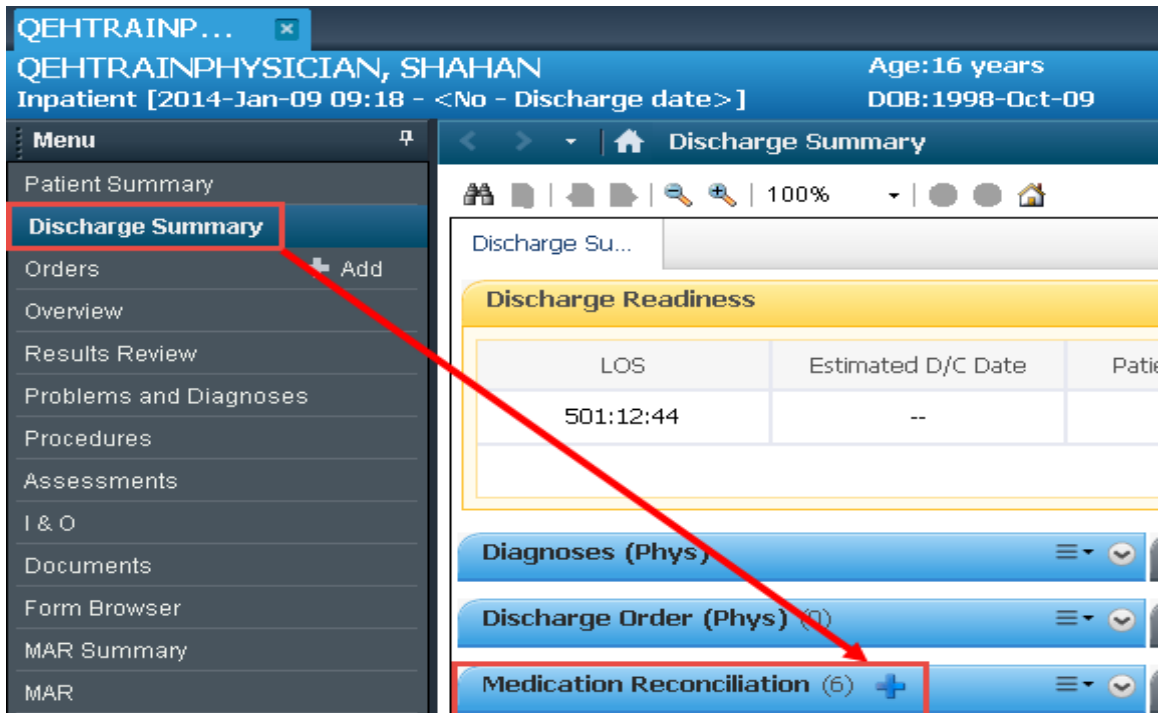


## Discharge Medication Reconciliation

### Discharge Medication Reconciliation

Discharge Medication Reconciliation is completed by clicking the medication

reconciliation  in the Discharge Plan window.



It can also be completed by using the “Reconciliation” tab from the Orders or Medication List screens in Power Chart.

Discharge Med Rec will allow providers to reconcile home medications with hospital orders on discharge.








It is based on the patient’s home medications recorded in the Documented Medications by Hx tab.

Any changes to medications in the Discharge Med Rec window will affect the “Home Medication” list only.

Changes will not be reflected for inpatient orders.

## Discharge Medication Reconciliation Icons

***It is important for users to be familiar with the following Icons:***

Symbol	Description
	Documented medication by hx
	The orange star icon indicates Medications that are not reconciled
	Inpatient order
	Prescription
	Order that is part of a Power Plan
	Non-compliance icon: the patient is not taking this med as prescribed
	Missing required details: complete the missing required details.

The discharge reconciliation action updates the Document Meds by History list (BPMH) and creates a Final Medication List in the Discharge Patient Summary.

