Admission Medication Reconciliation

Admission Medication Reconciliation

Admission Medication Reconciliation (Adm Med Rec) is completed using the "Reconciliation" tab from the Orders tab or Med List tab in Power Chart.

- Adm Med Rec will allow providers to reconcile home medications with hospital orders on admission. It is based on the patient's home medications recorded in the Document Medication by Hx tab.
- Prior to Adm Med Rec, users should verify whether this list has been updated for the current patient encounter and whether the history that has been recorded as a primary medication history or Best Possible Medication History (BPMH) The safest practice is to perform Adm Med Rec using a BPMH.

✓ → ↑ Orders		a Prir
+ Add \mid \bigcirc Document Medication by Hx \mid Reconciliation $ imes$	Status V Meds History	🕒 Adm. Meds Rec
Orders Medication List		

If the **Meds History is incomplete**, the status bar will have a blue circle with an exclamation mark



The date/time that the Medication History was last updated as well as the Reconciliation History can also be viewed from the View window in the orders tab.



• Once a complete BPMH has been documented, the Meds Hx Status displays a green check.



 An alert will fire when the physician opens the chart notifying him/her that 24 hours have passed and the Admission Medication Reconciliation has not been completed This alert will fire for inpatients only.



Admission Reconciliation

1. Click on Reconciliation drop down tab in the Orders or Med List screen and choose

"admission"



The Admission Reconciliation screen will open.

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

Comparison	Documented medication by hx
	The orange star icon indicates Medications that are not reconciled
	Inpatient order
D e	Prescription
	Order part of Power Plan
8	Non-compliance icon - the patient is not taking this med as prescribed
8	If missing details are required, the "Missing Details" icon will appear. Complete the missing required details.

The reconciliation screen is divided into 3 sections:

P	Order Reconciliation: Admission	- ZZ TEST, PATIENT T	WELVE					
ZZ inp	TEST, PATIENT TWELVE Datient [2011-Dec-16 09:38 - 20	Age 111-Dec-16 09: DOE	e:47 years 3:1965-Feb)-01	Sex:Female MRN:888000533	Loc:Unit 3 QEH; ** Allergies Not	312; 1	
+	Add					Status V Meds Hi	story 📵 Adm. Meds Rec	\rm Disch. Meds Rec
ł	Medications Pr	ior to Admission Reconci	liation			Medications After Admis	ssion Reconciliation	
	📑 🕅 Order Name	Details S	Status	Continue	Continue	🕵 🏹 Order Name	Details	Status
	Hedications							
	🚽 🔮 😢 acetaminophen (Tylenol (550 mg, Oral, q8h interv D	Documented	0	0			
	📕 🗒 设 coal tar/HC/sulfur/salicyl :	20 mg, Ear left, 2 hours C	Drdered	0	0			
	्यु 😯 PARoxetine (Paxil) 🤅	20 mg, Oral, Daily, 30 ta… D	Documented	0	0			
	E Continuous Infusions							
	📑 🚯 设 nitroglycerin (additive) 5 1	V, Stop: 2013-Jul-05 11 C	Drdered	0	0			
	A				B		с	

Medications prior to admission 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

Medication reconciliation screen

P	0	der	Reconciliation: Adm	nission - ZZ TEST, PATI	IENT TWELVE						- 7 🛛
ZZ	ĽΤ	ES	T, PATIENT TWE	ELVE	Age:47 years		Sex:Female		Loc:Unit 3 QEH,	; 312; 1 ARO:	
inp	bat	ient	t [2011-Dec-16 09:3	8 - 2011-Dec-16 09:.	DOB:1965-Fel	o-01	MRN:888000533		** Allergies No	ot Record	
+	Ado	1							Status Meds I	History Adm. Meds Re	c 📵 Disch. Meds Rec
ł	Γ		Medicatio	ons Prior to Admission R	econciliation			Medi	cations After Adm	nission Reconciliation	-
		₽? ?	🏹 Order Name	Details	Status	Continue	Continue	₿, Ÿ	Order Name	Details	Status
	Β	Me	dications								
		J.	沒 acetaminophen (Tyler	nol 650 mg, Oral, q8h int	erv Documented	0	0				
		Į,	🔞 coal tar/HC/sulfur/sali	icyl 20 mg, Ear left, 2 hou	urs Ordered	0	0				
		S.	设 PARoxetine (Paxil)	20 mg, Oral, Daily, 30) ta Documented	0	0				
	В	Cor	ntinuous Infusions								
			😢 nitroglycerin (additive) 5 IV, Stop: 2013-Jul-05	11 Ordered	0	0				
				A			В			с	

B. Reconcile actions: Continue and Do Not Continue

"Continue"- this will generate/continue a corresponding inpatient order that will populate the Medication list after Admission Reconciliation. When selected, the medication will be added to right side of the reconciliation screen.

