

Sample BPMH and Admission Order Form, Capital Health, Nova Scotia



PRE-PRINTED ORDER

Departments of Pharmacy, Nursing and Medicine

DO NOT THIN FROM CHART

Medication Reconciliation and Admission Order

Patient: _____

<input type="checkbox"/> No Known Drug Allergies	Weight _____ kg _____ lb
<input type="checkbox"/> Allergies as follows (please describe reaction)	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
	Height _____ cm _____ in
	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual

- **THE FOLLOWING ORDERS** may be used in any patient care area and will be carried out by a qualified health professional **ONLY ON THE AUTHORITY OF A PHYSICIAN**.
- All orders to be carried out must be **checked/completed** as appropriate.
- All dates must be written **yyy/mm/dd**. All times must be on the **24-hour clock (hhmm hr)**.

BEST POSSIBLE MEDICATION HISTORY (BPMH) (include prescription, OTC, vitamins herbal and natural products) Use BPMH Trigger Card	Prescriber to complete upon admission			Reconciliation (complete within 48 hrs of admission)					
	Continue	Discontinue	Change*	Rationale for discontinuation / change (If additional space required use progress notes)	Progress Note	Undocumented	Intentional	Unintentional Discrepancy	Complete

Continued on additional form

Late additions to BPMH*	Date

History taken by: _____

Source: Patient Family HPF Rx vials
 Community Pharmacy
 Family Physician Other _____

Reconciled by: _____

Date: _____ Time: _____

*** SEPARATE PHYSICIAN'S ORDER REQUIRED**



Authorized Prescriber: _____ Date(yyyy/mm/dd): _____
 Prescriber Name _____ Registration No. _____

Individual BPMH Record and Audit Tool

Use the results to complete the measurement worksheets

Implementation Stage: <input type="checkbox"/> Baseline <input type="checkbox"/> Early implementation <input type="checkbox"/> Full implementation	Patient Identification
Patient Sample:	

- INSTRUCTIONS:**
- A clinical pharmacist or designate compiles the Best Possible Medication History (BPMH) based on patient interview, medication vial review, patient medication list, community pharmacist, family physician, etc. .
 - Compare the BPMH to all prescription medication ordered (AMOs) for this patient within the first 24 hours of the index hospital stay. This includes new medications.
 - To complete the BPMH Discrepancy columns for each medication, check the appropriate box. Type 0= NO discrepancy; Type 1= Intentional discrepancy; Type 2= Undocumented Intentional Discrepancy; Type 3= Unintentional Discrepancy and comment as applicable.
 - Indicate for all Type 2 and Type 3 discrepancies whether they were resolved by placing a ✓ in the "Resolved" column.
 - For all additional medications found during the BPMH process, and not captured on AMO, note **'**ADDITIONAL'** at the end of the list, record medications and score discrepancies appropriately.

Best Possible Medication History (BPMH) <small>Medication name, dose, route & frequency (prescription meds only)</small>				NO discrepancy	Intentional Discrepancy	Undocumented Intentional Discrepancy	Unintentional Discrepancy	Resolved ✓	Discrepancy Comments
Medication	Dose	Route	Frequency	0	1	2	3		<i>Clarification of discrepancies should be recorded in Patient Record</i>

BPMH Discrepancy Total				
BPMH Discrepancy Type	0	1	2	3

Type 1= Intentional discrepancy - physician has made an intentional choice to add, change or discontinue a medication and is clearly documented.
Type 2= Undocumented Intentional Discrepancy - physician has made an intentional choice to add, change or discontinue a medication but this choice is not clearly documented.
Type 3= Unintentional Discrepancy - physician unintentionally changed, added or omitted a medication the patient was taking prior to admission.



**KINGSTON
GENERAL
HOSPITAL**



Religious Hospitalers
of Saint Joseph
of the Hotel Dieu of Kingston
HOTEL DIEU HOSPITAL

**Pharmacy Services
Medication History - Admission**

**Name: Test, Patient ONE
CR: 000002**

Date of Birth: 1945/03/03

Service: xUltrasound

Physician: Lockington, Kathryn

Location:

Adverse Reactions: Ibuprofen

HOME MEDICATION HISTORY		RECONCILIATION	
Prescription Meds, OTC's, Vitamins, Minerals, etc.		With Admission Orders	
Name, dose, route, frequency (if PRN, include indication, frequency of usage and time of last dose)	Same as admission		Discrepancy: (Admission order written as....)
	YES	NO	
Acetaminophen Tab 325 mg Take 2 tablet(s) every four hours if needed			
Docusate Sodium Cap 100 mg Take 2 capsule(s) twice each day			
Drug Testing 400mg Cap Take one capsule three times a day			
Enalapril Tab 2.5 mg Take one tablet twice daily			

Additional Comments:

Community Pharmacy Information:
 Community Pharmacy: _____
 Community Pharmacy Tel: (____) _____
 Drug Plan: No Coverage ()
 Ontario Drug Benefit ()
 Other Third Party ()

Resource(s) used:

- Review of medication vials
- Patient medication list
- Patient / Family recall
- Community pharmacist
- Other:

Best possible medication history obtained on ____ / ____ / ____ (yyyy/mm/dd) at ____ (hhmm)

Documented and printed by Pharmacist on 2009/06/29

Printed Name:	Signature
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PRE-ADMISSION MEDICATION LIST

PATIENT IDENTIFICATION

Date YY/MM/DD	<input type="checkbox"/> No Known Allergies	Medication Allergies/ Intolerances (specify):
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PRESCRIPTION MEDICATIONS *** Physician's Plan on Admission**

Medication Name	Dose	Route	Frequency	Comments/Discrepancies	PRN (Y/N)	Continue	Change	Hold	Discontinue	Reason for change/hold/discontinuation

NON-PRESCRIPTION MEDICATION (e.g., over-the-counter products, herbals, others)

Medication Name	Dose	Route	Frequency	Comments/Discrepancies	PRN (Y/N)	Continue	Change	Hold	Discontinue	Reason for change/hold/discontinuation

ADDITIONAL COMMENTS

Source of Medication List (check all used):		List Recorded by:			
<input type="checkbox"/> Review of medication vials or patient medication list		Print Name	Signature	Pager	Date
<input type="checkbox"/> Patient/family recall					YY/MM/DD
<input type="checkbox"/> Pharmacy name(s):		List Updated by:			
Tel:					YY/MM/DD
<input type="checkbox"/> Ontario Drug Benefit Drug Profile Viewer					YY/MM/DD
<input type="checkbox"/> Medication Administration Record from another facility					YY/MM/DD
<input type="checkbox"/> Other (specify):					YY/MM/DD

Pharmacist's Clarification of Pre-Admission Medications Required: Yes No
(If Yes, please indicate on admission orders)

* Please note for elective surgical patients, the patient's pre-admission medication list may have changed from the time that this list was generated in the Pre-Assessment Centre