

## Admission Medication Reconciliation

Order Reconciliation: Admission - QEHTHREE, PT2

QEHTHREE, PT2 Inpatient [2025-Aug-11 00:15:00 - <No - Dischar... DOB:1965-Jun-23] Age:60 years Sex:Female MRN:041000046 Loc:PAND Unit 3 QEH; ...ARO: Violent/Aggressive: \*\* Allergies Not Record... RESUS:Do Not Resuscitate

Reconciliation Status: Meds History Admission Discharge

Order Name/Details	Status	Order Name/Details	Status
clarithromycin (Biaxin) 250 mg, Oral, BID	Prescribed	clarithromycin (Biaxin) 250 mg, Oral, BID	Order
digoxin 0.125 mg, Oral, Daily	Documented	digoxin 0.125 mg, Oral, Daily	Order
metformin 500 mg, Oral, BID	Prescribed	metformin 500 mg, Oral, BID	Order
multivitamin (StressTabs Multiple Vitamins or... 7 tab(s), Oral, Daily	Documented	multivitamin (StressTabs Multiple Vitamins or... 7 tab(s), Oral, Daily	Order
temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Documented	temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Order

temazepam (Restoril) 15 mg, Oral, Cap, Bedtime, PRN for Sleep Documented  
 This order has not yet been reconciled.  
 This order is a PRN medication.  
**Compliance: Self Prescribing according to Patient/Caregiver.**

Reconcile And Sign Cancel

### Admission Med Rec: Completed within 24hr after admission.

Compliance history information is visible on this page by hovering over the medication name in the Orders Prior To Reconciliation (left) column.

Select (**continue**) to convert the home medication to an ordered inpatient medication.

Select (**stop**) if a home medication is not to be continued while inpatient.

Select the medication from the **Orders After Reconciliation** column (right side) and choose **“Modify”** to update dose, frequency, duration, or other details. Medications that were *not* home meds can be added either from the **Orders** page or directly on this screen by selecting **“ADD”** in the upper -left corner.

## Discharge Medication Reconciliation

Order Reconciliation: Discharge - QEHTHREE, PT3

QEHTHREE, PT3 Inpatient [2025-Aug-11 00:15:00 - <No - Discharg... DOB:1965-Jun-23] Age:60 years Sex:Female MRN:041000047 Loc:PAND Unit 3 QEH; 3...ARO: Violent/Aggressive: \*\* Allergies Not Record... RESUS:Do Not Resuscitate

Reconciliation Status: Meds History Admission Discharge

Order Name/Details	Status	Order Name/Details	Status
clarithromycin (Biaxin) 250 mg, Oral, BID	Discontinue	clarithromycin (Biaxin) 250 mg, Oral, BID	Discontinue
digoxin 0.125 mg, Oral, Daily	Documented	digoxin 0.125 mg, Oral, Daily - Notes for Patient	Documented
digoxin 0.125 mg, Oral, Daily	Ordered	digoxin 0.125 mg, Oral, Daily	Documented
metformin 500 mg, Oral, BID	Discontinue	metformin 500 mg, Oral, Daily - Notes for Patient	Prescribe
metformin 500 mg, Oral, Daily	Ordered	metformin 500 mg, Oral, Daily	Documented
multivitamin (StressTabs Multiple Vitamins oral ... 1 tab(s), Oral, Daily	Documented	multivitamin (StressTabs Multiple Vitamins oral ... 1 tab(s), Oral, Daily - Notes for Patient	Documented
multivitamin (StressTabs Multiple Vitamins oral ... 1 tab(s), Oral, Daily	Ordered	multivitamin (StressTabs Multiple Vitamins oral ... 1 tab(s), Oral, Daily	Documented
temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Documented	temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Documented
temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Ordered	temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Documented
citalopram (Celexa) 10 mg, Oral, Daily	Ordered	citalopram (Celexa) 10 mg, Oral, Daily - Notes for Patient	Prescribe
furosemide (Lasix) 20 mg, Oral, Daily	Ordered		
metoprolol 12.5 mg, Oral, BID	Ordered		

Continue Remaining Home Meds Do Not Continue Remaining Orders

Reconcile And Sign Cancel

### Discharge Med Rec: Completed within 24hrs prior to discharge.

**Home Medications:** Pre-admission meds that were *not* continued in hospital. At discharge, choose to continue , stop , or renew the prescription .