### **Final Medication List:**

**acetylsalicylic acid (ASA EC)** 81 mg, Oral, once a day

**atorvastatin** 40 mg, Oral, once a day, 30 days

**metFORMIN (metFORMIN ER 1000 mg oral tablet)** 1,000 mg, Oral, 2 times a day, 30 days

**omega-3 polyunsaturated fatty acids (Fish Oil)** 1 cap(s), Oral, once a day

**ramipril** 10 mg, Oral, once a day, Additional information, Order comment

### **Medications to Stop Taking (if applicable):**

acebutolol

acetaminophen (Tylenol Regular Strength)

acetaminophen-traMADol (Tramacet)

acetaminophen/caffeine/codeine (acetaminophen-caffeine-codeine #1) 1 tab(s), Oral, every 6 hours,

The reconciliation screen is divided into 3 sections:



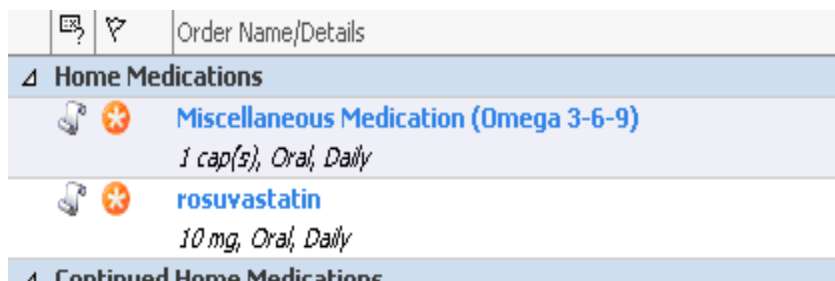
#1. Orders Prior to Reconciliation

# 2 Reconcile Actions

#3 Orders After Reconciliation

### 1. Home Medications:

These are home medications (BPMH) that do not have an active inpatient order.














### 2. Continued Home Medications:

These are home medications (BPMH) that have an active inpatient order. Active orders include those with a status of Ordered or Suspended.




### 3. Medications:

These are active inpatient medication orders that are not part of the current BPMH (Doc Meds by Hx).

<i>10 mg, Oral, Daily</i>	
<b>Medications</b>	
   <b>acetaminophen (Tylenol Regular Strength)</b>	Ordered
<i>325 - 975 mg, Oral, q4h timed, PRN: Fever or Pain</i>	
  <b>atorvastatin</b>	Ordered
<i>40 mg, Oral, Daily</i>	
   <b>dimenhyDRINATE (Gravol inj)</b>	Ordered
<i>12.5 - 50 mg, Subcutaneous, q4h timed, PRN: Nausea/Vomiting</i>	
   <b>dimenhyDRINATE (Gravol inj)</b>	Ordered
<i>12.5 - 50 mg, IV, q4h timed, PRN: Nausea/Vomiting</i>	

#### Medications Prior to Discharge Medication Reconciliation

The three types of medication orders that could be listed prior to reconciliation are:




 Documented Home medications

 Prescriptions

 Inpatient Med orders

**\*Medications are listed alphabetically within each section**

**\*Each orderable will be highlighted the same color, either blue or white**

<i>1 cap(s), Oral, Daily</i>	
<b>Continued Home Medications</b>	
 <b>acetylsalicylic acid (ASA EC)</b>	
<i>81 mg, Oral, Daily</i>	
 <b>acetylsalicylic acid (ASA EC)</b>	
<i>81 mg, Oral, Daily</i>	
 <b>atorvastatin</b>	
<i>40 mg, Oral, Daily</i>	

## Reconciliation Actions: Continue, Create a Prescription & Do Not Continue

1. **“Continue”**- this will generate/continue a Home Medication that will populate the “Orders After Reconciliation” section on the right side of the screen.

It will also update the Final Medication List in the Patient Summary as well as the Document Meds by History section on the Orders Page.

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
<div style="text-align: right;">☑ Show More Det</div>							
<div style="text-align: left;">▶</div>							
<b>Home Medications</b>							
<b>omega-3 polyunsaturated fatty acids (Fish Oil)</b> <i>1 cap(s), Oral, Daily</i>	Docume...			<b>omega-3 polyunsaturated fatty acids (Fish Oil)</b> <i>1 cap(s), Oral, Daily</i> < Notes for Patient >	Docume...		
<b>Continued Home Medications</b>							

1. **“Create a Prescription”** - this will generate a paper prescription that requires a physician signature and will populate the “Orders After Reconciliation” section on the right side of the screen.

It will also update the Final Medication List in the Patient Summary as well as the Document Meds by History section on the Orders Page.

