

Discharge Medication Reconciliation/ Finalization and Prescriptions

CARE4 MODULE: Order Management (Web Acute & Web ED)

Overview

With the implementation of Meditech Expanse, the discharge medication reconciliation process will be fully electronic. With the process becoming fully electronic, it also helps making sure the home medication list is up to date from one visit to another.

Two reports will be produced by this process:

Discharge Prescription

- May NOT be a complete list of medications at the time of discharge;
- Will only include medications for which a new prescription is provided;
- Should NOT be used as the sole source of information to provide to community pharmacies (see Home Medication List below)

Home Medication List

- Includes the patient's complete medication history at the time of discharge;
- Categorizes the patient's medications into five sections:
 - **New medications:** Newly started in hospital
 - **Continued medications:** Previously prescribed at home that are to be continued
 - **Changed Medications:** Previously prescribed at home that have been changed (ex.: Increased or decreased dosage);
 - **Held Medications:** Previously prescribed at home that are to be held either until a specified date or a specified condition is met
 - **Discontinued medications:** Previously prescribed at home that are to be discontinued;
- Patients will receive a copy at the time of discharge to keep for their records;
- Is NOT a prescription and cannot be filled as such.
- A second copy of this report will be included in the Discharge Packet to be provided to the pharmacy in combination with the prescriptions.

IMPORTANT

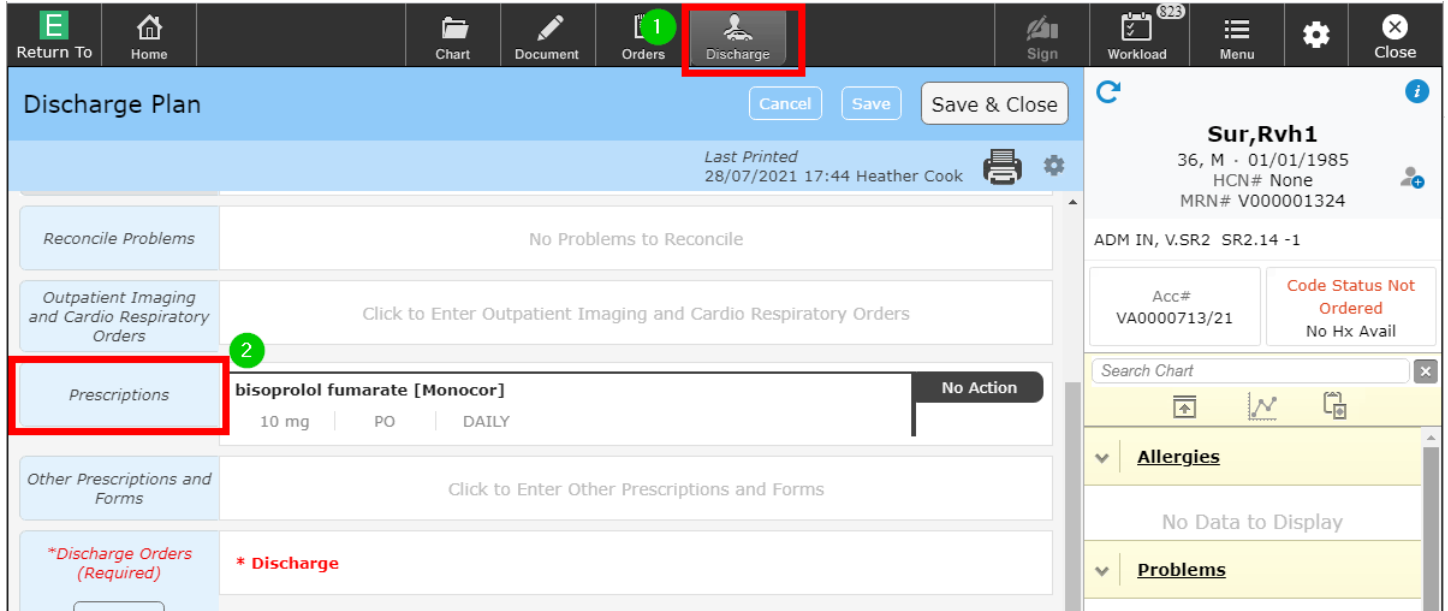
Discharge medication reconciliation for ADMITTED PATIENTS is an Accreditation Canada requirement and community pharmacies must be provided with the Home Medication List AND Discharge Prescription to ensure all relevant medication information has been shared. Failure to send the Home Medication List alongside the prescription may result in unnecessary clarification calls from pharmacy and increase the risk of medications errors on discharge due to the inability to complete an accurate discharge medication reconciliation within the community.