**Continued home medications:** Home meds and inpatient meds may look similar. Inpatient orders are labelled (*inpatient*); home meds are labelled or (*home*).

If you **prescribe** the *inpatient* order, the system generates a new prescription based on the inpatient regimen. In this case, **remember to stop the original home medication** to avoid duplicates.

**Medications:** These were initiated during the admission. Each must be either prescribed to continue upon discharge or stopped if not required post -discharge.

## Notes and Reminders

### Admission Med Rec

- To order and suspend a home med, select continue (green) → go to orders page → find med in question → right click and choose to suspend.

### Transfer Med Rec – Sending

- Hospital to hospital transfer med rec should be completed by the physician as close to the time of transfer as possible. It will reset after 72 hours.
- Once **ALL** medications are addressed, click **Transfer**. Any modifications at all to the medication orders will cause the orders to drop off the list of medications to be transferred. To update the medication, click Reset Reconciliation and do transfer med rec again.
- Choosing “Plan” means you are not finished the process and will return – think of it like “saving” a document. Choosing “Transfer” will complete the process and allow the receiving doctor to accept your suggestions – think of it as “signing” a document.
- Choosing ‘continue’ on a suspended med, will convert that med to an active inpatient order at the receiving facility. To avoid this, choose Stop

### Transfer Med Rec – Receiving

- Please wait until the new CIS encounter is created; ensure you are on the correct encounter at the receiving facility (the new bed the patient is in).

### Discharge Med Rec

- Not to be completed if the patient is leaving the province. No medication reconciliation is done in this case. A current MAR is sent.
- When creating prescriptions and wish to add a note, use the “additional medication information box” which prints with the prescription.

## Creating a Prescription

Order Reconciliation: Discharge - QEHTHREE, PT3

QEHTHREE, PT3 Inpatient [2025-Oct-06 00:15:00 - <No - Dischar... DOB:1965-Jun-23 Violent/Aggressive:

Age:60 years Sex:Female MRN:041000047 Loc:PAND Unit 3 QEH; ...ARO: \*\* Allergies Not Recor... RESUS:Do Not Resuscit...

Reconciliation Status:  Meds History  Admission  Discharge  Show More Details

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
Continued Home Medications				digoxin 0.125 mg, Oral, Daily	Documented		
digoxin 0.125 mg, Oral, Daily	Documented			digoxin 0.125 mg, Oral, Daily - Notes for Patient	Documented		
digoxin 0.125 mg, Oral, Daily	Ordered						
metformin 500 mg, Oral, BID	Discontinue			metformin 500 mg, Oral, Daily - Notes for Patient	Prescribe		
metformin 500 mg, Oral, Daily	Ordered			metformin (StressTabs Multiple Vitamins ... 1 tab(s), Oral, Daily	Documented		
metformin (StressTabs Multiple Vitamins ... 1 tab(s), Oral, Daily	Documented			metformin (StressTabs Multiple Vitamins ... 1 tab(s), Oral, Daily - Notes for Patient	Documented		
metformin (StressTabs Multiple Vitamins ... 1 tab(s), Oral, Daily	Ordered						
temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Documented			temazepam (Restoril) 15 mg, Oral, Bedtime, ... - Notes for Pati...	Documented		

Details for metformin

Send To:

Dose: 500 mg, Route of Admi...: Oral, Frequency: Daily, Duration: [blank], Dispense: [blank], Refil: [blank]

Drug Form: Tab

PRN: [blank]

Additional Medication Information: [blank]

4 Missing Required Details | All Required Orders Reconciled | Reconcile And Sign | Cancel

### Prescriptions: Completed during Discharge Med Rec

When a medication is selected to be prescribed a blue X will appear in the “Orders After Reconciliation” column.

Click the blue X to open the prescription field.

Complete the mandatory fields, indicated in yellow. The information entered in this area is how the prescription will appear to the patient and community pharmacist.