Z Ir	Z I ipat	ES ient	[2	PATIENT ELEVE 011-Dec-12 10:28 -	N <no -="" discharge="" do<="" th=""><th>ge:5 years)8:2007-No</th><th>v-01</th><th>Sex:Male MRN:888000532</th><th></th><th></th><th></th><th>Loc:Unit 5 UEH; 518 ** Allergies Not Re</th><th>; 2 ARU: cord RESUS:</th><th></th></no>	ge:5 years)8:2007-No	v-01	Sex:Male MRN:888000532				Loc:Unit 5 UEH; 518 ** Allergies Not Re	; 2 ARU: cord RESUS:	
4	Add	1	M	inage Plans								Status Meds History	9 Adm. Meds Rec	🕒 Disch
ы	_			Medications	ciliation				Μ	ledi	cations After Admission	n Reconciliation		
		5	4	Order Name	Details	Status	Continue	Do Not Continue	Γ	5	4	Order Name	Details	
	Β	Me	dica	tions										
		3		furosemide	40 mg, Oral, Daily, 30 ta	Documented	۲	0		Ð		furosemide	40 mg, Oral, Daily	
		4		pantoprazole	40 mg, Oral, Daily, 30 ta	Documented	۲	0		9		pantoprazole	40 mg, Oral, Daily	
		J.		ramipril	10 mg, Oral, Daily, 90 c	Documented	•	0		ð		ramipril	10 mg, Oral, Daily	

**Note all medications -entered from the medication reconciliation window will default to continue on the right hand side of the screen

P US Inp	Ore SAE Datio	der BIL ent	Recon ITY, [201	nciliation: Admission ONE 2-Jul-16 13:18 - <no< th=""><th>- USABILITY, ONE Age - Discharge d DOB</th><th>:10 years :2001-Oct-</th><th>07</th><th>Sex:Female MRN:888000</th><th>536</th><th></th><th>Loc:MED PCH; 129; 3 ** Allergies Not Rec</th><th>3 ARO: ord</th><th>đ</th></no<>	- USABILITY, ONE Age - Discharge d DOB	:10 years :2001-Oct-	07	Sex:Female MRN:888000	536		Loc:MED PCH; 129; 3 ** Allergies Not Rec	3 ARO: ord	đ
+ N	Add		Mana	ge Plans Menculions Prio	r to Admission Reconcili	ation				Medi	Status Meds History	 Adm. Meds Rec Reconciliation 	Disch. Meds Rec
		Ŗ	Ÿ	Order Name	Details	Status	Continue	Do Not Cont	¢	Ÿ	Order Name	Details	Status
	Ξ	Med	dicatio	ns									
		<u>م</u>	3	furosemide	80 mg, Oral, Daily, 30 ta	. Documented	0						
		J.	30	meperidine (Demerol)	25 mg, Oral, q4h interva	Documented	0	0					
		8	8	nitroglycerin (nitroglycer	0.3 mg, SL, q5m, PRN:	Ordered	\bigcirc	0		8	nitroglycerin (nitroglycer	0.3 mg, SL, q5m, PRN:	Ordered
		8	3	nitroglycerin (nitroglycer	0.3 mg, SL, q5m, PRN:	Ordered	0	0					
		S.	8	PARoxetine (Paxil)	30 mg, Oral, Daily, 30 ta	. Documented	0	0					
	Ξ	Con	tinuou	is Infusions			\sim						
		•	8	nitroglycerin (additive) 1	0.75 mL/hr, Intraosseou	Ordered		0		- <mark>1</mark> -	nitroglycerin (additive) 1	0.75 mL/hr, Intraossec	u Ordered

"Do Not Continue"- the medication **WILL NOT** be added to the right hand side of the screen. It **WILL NOT** be ordered or continued as an inpatient medication.