Note: There may be exceptions where the home medication list is not required, as in the case of an outpatient where a medication reconciliation is not relevant and only a few prescriptions are necessary.


Discharge Medication Reconciliation/ Finalization and Prescriptions

How to Initiate the Discharge Medication Reconciliation Process

- Within the patient's chart, select **Discharge** located in the header.
- Select Prescriptions to launch you into the discharge medication reconciliation routine.



Layout of the Prescriptions Routine

In the prescriptions routine the reconciliation process should be done in a *Top-to-Bottom* and *Left-to-Right* sequence. Medications will be sorted into two columns with home medications appearing on the left side of the screen and visit medications appearing on the right. Any home medications that were continued while in hospital will be linked with its corresponding visit medication as indicated by the links icon 

	Home Medications	Visit Medications
<i>Start reconciliation of Home Medications that were held during the patient's visit</i>	Start here!	
<i>Then, going down, reconcile medications that were continued during the visit. Decide to continue the medication as taken at home OR as it was taken during the visit.</i>	Decide to continue/stop home dosage	Or to continue visit dosage
<i>Lastly, decide if the patient needs to continue any visit medications.</i>		End Here (These would become new Home Medications and update the home med list!).

Discharge Medication Reconciliation/ Finalization and Prescriptions


The screenshot displays two columns: **Home Medications** and **Visit Medications**. The **Home Medications** column has a **Continue All** button, while the **Visit Medications** column has a **Stop All** button. Three medication entries are shown in the Home Medications column:

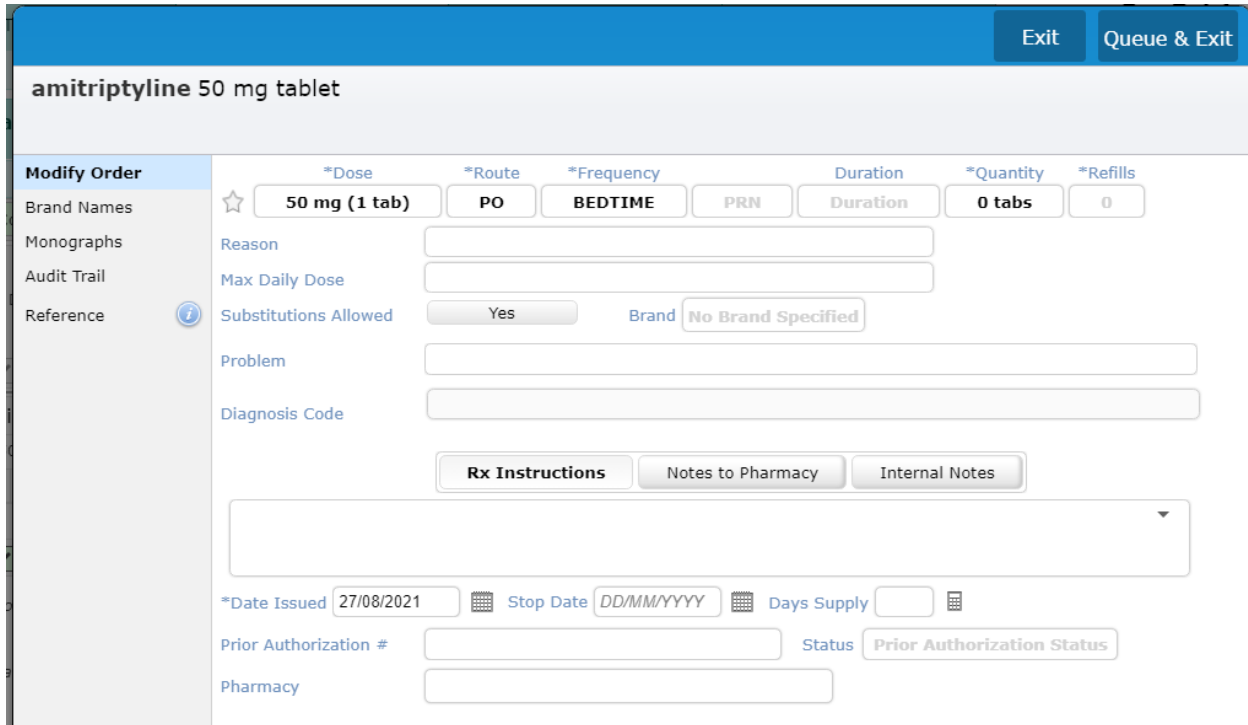
- bisoprolol fumarate [Monacor] 10 mg Tablet**: 10 mg PO DAILY, Last Taken: Unknown. Action buttons: ***Continue**, ***Hold**, ***Stop**. A red box labeled **Link Icon** points to an information icon (i) to the right of the entry.
- furosemide 20 mg Tablet**: 20 mg PO BID, Last Taken: Unknown. Action buttons: ***Continue**, ***Hold**, ***Stop**.
- ciprofloxacin [Cipro]**: 500 mg PO BID, Last Taken: Unknown. Action buttons: ***Continue**, ***Stop**.

