

Best Possible Medication History (BPMH) and Reconciled Medication Orders

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:

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: _____

Prescriber Orders
 It is the prescriber's responsibility to verify each medication.
 Check here if No Home Medications.

Medications <small>Add any additional prescriptions, over the counter and herbal medications including regular and PRN</small> <input type="checkbox"/> No Home Medications	Taken per Netcare	Complete if information is not taken per Netcare, incomplete or for patient medications not listed in Netcare				Time of last dose	Comments/Rationale
		Dose	Route	Frequency	Time of last dose		
Metformin HCL (METFORMIN 500 MG TABLET) 1 Tablet(s) Three times daily 2016-Oct-28 270 Tablet(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	500 mg	PO	BID	this morn	Check <u>No</u> if patient is taking differently than Netcare pre-populated info. Fill in dose, route and frequency of how patient is actually taking the medication.	
Insulin Glargine, Hum. Rec. Anlog (LANTUS (OPTISET) 100U/ML) 1 Inject 24 units at bedtime 2016-Oct-28 3 Vials	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SQ		last night	Check <u>Yes</u> if patient is taking medication as per the Netcare pre-populated info on the left.	
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					Check <u>No</u> if patient is no longer taking the medication and indicate the reason why.	
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		

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

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

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

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

Add any additional comments.

Legend	
Red	BPMH Collection
Blue	Reconciliation & Orders

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

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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.		Complete if information is not taken from Netcare, incomplete or for patient medications not listed in Netcare		Frequency		Time of last dose		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					Comments/Rationale for Discontinuations, Holds and Changes	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					Continue per Netcare	Continue per verified history	Discontinue	Hold	Change		
Ramipril/Hydrochlorothiazide (ALTACE HCT 10-12.5 MG TABLET) 1 Tablet(s) once a day 2016-Nov-08 90 Tablet(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>										<input checked="" type="checkbox"/>	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"/>	<input type="checkbox"/>				this morn	<input checked="" type="checkbox"/>						
Colchicine (COLCHICINE 0.6 MG TABLET) 1 Tablet(s) twice daily x3 days 2016-Oct-26 6 Tablet(s)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	only when gout attack			3 mos ago			<input checked="" type="checkbox"/>				Not required at this time
Orders/Copies sent to: <input type="checkbox"/> Pharmacy or Entered into electronic order entry system Time: _____ <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Home Care <input type="checkbox"/> Updated medication list provided to patient or caregiver		Name/Designation: <i>Test Provider, RN</i> Initials: <i>TP</i> Date/Time: <i>2016-Nov-24 16:30</i>		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>					Prescriber to print Name, Sign, Date and Time here.			

Additional Comments:

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Don't forget to reconcile other medications not pre-populated on this form.					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	Dose	Route	Frequency	Time of last dose	Continue per Netcare	Continue per verified history	Discontinue	Hold	Change	Comments/Rationale for Discontinuations, Holds and Changes
Aspirin	81 mg	PO	Daily			✓				
Multivitamin	1 tab	PO	Daily					✓		not required while in hosp
Nitro Spray 0.4 mg per spray has not needed to use in last 8-9 months	1 spray	SL	Q5 min repeat x3			✓				
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			
Name/Designation:			Initials:		Date/Time:		Signature: <i>S. Relist</i>			
							Date: <i>2016-Nov-24</i>		Time: <i>18:45</i>	
Orders/Copies sent to: <input checked="" type="checkbox"/> Pharmacy or Entered into electronic order entry system Time: <i>19:00</i> <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Home Care <input type="checkbox"/> 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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