÷	Add		Manage Plans					Status Me	; ds History 📵 Adm. Meds Rec 📵 Disch. Meds Rec					
H.			Medications I	Prior to Admission Recon	ciliation		Medications After Admission Reconciliation							
		¤}	🌾 Order Name	Details	Status	Continue	Continue	📑 🌾 Order Name	Details Status					
		Med	dications											
		8	🗈 bisacodyl (Dulcolax)	10 mg, 2 tab(s), Oral, D	Discontinue	0	۲							
- [J.	furosemide	40 mg, Oral, Daily, 30 ta	Documented	0	۲							
		8	nitroglycerin (nitroglycer	0.3 mg, SL, q5m, PRN:	Discontinue	0	۲							
- [J.	PARoxetine (Paxil)	20 mg, Oral, Daily, 30 ta…	Documented	0	۲							
_	Η	Con	ntinuous Infusions											
		8	📔 2/3 1/3 1000 mL	100 mL/hr, IV, Stop: 20	Discontinue	0	۲							
- [8	i 🛃 diluent (NS or D5W) 250	250 mL/hr, IV, Stop: 20	Discontinue	0	۲							
		0	🛛 🔚 Normal Saline IV Bolus 2	250 mL/hr, IV, Stop: 20	Discontinue	0	۲							

You will notice that on the left side (side A) the discontinued inpatient med orders 1 will be crossed out and the documented home meds $\overbrace{\underline{s}}$ will remain.

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

These details **must** be viewed when the non-compliance icon is associated with a documented home medication.

🕂 Add | 🔳 Manage Plans

	Medications Prior to Admission Reconciliation Medications Afte												Reconciliation	
1	7	7 Ord	er Name	Details	Status	Continue	Do Not Continue		₿.	٣c)rder Nam	e	Details	Status
∃ Me	edic	ation	5											
- 4	b	acet	tylsalicylic acid (ASA)	80 mg, Oral, Daily, speci	Documented	۲	0		8	a	cetylsalicy	lic acid (ASA)	80 mg, 1 tab(s), Oral, D	Ordered
4	y 😵 hydrochlorothiazide 12.5 mg, Oral, Daily, 90 hydrochlorothiazide													
- 3	0	💡 meti	oprolol	25 mg, Oral, BID, 180 ta	12.5 mg. Or	al Daily 90 tab(s)							25 mg, 1 tab(s), Oral, BID	Ordered
4	b	PAR	toxetine (Paxil)	20 mg, Oral, Daily, speci	Documented							e (Paxil)	20 mg, 1 tab(s), Oral, D	Ordered
4	b	rami	ipril	2.5 mg, Oral, Daily, 90 c	👰 The pati	ent is not taking this	medication as prescr	ribed.					2.5 mg, 1 cap(s), Oral,	Ordered
1	salbutamol (salbutamol 200 mcg, 2 puff(s), Inha											(salbutamol	200 mcg, 2 puff(s), Inha	Ordered
	Still taking, not as directed according to Patient. Comments: Patient decreased dose from 25 mg oral daily due to side effect:										effects			

Status

🖌 Meds History 🖌 Adm. Meds Rec 🏼 🕘 Disch. Meds Rec

NOTE: if a documented med by history was converted to an inpatient order outside of the Med Rec window, these 2 orders will be grouped together in the med rec window with ONE radio button.

If there are 2 separate orders [ie one document med by history and one inpatient order(not converted from Document meds by history) or 2 separate inpatient orders for the same med] these orders will NOT be grouped together and WILL have more than one radio button.

Image: Solution of the soluti	📑 😚 atenolo	ol	25 mg, 1 tab(s), Oral, BID	Ordered	0	0
📲 🚷 atenolol 25 mg, 1 tab(s), Oral, D.,, Ordered 🦳 👝	🛃 😳 atenok	ol	50 mg, 1 tab(s), Oral, D	Ordered	0	0
	👘 😳 atenok	ol	25 mg, 1 tab(s), Oral, D	Ordered	0	0
🕼 😚 atenolol 🖵 🛛 25 mg, Oral, Daily, 30 ta Documented 💛 💛	्युः 😳 atenolo	ol ک	25 mg, Oral, Daily, 30 ta	Documented	\sim	\sim

These 2 orders are linked by one radio button because one is a documented med by history and the other is an inpatient order created by converting the documented med by history to an inpatient order outside the Med Rec window.

