DATE (**YYYY/MM/DD**)**_____

Tips for Performing a Medication History

- Balance open-ended questions with yes / no questions
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- Encourage questions from client
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- Prompt regarding prn medication

Other Questions for Medication History Interviews

1. Did a doctor change the dose or stop any of your medications recently?
2. Have you changed the dose or stopped any of your medications recently?
3. Have any of the medications been causing side effects?
4. Your profile indicates that you may have run out of some medications. Are you still taking any of these?
5. Have you spent any days in the hospital over the past year?
6. When you feel better, do you sometimes stop taking your medicine?
7. Sometimes if you feel worse when you take your medicine, do you stop taking it?
8. Are the pills in the bottle the same as what is on the label?
9. Have you changed your daily routine to accommodate your medication schedule?

Client's Name _____

HSN _____

SECTION 2 – NATURAL/ ALTERNATIVE/ OTC PRODUCTS THAT ARE NOT PHYSICIAN/ RN (NP) DIRECTED

Medication/ Supplement	Dose (i.e. mg)	Route	Frequency	Client's perceived indication for use (Please note if product is recommended by an alternative practitioner e.g.: herbalist, naturopath)	Does Physician/RN (NP) allow Home Care Nursing to administer this product?		
					YES	NO	Comments

Prescribing Physician/ RN (NP): (print)_____**Signature**_____**Date (YYYY/MM/DD)**_____

Client's Name _____

HSN _____

Tips for Performing a Medication History

- Balance open-ended questions with yes / no questions
- Ask non-biased questions
- Don't ask leading questions
- Vague responses may indicate non-adherence
- Avoid medical jargon
- Encourage questions from client
- Client to bring medications to hospital
- Client to carry a list of current medications
- Ensure the vial contains the medication specified on the label
- Prompt regarding prn medication

Other Questions for Medication History Interviews

1. Did a doctor change the dose or stop any of your medications recently?
2. Have you changed the dose or stopped any of your medications recently?
3. Have any of the medications been causing side effects?
4. Your profile indicates that you may have run out of some medications. Are you still taking any of these?
5. Have you spent any days in the hospital over the past year?
6. When you feel better, do you sometimes stop taking your medicine?
7. Sometimes if you feel worse when you take your medicine, do you stop taking it?
8. Are the pills in the bottle the same as what is on the label?
9. Have you changed your daily routine to accommodate your medication schedule?