Common prescription fields such as Dose, Route, Frequency, Quantity, Day Supply, Refills and Additional Rx Instructions can be edited/completed directly from the reconcile screen.

The screenshot shows a detailed view of a medication entry for **amitriptyline 50 mg Tablet**. The prescription details are: 50 mg, PO, BEDTIME, PRN. Below this are fields for **DURATION**, **QTY**, **DISP UNIT**, and **0 Ref**. Action buttons include **Continue** and **Stop**. A red box labeled **Click to edit** points to the prescription details. Below the main form are several text input fields: **Rx Instructions**, **Notes to Pharmacy**, **Max Daily Dose**, **Protocol**, and **Taper** (with a **Search For Taper** dropdown).

Discharge Medication Reconciliation/ Finalization and Prescriptions

To access additional prescription fields, select the down arrow  and a pop-up window with detailed prescription information will appear.



The screenshot shows a software interface for managing a prescription for **amitriptyline 50 mg tablet**. At the top right, there are buttons for **Exit** and **Queue & Exit**. The main area is divided into a left sidebar and a main content area. The sidebar includes **Modify Order** (highlighted), **Brand Names**, **Monographs**, **Audit Trail**, and **Reference**. The main content area contains the following fields and controls:

- *Dose:** 50 mg (1 tab)
- *Route:** PO
- *Frequency:** BEDTIME
- Duration:** PRN
- *Quantity:** 0 tabs
- *Refills:** 0
- Reason:** [Text input field]
- Max Daily Dose:** [Text input field]
- Substitutions Allowed:** Yes
- Brand:** No Brand Specified
- Problem:** [Text input field]
- Diagnosis Code:** [Text input field]
- Rx Instructions:** [Text input field]
- Notes to Pharmacy:** [Text input field]
- Internal Notes:** [Text input field]
- *Date Issued:** 27/08/2021
- Stop Date:** DD/MM/YYYY
- Days Supply:** [Text input field]
- Prior Authorization #:** [Text input field]
- Status:** Prior Authorization Status
- Pharmacy:** [Text input field]

Discharge Medication Reconciliation/ Finalization and Prescriptions

Complex prescription information can use the “Complex Directions” function.

Order: 50 mg (1 tab) PO BE

50 mg

50 mg (1 tab)

100 mg (2 tabs)

150 mg (3 tabs)

200 mg (4 tabs)

250 mg (5 tabs)

0.1 mg/kg/dose

0.15 mg/kg/dose

Dose Calculator

Complex Directions

Complex

See Taper

See Protocol

Selecting Complex will require to put instructions in the “Rx Instructions” field.

amitriptyline 50 mg tablet

Warning: Dose checking is NOT provided for Complex Directions.

Modify Order

Brand Names

Monographs

Audit Trail

Reference

*Dose *Route *Frequency Duration *Quantity *Refills

Complex Complex Complex PRN Duration 0 tabs 0

Reason

Max Daily Dose

Substitutions Allowed Yes Brand No Brand Specified

Problem

Diagnosis Code

*Rx Instructions Notes to Pharmacy Internal Notes

Include dose, units, route, and frequency within Rx Instructions

The “See Taper” option allows to select a Taper Schedule.

Taper Medication Tapering Instructions

* Unit

mg

Dose Freq Days Hours

The “See Protocol” option allows to select a Protocol.

Discharge Medication Reconciliation/ Finalization and Prescriptions

Protocol ✕

*Unit

*Condition *Dose/Route Instruction

Protocol Text

Placing Discharge Reconcile action of CONTINUE on a Home Medication

Select the button on the Home Medication side.

