This quick reference provides instructions for completing the Best Possible Medication History (BPMH) form for medication reconciliation.

Using the Form

The BPMH form is pre-populated with dispensed prescription history from the Alberta Netcare Portal (ANP) Pharmaceutical Information Network (PIN) profile, but it is not complete until it is validated by a second source. Upon admission, this form can be used to collect the patient's BPMH and create the prescriber's orders while considering the patient's home medications. This is an official AHS and Covenant Health form and should be kept in a consistent location in the chart according to your zone/organization's process.

Adjustable Timeframe PIN Report

The form will default to 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 facility's process.

Emergency Department/Urgent Care Centers

Adverse event screening results can be documented here.

Steps

Step 1 – Complete a Best Possible Medication History

a   Affix patient label in the designated area on the form.

b   The form is only one source of information. 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.

- If the patient is not on any medications, check the box, "No Home Medications."

- Review the pre-populated ANP medication information with the patient (or family/caregiver) and for each row of medication, indicate whether the patient is taking the medication as indicated in ANP.
    - If yes, check the **Yes** box and move on to the next medication row.
    - If no, check the **No** box and
        - i. Fill in the dose, route, and frequency columns with the accurate information.
        - ii. If patient is no longer taking the medication listed, indicate the reason.
    - Duplicates: If the initial entry has been verified, subsequent entries of the same drug can be crossed out and indicated as "Duplicate."

- List over the counter (OTC) medications such as vitamins, herbals and supplements or other prescribed medications not listed on the ANP form in the blank spaces provided.

Step 2 – Reconciliation on Admission

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 ANP as the left-most column of the form indicates.

b   Document your name, designation, initials, date, and time at the bottom of form on each page of medications.

c   **Continue per verified history** column: Check this box if you want to continue what has been handwritten in the dose, route, and frequency columns. The medication information is written in strength and number of tablets. To **prevent patient harm**, calculate the dose in mg, mcg, etc.

d   **Discontinue and Hold** columns: Check the **Discontinue** or **Hold** boxes for any medications that you want to discontinue or place on hold. Write the reason in the "Comments/Rationale for Discontinuations, Holds, and Changes" column.

e   Change column: Check the **Change** box if you change the home medication dose, route, or frequency. Write the reason for the change in the "Comments/Rationale for Discontinuations, Holds, and Changes" column. Write a new order in the regular physician order section.

f   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 form. Record the 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 the 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 health care provider. On the form, check off the box(es) as appropriate.

Additional Tools

To learn more about completing BPMH forms, visit [Insite - Medication Reconciliation (MedRec)](#).

Covenant Health staff can email Medication.Management@covenanthealth.ca to request more information.