Medication reconciliation screen continue

P	0	der	Reconciliation:	Admission - ZZ	IEST, PATIENT TWE	ELVE							- B X
ZZ	ΣT	ES	Γ, PATIENT	TWELVE	Age:47	7 years		Sex:Female		Loc:Unit 3 QEH;	; 312; 1	ARO:	
inp	oat	ient	[2011-Dec-16	09:38 - 2011-D	ec-16 09: DOB:19	.965-Feb-	-01 [MRN:888000533		** Allergies No	t Record	l	
+	Ade	1								Status V Meds I	History 🕒	Adm. Meds Rec 🍕	Disch. Meds Rec
4	Г		Me	dications Prior to A	dmission Reconciliati	ion 👘			Med	lications After Adm	ission Red	conciliation	
		₿,	🍄 Order Name	Details	Statu	us	Continue	Do Not Continue	\$ 8	Order Name	De	tails	Status
	в	Med	lications			1							
		4	😳 acetaminopher	n (Tylenol 650 mg,	Oral, q8h interv Docu	umented	0	0					
		∎•	😳 coal tar/HC/su	lfur/salicyl 20 mg, E	ar left, 2 hours Orde	ered	0	0					
		J.	😳 PARoxetine (P	axil) 20 mg, (Dral, Daily, 30 ta… Docu	umented	0	0					
	Β	Con	tinuous Infusion	5									
		()	😳 nitroglycerin (a	additive) 5 IV, Stop	: 2013-Jul-05 11 Orde	ered	0	0					
				A				В			с		

c. Medications after Admission reconciliation- This section displays all inpatient medication orders that have been reconciled through the Med Rec process. They are all listed on the right side.

Ρ	Ore	der	Recor	ciliation: Admission	PHARMNET, DANIELLI	E									_ 7 🛛
PH	IAF	RM	NET,	DANIELLE	Age	38 years		Sex:Fer	nale				Loc:MED PCH; 120; 2	ARO:	
Inp	oati	ent	[201:	2-Oct-23 10:03 - <no< td=""><td>) - Discharge dDOB:</td><td>1974-Aug</td><td>-30 M</td><td>/IRN:88</td><td>380006:</td><td>28</td><td></td><td></td><td>** No Known Allergie</td><td>es ** RESUS:</td><td></td></no<>) - Discharge dDOB:	1974-Aug	-30 M	/IRN:88	380006:	28			** No Known Allergie	es ** RESUS:	
+	Add		Mana	ge Plans							Status Meds History	✔ Adm. Meds Rec 🛛 Dis	ch. Meds Rec		
۱.				Medications Prio	r to Admission Reconcili	ation						Medi	cations After Admission	Reconciliation	
		₽?	8	Order Name	Details	Status	Continue	Do Nol	Conti	ſ	Ŗ	8	Order Name	Details	Status
	Β	Med	licatio	ns											
		8	8	acetylsalicylic acid (ASA \dots	81 mg, 1 tab(s), Oral, D	Ordered	0								
		_	8	acetylsalicylic acid (ASA	81 mg, Oral, Daily, 90 ta…	Documented	0				_				
		J.		acetylsalicylic acid (ASA)	80 mg, Oral, Daily, speci	Documented	۲			(8		acetylsalicylic acid (ASA)	80 mg, 1 tab(s), Oral, D	Ordered
		4	Q	hydrochlorothiazide	12.5 mg, Oral, Daily, 90	Documented	0		2		_				
		<u>م</u>	2	metoprolol	25 mg, Oral, BID, 180 ta	Documented	•		2	(metoprolol	25 mg, 1 tab(s), Oral, BID	Ordered
		!	B C	PARoxetine	20 mg, 1 tab(s), Oral, D	Ordered	<u> </u>		2						
			- 😚	PARoxetine (Paxil)	20 mg, 1 tab(s), Oral, D	Ordered			2		a.		D1D	00 () () () () ()	Qual and a
				PARoxetine (Paxil)	20 mg, Oral, Daily, speci	Documented			<	(PARoxetine (Paxii)	20 mg, I tab(s), Oral, D	Ordered
		<u>_</u>		ramprii calbutamol (calbutamol	2.5 mg, Oral, Daily, 90 c	Documented	ĕ		ξ – Ι	1			calbutamol (calbutamol	2.5 mg, 1 cap(s), Oral, 200 mcg, 2 puff(s), Toba	Ordered
		3		salbacamor (salbacamor	200 mcg, 2 part(s), 1 ma	Documenced				Ę			salbucanioi (salbucanioi	200 mcg, 2 part(s), mna	Ordered

Note: Range Dose information is contained in user defined fields to allow a clear display on the eMAR and orders tab. This information is **not visible** in the med rec window until you click on the order to view the details. This information will be part of the order if you choose <continue>.