<b>acetylsalicylic acid (ASA EC)</b> <i>81 mg, Oral, Daily</i>	Ordered				
<b>atorvastatin</b> <i>40 mg, Oral, Daily</i>	Ordered			<b>atorvastatin</b> <i>40 mg, Oral, Daily, 30 days</i> < Notes for Patient >	Prescribed
<b>metFORMIN</b>	Ordered			<b>metFORMIN (metFORMIN ER 1000 mg)</b>	Prescribed

**Note: When creating the first prescription, a printer will need to be chosen for that prescription only. The remainder of prescriptions will default to that printer.**

The dispense quantity will need to be entered for each prescription as well as refills if desired.

ramipril 10 mg, Oral, Daily Ordered

ramipril 10 mg, Oral, Daily Prescribe

Details for ramipril

Dose	*Route of Ad...	*Frequency	Duration	*Dispens	Refill
10 mg	Oral	Daily			


**\*\*Note all meds entered through the “Add” button in the medication reconciliation window default to create a prescription on the right hand side of the screen.**

Inpatient [2015-Feb-23 09:17 - <No - ... DOB:1966-Oct-01 MRN:010195782 \*\* Allergies \*\* RESUS:

+ Add | Manage Plans | Print | Reset Reconciliation

Search: [ ] Starts with [ ] Type: Discharge Meds as Rx

Orders Prior to Reconciliation			Orders After Reconciliation		
Order Name/Details	Status		Order Name/Details	Status	
Home Medications			amox... 250 mg, Oral, TID, 30 tab(s) < Notes for Patient >	Prescribe	
calcium (as carbonate) (Tums Extra Strength)	Docume...				


2. **“Do Not Continue”**-  a documented home med: the medication **WILL NOT** be added to the right hand side of the screen. It **WILL NOT** be added to the Final Medication List in the Patient Summary. It will be removed from the Document Meds by History section on the Orders Page.

Medication	Status	Green Circle	Blue Circle	Red Circle	Other
metFORMIN 500 mg, Oral, BID, prescribed 1000 mg BID - <i>Still taking, not as directed</i>	Documented	○	○	○	
multivitamin (StressTabs Multiple Vitamins oral tablet) 1 tab(s), Oral, Daily	Documented	○	○	○	
temazepam (Restoril) 15 mg, Oral, Bedtime	Discontinue	○	○	●	

Removed from Document Meds by History when signed ( **Restoril is no longer on list**)

Medication	Status	Green Circle	Blue Circle	Red Circle	Other
metFORMIN 500 mg, Oral, BID, prescribed 1000 mg BID - <i>Still taking, not as directed</i>	Documented	○	○	○	
multivitamin (StressTabs Multiple Vitamins oral tablet) 1 tab(s), Oral, Daily	Documented	○	○	○	

Continued Home Medications

3. **“Do Not Continue”**-  an inpatient medication: the medication **WILL NOT** be added to the right hand side of the screen.

It **WILL NOT** be added to the Final Medication List in the Patient Summary. The inpatient order remains active.

**Order Reconciliation: Discharge - ZZ TEST, MED REC KCMH**








ZZ TEST, MED REC KCMH    Age: 70 years    Sex: Male    Loc: MED KCMH; 10... ARD:  
 Inpatient [2015-Apr-17 08:52 - <No - ... DOB: 1945-Feb-03    MRN: 888000775    \*\* Allergies Not R... RESUS:

+ Add | Manage Plans | Print | Reset Reconciliation

Reconciliation Status:  Meds History  Admission  Discharge  Show More Details

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status	Green Circle	Blue Circle	Red Circle	Order Name/Details	Status	Green Circle
<b>Home Medications</b>							
metoprolol 12.5 mg, Oral, BID, hold if HR < 50 AMI test < Notes for Patient >				Prescribed			
<b>Continued Home Medications</b>							
acetylsalicylic acid (ASA EC) 81 mg, Oral, Daily, test ami	Docume...	○	○	○	acetylsalicylic acid (ASA EC) 81 mg, Oral, Daily, test ami < Notes for Patient >	Docume...	○
acetylsalicylic acid (ASA EC) 81 mg, Oral, Daily	Ordered	○	○	●			

Additional order information should be viewed by hovering over the details column.

