

# 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: \_\_\_\_\_

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  <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
		Dose	Route	Frequency	
<b>Metformin HCL (METFORMIN 500 MG TABLET)</b> 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
<b>Insulin Glargine, Hum. Rec. Anlog (LANTUS (OPTISET) 100U/ML)</b> 1 Inject 24 units at bedtime 2016-Oct-26 3 Vials	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SQ		last night
<b>Carvedilol (CARVEDILOL 25 MG TABLET)</b> 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				
<b>Ticagrelor (BRILINTA 90 MG TABLET)</b> 1 Tablet(s) Two times daily 2016-Nov-08 180 Tablet(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				this morn

## Prescriber Orders

It is the prescriber's responsibility to verify each medication

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: *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*

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

Add any additional comments.

Legend	
Red	RN
Blue	Prescriber

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

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<p><b>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></p>						<p><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.</b></p>						<p><b>Prescriber Orders</b></p> <p>It is the prescriber's responsibility to verify each medication (including dose and frequency) prior to processing.</p> <p>Please enter into electronic order entry system where applicable</p>					
<p>Complete if information is not taken per Netcare, incomplete or for patient medications not listed in Netcare</p>						<p>Comments/Rationale for Discontinuations, Holds and Changes</p>											
						Continue per Netcare	Continue per verified history	Discontinue	Hold	Change							
<p><b>Ramipril/Hydrochlorothiazide (ALTACE HCT 10-12.5 MG TABLET)</b> 1 Tablet(s) once a day 2016-Nov-08 90 Tablet(s)</p>						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									<p>ramipril 10 mg PO daily hydrochlorothiazide 25 mg PO daily BP not controlled</p>		
<p><b>Rosuvastatin Calcium (ROSUVASTATIN 20 MG TABLET)</b> 1 Tablet(s) once a day 2016-Nov-08 90 Tablet(s)</p>						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<p><b>Include comments and/or rationale for any meds to be discontinued, held, or changed.</b></p>															<p>Insuline sliding scale while in hospital</p>		
<p><b>Colchicine (COLCHICINE 0.6 MG TABLET)</b> 1 Tablet(s) twice daily x3 days 2016-Oct-26 6 Tablet(s)</p>						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>only when gout attack</p>								<p>Not required at this time</p>		
<p>Name/Designation: <i>Test Provider, RN</i></p>						<p>Initials: <i>TP</i></p>		<p>Date/Time: <i>2016-Nov-24 16:30</i></p>		<p><b>Prescriber Name:</b> Dr. Sum Relist</p>							
<p>Name/Designation:</p>						<p>Initials:</p>		<p>Date/Time:</p>		<p><b>Signature:</b> <i>S. Relist</i></p>							
										<p><b>Date:</b> <i>2016-Nov-24</i> <b>Time:</b> <i>18:45</i></p>							
<p>Orders/Copies sent to:</p> <p><input type="checkbox"/> Pharmacy or Entered into electronic order entry system Time: _____</p> <p><input type="checkbox"/> Primary Care Provider</p> <p><input type="checkbox"/> Community Pharmacy</p> <p><input type="checkbox"/> Home Care</p> <p><input type="checkbox"/> Updated medication list provided to patient or caregiver</p>														<p><b>Prescriber to print Name, Sign, Date and Time here.</b></p>			

Additional Comments:

Legend	
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Blue	Prescriber

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

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

Additional Comments:

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

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

Legend	
Red	RN
Blue	Prescriber