							`			
						Continue	Lo Not Co			
\square	Med	licatio	าร							
	e	3	acarbose	50 mg, 1 tab(s), Oral, BID	Ordered	0				
	8	3	acarbose	50 mg, 1 tab(s), Oral, B	Ordered	0				
	@	3	acarbose (Prandase)	50 mg, 1 tab(s), Oral, D	Ordered	0	0			
	8	8	atenolol	25 mg, 1 tab(s), Oral, BID	Ordered	0				
	8	8	atenolol	50 mg, 1 tab(s), Oral, D	Ordered	0				
	٠	🛞	atenolol	25 mg, 1 tab(s), Oral, D	Ordered	0				
	J.	8	atenolol	25 mg, Oral, Daily, 30 ta…	Documented		<u> </u>			
	e	8	ceFAZolin	1,000 mg, IV, q8h timed	Ordered	0	0			
	٠	_	dimenhyDRINATE	25 mg, 0.5 tab(s), Oral,	Modify	۲	0		dimenhyDRINATE	25 mg, 0.5 tab(s), Oral,
▼	Deta Deta	ails for ails)	dimenhyDRIN Order Comments	ATE						
2	F 1	<mark>8</mark> In.	↓ ×						Aemaining Administr	ations: (PRN) Stop: 2014-
			*Dose: 25 mg		~			Dose Range:	25 50 mg	
		Route	of administration: Oral		~			Drug Form:	Tab	~

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Complete versus Partial Medication Reconciliation

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

1. Complete Medication Reconciliation V Adm. Meds Rec

The user has addressed all meds and has reconciled and signed the med rec and the status bar has changed from a blue circle with a white exclamation mark

😉 Adm. Meds Rec to a green check mark 🌱 Adm. Meds Rec

2. 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 "Reconcile and Sign" saving the work that has been performed to that point. The med rec screen must be accessed later to complete reconciliation.

P	Or	ler Re	econciliation: Admissio	on - ZZTEST, PATIENT	SEVEN							
77	ΤF	ST.	PATIENT SEVEN	A	qe:24 years	s	Sex:Female			Loc:Unit 3 QEH; 306;	2 ARO:	
In	oatio	ent E	2012-Jul-03 11:44 - 20	012-Jul-10 13:07 D	JB:1988-Ju	-02	MRN:888000552			** Allergies **		
										Chalters		
+	Add		1anage Plans							Meds History	🕒 Adm. Meds Rec 🛛 Dis	ch. Meds Rec
Þ			Medications F	rior to Admission Recon	ciliation			M	ledi	cations After Admission	Reconciliation	
		¤} \ ∕?	Order Name	Details	Status			5	8	Order Name	Details	Status
		Modic	ations			Continue	Do Not Continue			1	1	
		P	actions acetylcalicylic acid-meth	1 tab(c) Oral OID 40 t	Documented			æ		acetylcalicylic acid-meth	1 tab(c) Oral OID PRN	Ordered
		JP I	dimenbyDRINATE	50 mg. Oral, g6b interva	Documented	ě	ŏ		0	dimenby/DRINATE	50 mg. Oral, g6b interva	Order
		JP 6	furosemide (Lasix)	40 mg, Oral, Daily, 30 ta	Documented	ŏ	ŏ	4.16	~			
		Tr 👩	ibuprofen	200 mg, Oral, g6h interv	Documented	ŏ	ŏ					
		Ā 🖸	morphine	0.15 mg/kg, Oral, q4h in	Ordered	Õ	0					
						۲	Ó	Ð		pilocarpine (Salagen)	10 g/hr, Ear right, BID	Ordered
							•					
	A [) etails										
				1 10 1 ()]								<u> </u>
	ЦМ	issing F	Required Details	oncilea Urder(s)							Heconcile And Sign	Lancel
-										•		

A completed medication reconciliation is necessary for the Adm. Meds Rec

status indicator to change to Complete 🌱 Adm. Meds Rec.