If the med was held on the admission reconciliation:

Home Medications **Visit Medications**

bisoprolol fumarate 10 mg Tablet Rx

10 mg PO DAILY PRN

DURATION **QTY** **DISP UNIT** 0 Ref P T I

Rx Icon is lowlit meaning a prescription will not be issued

Quantity and Refil fields are not mandatory as no prescription is issued

If the med was continued on the admission reconciliation:

✕

amitriptyline 50 mg Tablet Rx [Link indicating the home med was continued](#)

amitriptyline [Elavil]

50 mg PO BEDTIME

DURATION **QTY** **DISP UNIT** 0 Ref P T I

Last Taken:

Link indicating the home med was continued

Visit med stops automatically

If a prescription needs to be dispensed, select the Rx icon on the Home Medication side

Home Medications **Visit Medications**

bisoprolol fumarate 10 mg Tablet Rx Rx Now

10 mg PO DAILY PRN

DURATION **QTY** **DISP UNIT** tab 0 Ref P T I

The Rx icon is now highlit meaning a prescription will be issued

Duration and quantity now mandatory. Only one or the other is mandatory. Entering a duration will calculate the quantity.

Discharge Medication Reconciliation/ Finalization and Prescriptions

This Will:

- NOT automatically generate a prescription
- Included it on the Home Medication List under the heading "Continue Medications"
- Keep the medication in the home meds for following visits

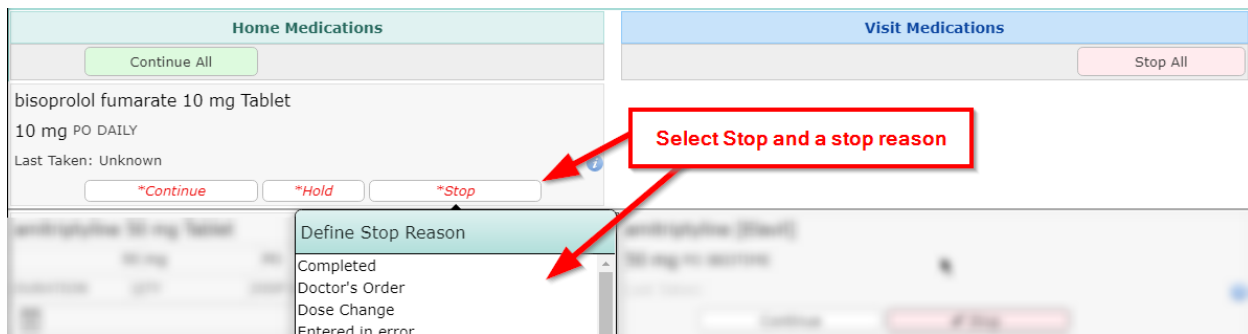
If a prescription is issued:

- **For Admitted patients:** It will automatically generate a prescription once the reconciliation is completed and finalized
- **For Outpatients and ED:** It will automatically generate a prescription once you save your orders.

NOTE: When a home medication is continued, the corresponding visit medication will be stopped automatically to prevent unintentional duplications.

Placing Discharge Reconcile action of STOP on a Home Medication

Select the button on the Home Medication side.





This Will:

- Included it on the Home Medication List under the heading "Stop Medications"
- Remove the medication from the home meds for following visits

Placing Discharge Reconcile action of CONTINUE on a Visit Medication

Select the button on the Visit Medication side.

Since this is a new medication for the patient, the  icon is uplit automatically and quantity is mandatory. If you do not wish to dispense a prescription (ex.: patient has sufficient stock at home) the  icon can be clicked and it will become lowlit.

Discharge Medication Reconciliation/ Finalization and Prescriptions

Medications By Generic Name

Home Medications Visit Medications

Continue All Stop All

ciprofloxacin HCl 500 mg Tablet Rx Now

500 mg PO BID PRN

* DURATION * QTY tab 0 Ref P T I

New Stop

This Will:

- Included it on the Home Medication List under the heading “New Medications”
- Add the medication in the home meds for following visits

If a prescription is issued:

- **For Admitted patients:** It will automatically generate a prescription once the reconciliation is completed and finalized
- **For Outpatients and ED:** It will automatically generate a prescription once you save your orders.

Placing Discharge Reconcile action of STOP on a Visit Medication

Select the button on the Visit Medication side.

Home Medications Visit Medications

Continue All Stop All

ciprofloxacin [Cipro]

500 mg PO BID

Last Taken:

Continue Stop

This Will:

- NOT appear in the home meds for following visits
- NOT appear on the patient’s Home Medication List
- NOT generate a prescription

CHANGING a Home Medication by editing the Home Med

Select the button on the Home Medication side and edit the required parameter (ex.: Dose, Unit, Route, Frequency, PRN).