Select a printer from the “send to” options. Select a printer with the first prescription you generate, it will then populate on subsequent prescriptions

Once the prescription details have been completed select “Reconcile and Sign”

## (In Province) Hospital to Hospital Transfer – Sending

Order Reconciliation: Hospital to Hospital - QEHTHREE, PT3

QEHTHREE, PT3 Inpatient [2025-Oct-06 00:15:00 - <No - Dischar... DOB:1965-Jun-23 Violent/Aggressive:

Age:60 years Sex:Female MRN:041000047 Loc:PAND Unit 3 QEH; ...ARO: \*\* Allergies Not Recor... RESUS:Do Not Resuscit...

Reconciliation Status:  Meds History  Admission  Discharge  Show More Details

Transfer To: (None)

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
Medications				citalopram 10 mg, Oral, Daily	Order		
citalopram 10 mg, Oral, Daily	Ordered			citalopram 10 mg, Oral, Daily	Order		
clarithromycin (Biaxin) 250 mg, Oral, BID	Prescribed						
digoxin 0.125 mg, Oral, Daily	Ordered			digoxin 0.125 mg, Oral, Daily	Order		
digoxin 0.125 mg, Oral, Daily	Documented						
furosemide 20 mg, Oral, Daily	Ordered			furosemide 20 mg, Oral, Daily	Order		
metformin 500 mg, Oral, Daily	Ordered			metformin 500 mg, Oral, Daily	Order		
metformin 500 mg, Oral, BID	Prescribed						
metoprolol 12.5 mg, Oral, BID	Ordered			metoprolol 12.5 mg, Oral, BID	Order		
multivitamin (StressTabs Multiple Vitamins or... 1 tab(s), Oral, Daily	Ordered			multivitamin (StressTabs Multiple Vitamins or... 1 tab(s), Oral, Daily	Order		
multivitamin (StressTabs Multiple Vitamins or... 1 tab(s), Oral, Daily	Documented						
temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Ordered			temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Order		
temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Documented						

0 Missing Required Details | All Required Orders Reconciled | Reconcile and | Plan | **Transfer** | Cancel

### Sending Facility: Completed within 24hrs of transfer.

Hospital to hospital Med Rec must be completed when transferring patients to ensure medication safety during transitions of care.

The sending physician will propose medications to continue taking at the receiving facility by selecting to continue or stop the medication. This will not affect the patient’s current orders. The proposed medication order will appear in the right column.

When complete select “Transfer”

Not to be completed if the patient is leaving the province. No medication reconciliation is done in this case. A current MAR is sent.

## (In Province) Hospital to Hospital Transfer - Receiving

Order Reconciliation: Admission - QEHTHREE, PT3

QEHTHREE, PT3 Inpatient [2025-Oct-13 00:15:00 - <No - Dischar... DOB:1965-Jun-23 Violent/Aggressive:

Age:60 years Sex:Female MRN:041000047 Loc:PAND Unit 3 QEH; ...ARO: \*\* Allergies Not Recor... RESUS:Do Not Resuscit...

Reconciliation Status:  Meds History  Admission  Discharge  Show More Details

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
Medications				citalopram 10 mg, Oral, Daily	Order		
clarithromycin (Biaxin) 250 mg, Oral, BID	Prescribed			digoxin 0.125 mg, Oral, Daily	Order		
digoxin 0.125 mg, Oral, Daily	Documented			furosemide 20 mg, Oral, Daily	Order		
metformin 500 mg, Oral, BID	Prescribed			metformin 500 mg, Oral, Daily	Order		
				metoprolol 12.5 mg, Oral, BID	Order		
multivitamin (StressTabs Multiple Vitamins ... 1 tab(s), Oral, Daily	Documented			multivitamin (StressTabs Multiple Vitamins ... 1 tab(s), Oral, Daily	Order		
temazepam (Restoril) 15 mg, Oral, Bedtime, PRN: Sleep	Documented						

0 Missing Required Details | All Required Orders Reconciled | Reconcile And Sign | Cancel

### Receiving Facility: Completed on patient arrival.

The Receiving facilities reconciliation status bar will show there are pending admission med rec orders.

Receiving physicians will perform the admission med rec when **BPMH complete**.

The left side of the screen represents the patient’s documented home medications while the medication orders on the right side of the screen represent the proposed inpatient medication orders.

The continue and stop options are preselected. The receiving physician can choose to change these options or select **Reconcile And Sign** to complete the med rec and order the proposed medications.