Modify Orders

If modifications are required for a medication order, it is recommended to:

- 1. "Continue" the medication.
- Double Click on the medication **Details** (directly below the details column) on the right side of the screen under "Medications after Admission Reconciliation" (Section C) to open the order details screen.
- 3. Modify details such as dose and frequency as required.

TEST MAD 2	ļ	Ade:78 years	Sex:Female	Loc:MH	PCH: 151: 1	AR 1:	
tient [2012-Nov-06 09:33	8 - <no -="" d<="" discharge="" th=""><th>)OB:1934-Oct-12</th><th>MRN:888000715</th><th>** Aller</th><th>aies Not Re</th><th>cord Cu tom</th><th></th></no>)OB:1934-Oct-12	MRN:888000715	** Aller	aies Not Re	cord Cu tom	
dd Manage Plans					Status Heds History	y 🕒 Adm. 🕇 ds Rec	\rm Disch. Meds F
Medicatio	ns Prior to Admission Reco	nciliation		Medications Al	fter Admission	n Deconciliation	_
吟 你 Order Name	Details	Status	ntinue Do Not Continue	통 🌾 Order Nan	ne	Details	Status
Medications							
🚽 😯 ethinyl estradiol-ethyn	o 1 tab(s), Oral, Daily, 21	Documented	0 0	3			
furosemide (Lasix)	80 mg, 2 tab(s), Oral, QII	O Modify		furosemid	e (Lasix)	80 mg, 2 tab(s), Or	al, QII Modify
📲 😳 furosemide (Lasix)	80 mg, 8 mL, IV, Once	Ordered		a	(m. 1)		
meperidine (Demerol)	25 mg, Oral, q4h interva.	Documented		meperidine meperidine	e (Demerol)	25 mg, Oral, q4h in	terva Order
्य 🤢 😡 PARoxetine (Paxil)	10 mg, Oral, Daily, 30 ta.	Documented					
Details 📴 Order Comments							
Details 🔢 Order Comments				Remaining	g Administrati	ions: 1440 Stop: 2(013-Nov-29 15:
Potails 🗾 Order Comments + 🏠 III. IV	80 mg	v	**Range Dose** - :	Remaining	3 Administrati 25 – O No	ions: 1440 Stop: 20)13-Nov-29 15:
Details 💮 Order Comments	80 mg Oral	v v	**Range Dose** - :	Remaining see comments: O Ye Drug Form: Tab	3 Administrati es C No	ions: 1440 Stop: 20)13-Nov-29 15:
Details 💮 Order Comments The Solution of administration: *Frequency:	80 mg Oral QID	▼ ▼ ▼	**Range Dose** - :	Remaining see comments: ① Ye Drug Form: Tab PRN:	j Administrati es Ĉ No	ions: 1440 Stop: 20)13-Nov-29 15:
Details 💮 Order Comments Details 💮 Order Comments *Dose: Route of administration: *Frequency: Duration from now to end point:	80 mg Oral QID <no items=""></no>	▼ ▼ ▼	**Range Dose** - : Priority (e.g. S	Remaining see comments: O Ye Drug Form: Tab PRN:	g Administrati es O No le	ions: 1440 Stop: 20	013-Nov-29 15:
Details J Order Comments	80 mg Oral QID <no items=""> C Yes C No</no>	▼ ▼ ▼	**Range Dose** - : Priority (e.g. 5 May :	Remaining see comments: O Ye Drug Form: Tab PRN:	9 Administrati IIII No IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ions: 1440 Stop: 20	013-Nov-29 15:
Details 💮 Order Comments Comments Details 💮 Order Comments *Dose: *Dose: Route of administration: *Frequency: Duration from now to end point: May use own medication: Special Instructions:	80 mg Oral QID <no items=""> C Yes C No</no>	▼ ▼ ▼	**Range Dose** - : Priority (e.g. S May : St	Remaining see comments: O Ye Drug Form: Tab PRN: C ITAT or NOW): Routin self administer: O Ye art Date/Time: 2012-1	a Administrati Is O No In Is O No Is O No Nov-29 16:00	ions: 1440 Stop: 20	013-Nov-29 15:
Details J Order Comments	80 mg Oral QID <no items=""> C Yes C No</no>		**Range Dose** - : Priority (e.g. S May : St	Remaining see comments: O Ye Drug Form: Tab PRN:	a Administrati s C No ne ne no No No No No No No No No No N	ions: 1440 Stop: 20	013-Nov-29 15:
Details I Order Comments	80 mg Oral QID <no items=""> Yes No Soft Stop</no>		**Range Dose** - : Priority (e.g. S May : St St Order f	Remaining see comments: O Ye Drug Form: Tab PRN: TAT or NOW): Routin STAT or NOW): Routin self administer: O Ye art Date/Time: 2012- top Date/Time: 0 Ye	Administrati s No No No Nov-29 16:00 s No No No No No	ions: 1440 Stop: 20)13-Nov-29 15
Details I Order Comments	80 mg Oral QID <no items=""> Yes No Soft Stop</no>	v v v v v v	**Range Dose** Priority (e.g. S May : St St Order f	Remaining see comments: O Ye Drug Form: Tab PRN:	Administrati s No No Nov-29 16:00	ions: 1440 Stop: 20)13-Nov-29 15
Details Order Comments To be the second s	80 mg Oral QID <no items=""> () Yes () No Soft Stop</no>		**Range Dose** - : Priority (e.g. S May : St St Order f	Remaining see comments: O Ye Drug Form: Tab PRN: C TAT or NOW): Routin STAT or NOW): Routin STAT or NOW): Routin and Date/Time: 2012-1 Cor Date/Time: 2012-1 Cor future visit: O Ye	Administrati s C No No s C No Nov-29 16:00 s C No No s C No	ions: 1440 Stop: 20)13-Nov-29 15