Discharge Medication Reconciliation/ Finalization and Prescriptions

This Will:

- Included it on the Home Medication List under the heading “Changed Medications”
- Update the home meds updating the new dosage for following visits

If a prescription is issued:

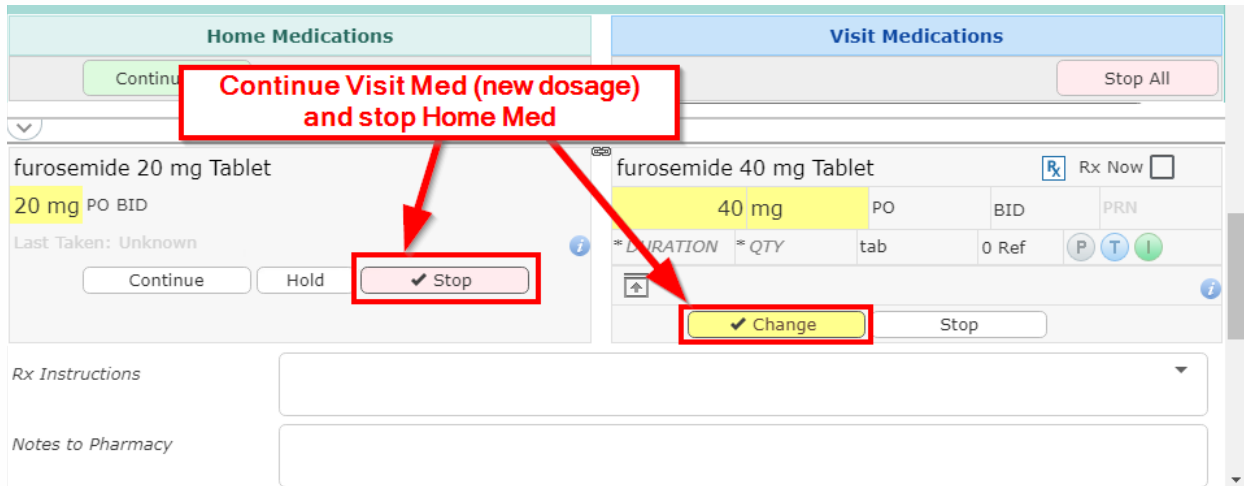
- **For Admitted patients:** It will automatically generate a prescription once the reconciliation is completed and finalized
- **For Outpatients and ED:** It will automatically generate a prescription once you save your orders.



CHANGING a Home Medication by continuing a visit med that is different

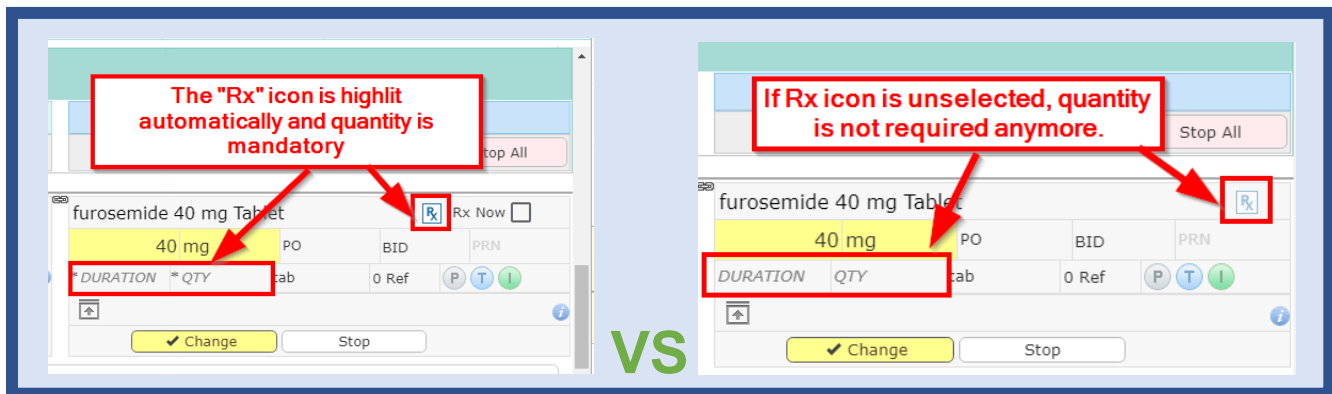
* **NOTE:** You would be able to tell that the visit med has been edited to a dose different of the home med because the changes would be in Yellow

Select the button on the Visit Medication side AND button on the Home Medication side.