  <b>dimenhyDRINATE (Gravol)</b> 12.5 - 50 mg, Oral, q4h timed, PRN: Nausea/Vomiting	Order
  <b>enoxaparin (Lovenox)</b> 40 mg, Subcutaneous, interval q24h	Order
  <b>enoxaparin (Lovenox)</b> 40 mg, Subcutaneous, Injection, interval q24h, Start: 2015-Apr-29 11:15 Ordered  This order is part of the plan: MED General Admit, MED General Admit, VTE Prophylaxis.	Order



“**Continue Remaining Home Meds**” is located at the bottom right of the reconciliation window. This button allows physicians to choose which home meds they do not want to continue or change. Then the remaining unchanged home meds can be continued.




“**Do Not Continue Remaining Orders**” is located at the bottom right of the reconciliation window. This button allows physicians to choose which inpatient orders they wish to continue or create prescriptions. Then the remaining inpatient orders can be “not continued”.

#### Complete Versus Partial Discharge Medication Reconciliation

Medication reconciliation can be completed at once or started and completed later as explained below.

#### 4. Complete Medication Reconciliation

 Discharge

The user has addressed all meds and has signed the Discharge Med Rec and the status bar has changed from a blue circle with a white exclamation mark

 Discharge

to a green check mark

 Discharge



### 5. Partial Medication Reconciliation

This allows for partial reconciliation to occur when unable to reconcile all orders. This is especially helpful if the user is interrupted during reconciliation or wants to leave the reconciliation screen to review the patient chart before proceeding. The user can click “Sign” saving the work that has been performed to that point.

**The Discharge Med Rec screen must be accessed later to complete reconciliation.**

**NOTE:** If a home medication is “not continued” and a partial Med Rec is signed, this home med will not reappear when entering the Med Rec screen again. **This med is permanently removed** from the Final Medication List and the Documented Meds by History section of the Orders Page.

### Additional Medication Information

If additional information is required for a prescription, example warfarin or tapers, the Additional Medication Information field can be used. This will print on the prescriptions and the Patient Summary Report.

Dose	*Route of Ad...	*Frequency	Duration	*Dispense	Refill
30 mg	Oral	Daily		42 tab(s)	

Drug Form:

PRN:

Additional Medication Information:

It may be required to remove information in that field if BPMH information was added on admission.

▼ Details for **ramipril** ▼

Details Order Comments

Dose	*Route of Admini...	*Frequency	Duration
2.5 mg	Oral	Daily	

Drug Form: Cap

Additional Medication Information: Additional information on admission

Type Of Therapy:  Acute

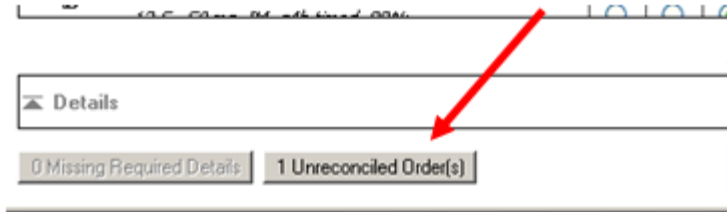
**Note:** Do not use the “Notes for Patients” section as this information does not print on prescriptions or the Final Medication List.

**Orders After Reconciliation**

Order Name/Details	Statu
<b>amoxicillin</b> 250 mg, Oral, QID < Notes for Patient >	Pres
<b>clarithromycin (Biaxin)</b>	Pres

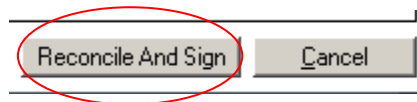
## Signing Discharge Medication Reconciliation

The system will tell you how many unreconciled medications are outstanding. See the bottom left hand corner of the screen



When you have finished your partial or complete reconciliation

- Click “Reconcile and Sign” in the lower right hand corner of the screen.

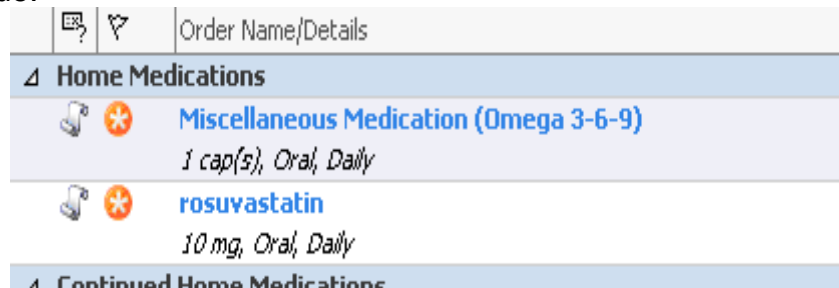


## Discharge Medication Reconciliation Workflow

1. Review “**Home Medications**”.

These are home medications (BPMH) that do not have an active inpatient order.

