

Affix patient label

12030-9000	Male	1961-May-19	Report Generated:
Test Patient			2016-Nov-24 14:19:46

This report has been generated based on the past 4 months of medications via Netcare. PLEASE NOTE: changes MAY have been made to list of medications since this report was generated. It may contain discontinued medications and does NOT contain any updated instructions received from a patient's physician. It is not inclusive for all items such as over the counter medications, herbal medications, drug samples or clinical trials or prescriptions from outside of the province of Alberta.

Allergies: _____

Emergency Department/Urgent Care Adverse Drug Event Screening Result High Risk

Information Sources – minimum one additional source:

Patient/Caregiver interview (primary source where possible)

Interview not possible

Other (please specify) _____

Unable to verify with a second source Reason: _____

This Netcare BPMH form is considered one source. Verify medication information with patient/caregiver as the required second source.

Medications Add any additional prescriptions, over the counter and herbal medications including regular and PRN	Taken per Netcare	Complete if information is not taken per Netcare, incomplete or for patient medications not listed in Netcare			Time of last dose	Continue per	Comments/Rationale
		Dose	Route	Frequency			
Metformin HCL (METFORMIN 500 MG TABLET) 1 Tablet(s) Three times daily 2016-Oct-26 270 Tablet(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	500 mg	PO	BID	this morn		
Insulin Glargine, Hum. Rec. Anlog (LANTUS (OPTISET) 100U/ML) Inject 24 units at bedtime 2016-Oct-26 3 Vials	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SQ		last night		
Carvedilol (CARVEDILOL 25 MG TABLET) 1 Tablet(s) Two times daily Take with a meal 2016-Nov-08 180 Tablet(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Ticagrelor (BRILINTA 90 MG TABLET) 1 Tablet(s) Two times daily 2016-Nov-08 180 Tablet(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				this morn		

Check here if No Home Medications.

Check No if patient is taking differently than Netcare pre-populated info. Fill in dose, route and frequency of how patient is actually taking the medication.

Check Yes if patient is taking medication as per the Netcare pre-populated info on the left.

Check No if patient is no longer taking the medication and indicate the reason why.

Name/Designation: <i>Test Provider, RN</i>	Initials: <i>TP</i>	Date/Time: <i>2016-Nov-24 16:30</i>	Prescriber Name: Dr. Sum Relist
Name/Designation:	Initials:	Date/Time:	Signature: <i>S. Relist</i>
		Date: <i>2016-Nov-24</i>	Time: <i>18:45</i>

Additional Comments:
*Metformin - patient thought he was supposed to take BID didn't realize it was TID.
Carvedilol - patient stopped taking on own, gets dizzy at 25 mg BID*

Sign with Name, Designation, initials and Date/Time here.

Warning: The medication information is written in strength and number of tablets. To avoid patient harm, calculate the dose in mg, mcg, etc.

Add any additional comments.

Legend	
Red	BPMH Collection
Blue	Reconciliation & Orders

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It is the prescriber's responsibility to review each medication on the list and check the appropriate order box.

This report has been generated based on the [] months of medications via Netcare.4 PLEASE NOTE: changes MA have been made to list of medications since this contain all items trials of

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.

Prescriber Orders

It is the prescriber's responsibility to verify each medication (including dose and frequency) prior to processing.

Please enter into electronic order entry system where applicable

Medications <small>Add any additional prescriptions, over the counter and herbal medications</small>	ar Netcare	Complete if information is not taken per Netcare, incomplete or for patient medications not listed in Netcare			Time of last dose	Continue per Netcare	Continue per verified history	Discontinue	Hold	Change	Comments/Rationale for Discontinuations, Holds and Changes
(ALTACE HCT 10-12.5 MG TABLET) 1 Tablet(s) once a day 2016-Nov-08 90 Tablet(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										ramipril 10 mg PO daily hydrochlorothiazide 25 mg PO daily BP not controlled
Rosuvastatin Calcium (ROSUVASTATIN 20 MG TABLET) 1 Tablet(s) once a day 2016-Nov-08 90 Tablet(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				this morn	<input checked="" type="checkbox"/>					
Insulin Aspart (NOVORAPID) 2016-Oct-26 45 Cartridge(s)											
Colchicine (COLCHICINE 0.6 MG TABLET) 1 Tablet(s) twice daily x3 days 2016-Oct-26 6 Tablet(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	only when gout attack			3 mos ago		<input checked="" type="checkbox"/>				Not required at this time

Name/Designation: <i>Test Provider, RN</i>	Initials: <i>TP</i>	Date/Time: <i>2016-Nov-24 16:30</i>
Name/Designation:	Initials:	Date/Time:

Prescriber Name: Dr. Sum Relist
Signature: <i>S. Relist</i>
Date: <i>2016-Nov-24</i> Time: <i>18:45</i>

Orders/Copies sent to:

Pharmacy or Entered into electronic order entry system Time: _____

Primary Care Provider

Community Pharmacy

Home Care

Updated medication list provided to patient or caregiver

Prescriber to print Name, Sign, Date and Time here.

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4					Prescriber Orders					
Don't forget to reconcile other medications not pre-populated on this form.					It is the prescriber's responsibility to verify each medication (including dose and frequency) prior to processing.					
					Please enter into electronic order entry system where applicable					
Medications <small>Add any additional prescriptions, over the counter and herbal medications including regular and PRN</small>	Dose	Route	Frequency	Time of last dose	Continue per Netcare	Continue per verified history	Discontinue	Hold	Change	Comments/Rationale for Discontinuations, Holds and Changes
<i>Aspirin</i>	<i>81 mg</i>	<i>PO</i>	<i>Daily</i>			✓				
<i>Multivitamin</i>	<i>1 tab</i>	<i>PO</i>	<i>Daily</i>					✓		<i>not required while in hosp</i>
<i>Nitro Spray</i> <i>0.4 mg per spray</i> <i>has not needed to use in last 8-9 months</i>	<i>1 spray</i>	<i>SL</i>	<i>Q5 min repeat x3</i>			✓				
List other 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.										
Name/Designation: <i>Test Provider, RN</i>		Initials: <i>TP</i>	Date/Time: <i>2016-Nov-24 16:30</i>		Prescriber Name: Dr. Sum Relist Signature: <i>S. Relist</i> Date: <i>2016-Nov-24</i> Time: <i>18:45</i>					
Name/Designation:		Initials:	Date/Time:							

Orders/Copies sent to:

Pharmacy or Entered into electronic order entry system Time: 19:00

Primary Care Provider

Community Pharmacy

Home Care

Updated medication list provided to patient or caregiver

Process orders as per usual practice (e.g. send to Pharmacy or enter orders into electronic system).

Additional Comments:

If applicable, document and communicate to the patient and/or next healthcare provider. Check off the box(es) as appropriate.

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