Discharge Medication Reconciliation/ Finalization and Prescriptions



Since this is technically a new medication for the patient, the  icon is uplit automatically and quantity is mandatory. If you do not wish to dispense a prescription (ex.: patient has sufficient stock at home) the  icon can be clicked and it will become lowlit.



This Will:

- The old medication will be under the “Discontinued” section of the Home Medication List, and the visit medication will be under the “New” section
- Update the home meds updating the new dosage for following visits

If a prescription is issued:

- **For Admitted patients:** It will automatically generate a prescription once the reconciliation is completed and finalized
- **For Outpatients and ED:** It will automatically generate a prescription once you save your orders.

HOLDING a Home Medication

Select the button on the Home Medication side. A window will appear. Specify either a resume date, hold instructions, or both.

Discharge Medication Reconciliation/ Finalization and Prescriptions

Hold Instructions Cancel Save

> metformin 500 mg Tablet

*Resume Date 03/09/2021

Hold Instructions: Resume this medication once your blood sugar is above 9.

Note: Only one of the fields need to be answered, but both can be specified.

metformin 500 mg Tablet	metFORMIN [Glucophage]
500 mg PO BID PRN	500 mg PO BID
Last Taken: Unknown	Last Taken:
<input type="button" value="Continue"/> <input checked="" type="button" value="Hold"/> <input type="button" value="Stop"/>	<input type="button" value="Continue"/> <input checked="" type="button" value="Stop"/>
Hold Instructions: Resume on 03/09/2021. Resume this medication once your blood sugar is above 9.	

This Will:

- Included it on the Home Medication List under the heading "Held Medications"
- Keep the medication on the home meds for following visits
- Display the Hold Instructions on any following visit
- NOT generate a prescription

Prescribing a NEW medication

To prescribe new medications that were not otherwise addressed in the home or visit medication sections, select the "Add New" tab.

Discharge Orders FINALIZE SUBMIT 0

OUTPATIENT IMAGING AND ... **PRESCRIPTIONS** DISCHARGE ORDER

Reconcile **Add New** Preview

All

Search Results

- Search "Dival" in Medications
- divalproex sodium** in Medications

Note: Select "Add New" and start typing medication name

Discharge Medication Reconciliation/ Finalization and Prescriptions

Select the required dosage/strength:

divalproex sodium 250 mg tablet

Search: divalproex sodium Preferred

- > divalproex sodium 125 mg tablet
- ▼ divalproex sodium 250 mg tablet
 - 250 mg (1 tab) PO BID #0 ORF ☆
 - 250 mg (1 tab) PO TID #0 ORF ☆
- > divalproex sodium 500 mg tablet
- > Epival 125 mg tablet (divalproex sodium)
- > Epival 250 mg tablet (divalproex sodium)
- > Epival 500 mg tablet (divalproex sodium)

Enter details, then “Queue” to return to lookup or “Queue & Exit” to sign and save.

divalproex sodium 250 mg tablet

Return to Search

Modify Order: 250 mg (1 tab) PO TID PRN Duration 30 tabs 0

Reason:

Max Daily Dose:

Substitutions Allowed: Yes Brand: No Brand Specified

Problem:

Diagnosis Code:

Rx Instructions: Notes to Pharmacy: Internal Notes:

Issue: Rx Only *Date Issued: 30/08/2021 Stop Date: DD/MM/YYYY Days Supply: 10

Prior Authorization #: Status: Prior Authorization Status

Pharmacy:

This Will:

- Included it on the Home Medication List under the heading “New Medications”
- Add the medication in the home meds for following visits


If a prescription is issued:

- **For Admitted patients:** It will automatically generate a prescription once the reconciliation is completed and finalized
- **For Outpatients and ED:** It will automatically generate a prescription once you save your orders.