Decide whether to restart (continue or create a prescription if necessary) or do not continue.















2. Review “**Continued Home Medications**”.

These are home medications (BPMH) that have an active inpatient order. Decide whether to continue or create a prescription if necessary, or do not continue












**Note:** When continuing/creating a prescription, use  or  and not 

*10 mg, Oral, Daily*

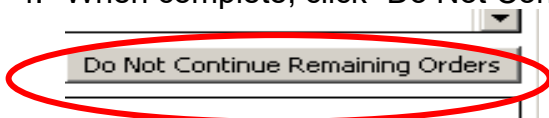
Continued Home Medications	
 	<b>acetylsalicylic acid (ASA EC)</b> <i>81 mg, Oral, Daily</i>
 	<b>acetylsalicylic acid (ASA EC)</b> <i>81 mg, Oral, Daily</i>
  	<b>metFORMIN</b> <i>1,000 mg, Oral, BID, prescription is for 500 mg TID - Still taking, not as directed</i>
 	<b>metFORMIN</b> <i>500 mg, Oral, BID</i>
 	<b>ramipril</b> <i>10 mg, Oral, Daily</i>
 	<b>ramipril</b> <i>10 mg, Oral, Daily</i>

- Review “**Medications**” (Inpatient med orders).  
Decide whether to continue or create a prescription if necessary.

*10 mg, Oral, Daily*

Medications		
  	<b>acetaminophen (Tylenol Regular Strength)</b> <i>325 - 975 mg, Oral, q4h timed, PRN: Fever or Pain</i>	Ordered
 	<b>atorvastatin</b> <i>40 mg, Oral, Daily</i>	Ordered
  	<b>dimenhydrINATE (Gravol inj)</b> <i>12.5 - 50 mg, Subcutaneous, q4h timed, PRN: Nausea/Vomiting</i>	Ordered
  	<b>dimenhydrINATE (Gravol inj)</b> <i>12.5 - 50 mg, IV, q4h timed, PRN: Nausea/Vomiting</i>	Ordered

- When complete, click “Do Not Continue Remaining Orders”



- Review the Med List on the right “**Orders after Reconciliation**”.  
This will be the Final Med list in the patient discharge summary.

+ Add | Manage Plans | Reset Reconciliation
 
 Reconciliation Status  
 ✓ Meds History | ✓ Admission | ✓ Discharge  
 Show More Details

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
<b>Continued Home Medications</b>							
acetylsalicylic acid (ASA EC) 81 mg, Oral, Daily	Documented	●	○	acetylsalicylic acid (ASA EC) 81 mg, Oral, Daily < Notes for Patient >	Documented		
acetylsalicylic acid (ASA EC) 81 mg, Oral, Daily	Ordered	○	○				
allopurinol 100 mg, Oral, Daily, 30 day(s)	Documented	●	○	allopurinol 100 mg, Oral, Daily, 30 day(s) < Notes for Patient >	Documented		
allopurinol 100 mg, Oral, Daily	Ordered	○	○	allopurinol 100 mg, Oral, Daily, 30 tab(s) < Notes for Patient >	Prescribe		
furosemide 40 mg, Oral, Daily	Documented	●	○	furosemide 40 mg, Oral, Daily < Notes for Patient >	Documented		
furosemide 40 mg, Oral, Daily	Ordered	○	○				
metoprolol 25 mg, Oral, BID	Documented	●	○	metoprolol 25 mg, Oral, BID < Notes for Patient >	Documented		
metoprolol 50 mg, Oral, BID	Ordered	○	○				
rosuvastatin 10 mg, Oral, Daily	Documented	●	○	rosuvastatin 10 mg, Oral, Daily < Notes for Patient >	Documented		
rosuvastatin	Ordered	○	○				

Details for **allopurinol**
Send To: HP LaserJet 4250 PCL6 (Copy 2) (from PED15355) In session 3

6. When complete, click “Reconcile and Sign”.