BPMH Documentation Tips in Long Term Care

Sample BPMH Form

Date & Time: Allergies: NKA										
				Name/DOE						
Height: Weight: kg/lbs			* Nurse/Physician/Pharmacist to document home medication							
			Physician to complete on admiss							
(include presc	ame & Strength ription & regularly PRN medications)	Dose	Route	Dosing Interval	Continue	Change	Hold	Discontinue	Change/Reason for Hold/Discontinuation	
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Comments:					L		7			
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Review of pa MAR from a Drug Profile		Con	nmunity p	pharmacy list:	Pho	one:	-			
	cian list ult ⊡No ⊡Yes	Other - : Reason for	specify: Consult:							
Completed by:	Date	/Time:		Physicia	Physician Signature: Date:					
Completed by:	Onto	/Time:								

Allergies/Reaction Date/Time Height/Weight Medication Name Strength, Dose, Route, Interval Continue/Change/Hold/ Discontinue Indication/Change/Reason for Hold

Sources of info Comments/Red flags BPMH Completed by Physician signature

- The community pharmacy record is a dispensing record and may include medications that have been stopped by the patient/prescriber. Ask resident/substitute decision maker (SDM) about actual use.
- Do NOT use dangerous abbreviations (e.g., "u" for units, "OD" for daily)
- Record the amount taken (in mg) per dose (e.g. metoprolol 50 mg 1/2 tablet (= 25 mg) PO BID)
- Ensure the proper formulation of the medication is documented, especially long acting vs. short acting. (e.g., MR, CR, XR, ER, LA)
- Liquid suspension include both the concentration in mg/mL and dose in mg

For more information, visit www.ismp-canada.org/LTC/