Suspend (HOLD) orders

If suspending a medication is required it is recommended to:

1. "Continue" medication

P Order Reconciliation: Admission - ZZTEST, MEDREC4							- P 🛛
ZZTEST, MEDREC4	Age:36 years		Sex:Female		Loc:ICU/IMCU PCH; 10	9; 1 ARO:	
Inpatient [2012-Oct-O4 09:44 - <no -="" date="" discharge="">]</no>	DOB:1976-Jul-30	1	MRN:888000653		** Allergies Not Recor	ded ** Custom	
+ Add Manage Plans					Š	tatus Meds History 🕘 Adm. Meds	Rec 🔋 Disch. Meds Rec
Medications Prior to Admission Recon	ciliation				Medications After Admissio	n Reconciliation	
🖳 🕅 Order Name Details	Status	Continue	Do Not Continue	B, 17	Order Name	Details	Status
Medications							
acetylsalicylic acid (ASA EC) 81 mg, Oral, Daily, 90 tab(s)	Documented	۲	0	-	acetylsalicylic acid (ASA EC)	81 mg, Oral, Daily	Order
40 mg, Oral, Daily, 30 tab(s)	Documented	0	0				
🖓 设 metoprolol 25 mg, Oral, BID, 180 tab(s)	Documented	0	0				

2. Complete and sign admission med rec (see below)

▲ Details									
0 Missing Re	quired Details	Unreconciled Order(s)]						Reconcile And Sign
🛃 start	000	💈 My Computer	Microsoft P	🗑 2 Microsof 🔸	Citrix XenA	PowerChart	P ZZTEST, PC	P ZZTEST, ME	🌇 😰 🕅 🛒 🗇 🤣 😵 🏷 🚺 💑 🕵 10:38 AM