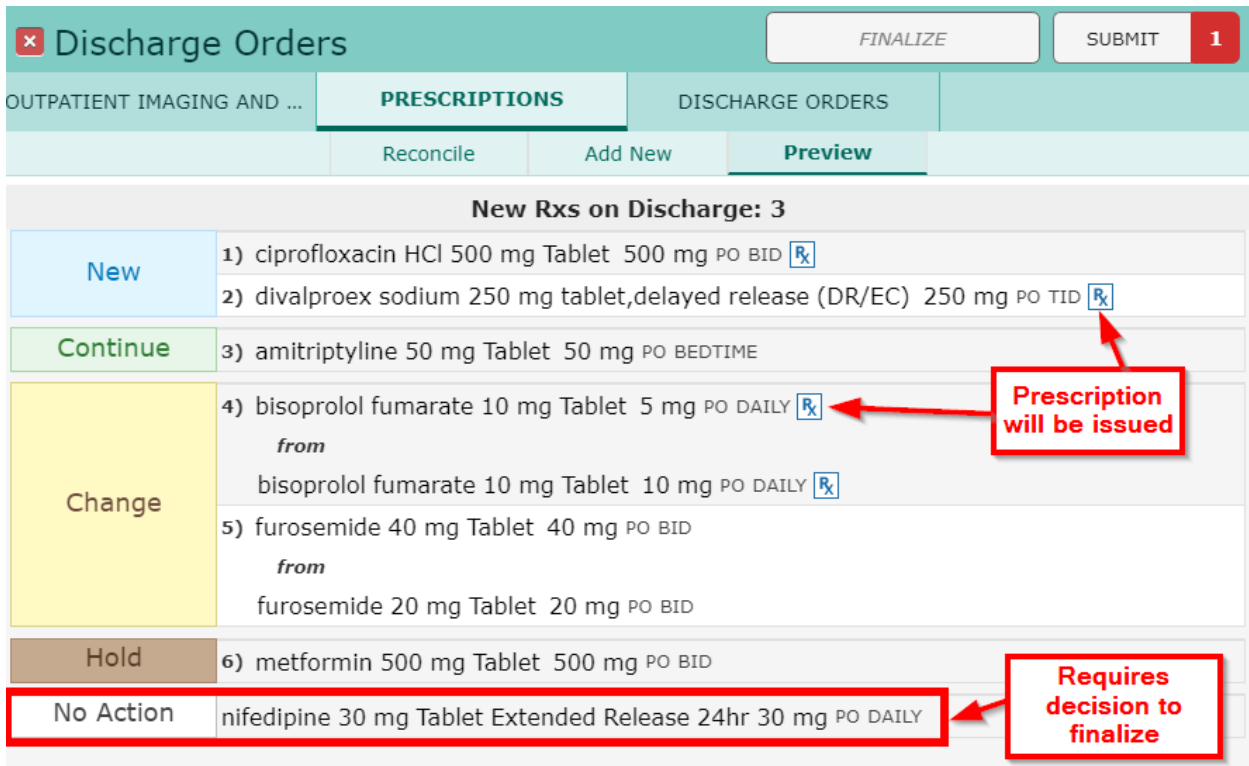
Medication Reconciliation Preview

To assist in the reconciliation process, the preview tab provides a quick overview of each medication decision. Medications are categorized based on the reconciliation decisions.

Discharge Medication Reconciliation/ Finalization and Prescriptions

The  symbol indicates medications for which a prescription will be provided on discharge. Providers can review their medication reconciliation using the preview tab at any time.

NOTE: For Admitted inpatients, all medications must be addressed prior to submitting/finalizing the discharge medication reconciliation. Medications decisions that remain outstanding will appear under the No Action heading.







Discharge Orders [FINALIZE] [SUBMIT 1]

OUTPATIENT IMAGING AND ... [PRESCRIPTIONS] [DISCHARGE ORDERS]


Reconcile Add New **Preview**

New Rxs on Discharge: 3

Action	Medication
New	1) ciprofloxacin HCl 500 mg Tablet 500 mg PO BID 
	2) divalproex sodium 250 mg tablet, delayed release (DR/EC) 250 mg PO TID 
Continue	3) amitriptyline 50 mg Tablet 50 mg PO BEDTIME
Change	4) bisoprolol fumarate 10 mg Tablet 5 mg PO DAILY  Prescription will be issued
	from bisoprolol fumarate 10 mg Tablet 10 mg PO DAILY 
	5) furosemide 40 mg Tablet 40 mg PO BID from furosemide 20 mg Tablet 20 mg PO BID
Hold	6) metformin 500 mg Tablet 500 mg PO BID
No Action	nifedipine 30 mg Tablet Extended Release 24hr 30 mg PO DAILY Requires decision to finalize

Submitting the orders

When ready to submit orders, select the **Save** button and enter PIN.

The home icon  indicates where a medication has been added or removed from the patient's home medications.

