

Instructions for completing Best Possible Medication History Form (BPMH) - Medication Reconciliation



USING THE FORM: This form contains information from the Netcare Pharmaceutical Information Network (PIN) profile. Upon admission, this form can be used to collect the patient's Best Possible Medication History (BPMH) and create the prescriber's orders while considering the patient's home medications. This is an official AHS form and should be kept in a consistent location in the chart according to your zone process.

DEFAULT PIN REPORT TIMEFRAME: The form will pre-populate with the past 4 months of dispensing history unless you adjust the timeframe to a 1, 2, 3, 6 or 12 month period.

ALLERGY INFORMATION: Allergy information does not come pre-populated from PIN. It should be collected and documented as per your site process.

EMERGENCY DEPARTMENT/URGENT CARE CENTRES: Adverse event screening result can be documented here.

STEP 1 - COMPLETE A BEST POSSIBLE MEDICATION HISTORY

- a. Affix patient label in the designated area on the form.
- b. Interview the patient as a secondary source of information. The family/caregiver can also be interviewed if you are unable to verify this information with the patient; check off the corresponding box and document a reason.
- c. If patient is not on any medications, check the box "No Home Medications".
- d. Review the pre-populated Netcare medication information with the patient (family or caregiver) and for each row of medication select whether patient is taking as per Netcare information (Yes) or not taking as per Netcare information (No).
 - If Yes, check the 'Yes' box and move on to the next medication row.
 - If No, check the 'No' box and:
 - Write in the dose, route, and frequency columns with how the patient is actually taking the medication(s).
 - If patient is no longer taking the medication listed, indicate the reason why.
- e. List over-the-counter (OTC) medications such as vitamins, herbals and supplements or other prescribed medications not listed on the Netcare form in the blank spaces provided.
- f. Document your name, designation, initials, date, and time at the bottom of form on each page of medications.

STEP 2 - RECONCILIATION ON ADMISSION

Under Prescriber Orders - It is the prescriber's responsibility to review each medication and check the appropriate order box.

- a. *Continue per Netcare column* – Check this box if you want to continue what has been pre-populated from Netcare as the left hand side of the form indicates.
- b. *Continue per verified history column* – Check this box if you want to continue what has been handwritten in the dose, route, and frequency columns.
Warning: The medication information is written in strength and number of tablets. To avoid patient harm, calculate the dose in mg, mcg, etc.
- c. *Discontinue and Hold columns* – Check these “Discontinue” or “Hold” boxes for any medications that you want to discontinue or place on hold AND write the reason in the “Comments/Rationale for Discontinuations, Holds, and Changes” column.
- d. *Change column* – Check the “Change” box if you change the home medication dose, route or frequency. Write the reason for change in the “Comments/Rationale for Discontinuations, Holds, and Changes” column AND write a new order in the regular physician order section.
- e. Print your name, sign, date and time in the prescriber signature box at the bottom of the column on each page of medications.

LATE ENTRIES:

- a. Record any late entries to the BPMH and write “Late Entry” along with the name, dose, frequency and route of the medication in the blank spaces provided at the end of the Netcare form. Date, Time, and Sign the late entry.
- b. Follow usual ordering practices to ensure changes are made to current medication orders if necessary.

STEP 3 – PROCESSING BPMH AND ORDERS

- a. All pages that printed for a patient need to be kept and included in the patient chart.
- b. Process orders as per usual practice (e.g., send to Pharmacy or enter orders into electronic system)

COMMUNICATION: If applicable, document and communicate to the patient and/or next healthcare provider. On the form, check off the box(es) as appropriate.

ADDITIONAL TOOLS:

Other tools to help you learn more about how to complete a BPMH are available on Insite at Medication Reconciliation (MedRec)

<http://insite.albertahealthservices.ca/5713.asp>