3. Suspend desired medication(s) in orders

ZZTEST, MEDREC4 - 88800065	3 Opened by Test, CPOE Physicia	un, MD				
ask Edit Yiew Patient Chart	Notifications Options Current Add	Help				
🖃 Message Center 🛔 Patient Lists 🧾	Scheduling 🝦					
😨 Tear Off 🛣 Attach 🚽 Exit 🚦	Calculator 🏼 📲 AdHoc 🍰 PM Conversa	tion 👻 🚺 Patient Product	Inquiry 🙀 Collections Inquir, 🗐 D	ocuments 📑 Batch R	eport 🏭 Suspend 🖕	
ZTEST, PCH 🗴 ZZTEST	Г, ME 🗵				+	List 🔶 🛍 Recent 👻 MRN
ZTEST, MEDREC4		Age:36 years	Sex:Female		Loc:ICU/IMCU PCH; 109;	1 ARO:
patient [2012-Oct-04 09:44 -	<no -="" date="" discharge="">]</no>	DOB:1976-Jul-30	MRN:888000	553	* Allergies Not Recorde	<mark>Bi</mark> Renew
Menu 🕂	✓ → + A Orders					Modify
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ocedures	⊟ Inpatient					Ada Man
ssessments	ð	Admission History Adult	2012-Oct-04 09:44, Stop	Ordered SVS	TEM, SYSTEM, 2012-	Comments
stake and Outruit	A	Admission Assessment	2012-Oct-04 09:44, Stop	Ordered SVS	TEM, SYSTEM, 2012-1	O Results
icave and output		Adult	Order entered secondary			Ingredients
ocuments		Valuables and Releasings	2012-Oct-04 09:44, Stop	Ordered SYS	TEM, SYSTEM, 2012-1	Or Reference Information
orm Browser	Medications	ucionyinys	Urder entered secondary			
AR Summary	Inpatient					Advanced Filters
IAR	6 6	acetylsalicylic acid (ASA EC)	81 mg, Oral, Tab EC, Daily, Start: 2012-Dec-18 09:00	Ordered Tes	t, CPOE Physician, MD 2012-1	е изаве отдаталоппасоп пуретник Вести 10.42 таху спос и пузкану но
ed List 🕂 Add	Documented Medications	y Hx				
	8	metoprolol	25 mg, Oral, BID	Documented	2012-1	Nov-20 09:45 Test, CPOE RN, RN

Signing Admission Med Rec

The system will tell you how many unreconciled medications are outstanding. See the

bottom left hand corner of the screen.



When you have completed your partial or complete reconciliation,

• click "Reconcile and Sign" in the lower right hand corner of the screen.

Reconcile And Sign

<u>Tips</u> – Admission Medication Reconciliation ("Med Rec") Tips to follow (for physicians):

- 1. Try to do the Med Rec as early in the admission as possible this makes it simpler for you.
- 2. If you see Meds History then the BPMH is completed for this admission and you can do Admission Med Rec.
- 3. If you see Meds History then the BPMH is NOT completed for this admission. If you choose to proceed with Med Rec, be aware that you may be working with outdated information.
- 4. If you see <u>Adm. Meds Rec</u> then the Admission Med Rec has not been completed for this admission.
- 5. If you see <u>Adm. Meds Rec</u> then the Admission Med Rec has been completed for this admission. It is recommended you DO NOT make any further changes through the Admission Med Rec screen. If you do, you will be required to reconcile all ordered medications as the icon will only indicate a partial admission med rec was done.
- 6. If you see ¹ then the Admission Med Rec has been partially completed for this admission and it should be completed by the most responsible physician.

- 7. When you complete Admission Med Rec on a Primary Med History, the nurse or pharmacist will contact you with any medication discrepancies found when the BPMH is completed.
- 8. Partial Med Rec Should only be done by the ED physician on admission or if you are interrupted while performing Admission Med Rec on your patient (this allows you to save the work you have done).
- 9. To complete the Admission Med Rec, you need to address each of the meds with
 20 = "Med has not been reconciled":

First, look at the Status Column:

- a. If a med has a Status of "Documented" and you want to order the same med as an inpatient, click "Continue".
- b. If a med has a Status of "Documented" and you DO NOT want to order the same med as an inpatient, click "Do Not Continue".
- c. If a med has a Status of "Ordered" and you want to continue the same med , click "Continue".
- d. If a med has a Status of "Ordered" and you DO NOT want to continue the same med, click "Do Not Continue".
- e. However, if the same med is there twice with the same order details, it means it is both a Home Med ("Documented" Status) and has already been ordered as an inpatient med by someone else ("Ordered" Status);
 "Continue" the Inpatient medication order you want and "Do Not Continue" the Documented medication (this will prevent duplicate orders).
- 10. Fill in any missing order details (denoted by the blue circle/white X).
- 11. Sign the Admission Med Rec form.
- 12. After completing the Admission Med Rec, you can still modify/suspend/discontinue any inpatient med by right-clicking on that med in the Orders Profile.