NOTE: Two orders will appear for previously prescribed home medications. Orders include both the home medication and corresponding visit medication (*ie. home medication continued and visit medication stopped*).

Discharge Medication Reconciliation/ Finalization and Prescriptions

Order Summary				SAVE	10
OUTPATIENT IMAGING AND CARDIO RESPIRAT...	PRESCRIPTIONS	DISCHARGE ORDERS	Enter PIN		
Not Included in Conflicts					
ORDERS	DATE	STATUS	ALL		
acetylsalicylic acid [Aspirin (acetylsalicylic acid)] 81 mg Tablet,Delayed Release (Dr/Ec) 81 mg PO DAILY	30/08/2021	Stop at Discharge	X		
acetylsalicylic acid [Aspirin (acetylsalicylic acid)] 81 mg Tablet,Delayed Release (Dr/Ec) 81 mg PO DAILY	16/08/2021	Continue	X		
bethanechol chloride [Duvoid] 10 mg Tablet 10 mg PO TID PRN	30/08/2021	New	X		
bethanechol chloride [Duvoid] 10 mg tablet 10 mg PO TID PRN NS	18/06/2021 13:24 30/08/2021 11:59	Stop	X		
bisoprolol fumarate 5 mg Tablet 5 mg PO DAILY	30/08/2021	Stop at Discharge	X		
dextran 40 10 % in 5% dextrose 10 % parenteral solution 500 ml IV DAILY	16/08/2021	Continue	X		
Dextrose 40% Gel [Insta-Glucose] 123 mg aero powdr breath act w/sensor 1 g BUCCAL ONCE PRN NS	16/08/2021	Hold	X		
diphenhydramine-DM-acetamin [Tylenol Cold,Cough,Fever Nite] 6.25-5-160 mg/5 mL suspension 30 ml PO DAILY PRN	25/06/2021 13:54 30/08/2021 11:58	Stop	X		

Order submission will return the provider to the **Discharge Plan** view. A summary of all prescription decisions will be displayed for the provider to review.

Prescriptions					
ciprofloxacin HCl	500 mg	PO	BID		New
divalproex sodium	250 mg	PO	TID		
furosemide	40 mg	PO	BID		
amitriptyline	50 mg	PO	BEDTIME		Continued
bisoprolol fumarate	5 mg	PO	DAILY		Changed
metformin	500 mg	PO	BID		Held
<i>Hold Instructions: Resume on 03/09/2021. Resume this medication once your blood sugar is above 9.</i>					
bisoprolol fumarate [Monacor]	10 mg	PO	DAILY		Discontinued
furosemide	20 mg	PO	BID		
nifedipine	30 mg	PO	DAILY		

Finalizing the Discharge Medication Reconciliation

At the conclusion of the reconciliation process, the provider must finalize their discharge medication decisions (required in inpatient settings only). This action confirms that all medications have been addressed and/or prescribed. Admitted patients cannot be discharged until the discharge medication reconciliation is completed.

Discharge Medication Reconciliation/ Finalization and Prescriptions

The screenshot shows a 'Discharge Plan' interface with the following fields:

Reason For Visit	DKA
Admit Date/Time	07/07/2021 11:42
Admit Provider	Audet,Rico
Reconcile Problems	No Problems to Reconcile
Outpatient Imaging and Cardio Respiratory Orders	Click to Enter Outpatient Imaging and Cardio Respiratory
*Prescriptions (Required)	Click to Enter Prescriptions

Once there is a Continue/ Stop decision on each medication, the **Finalize** button is available from within the discharge prescription routine.

The screenshot shows the 'Discharge Orders' interface. The 'FINALIZE' button is highlighted with a red box. Below it, there are tabs for 'PRESCRIPTIONS' and 'DISCHARGE ORDERS'. Under 'PRESCRIPTIONS', there are sub-tabs for 'Reconcile', 'Add New', and 'Preview'. The 'Medications' section is expanded, showing 'Home Medications' and 'Visit Medications' with a list of medications including bisoprolol fumarate 10 mg Tablet.

OR from the discharge plan.

The screenshot shows the 'Discharge Plan' interface, similar to the first screenshot. A red arrow points to the 'Finalize' button located under the 'Prescriptions' section.

Printing and Reprinting the Discharge Prescription

For Inpatient settings, once the Finalization has occurred, you will be presented with a window to print your prescriptions.

In Outpatient/ED settings, you will be presented with the printing window every time you enter a new prescription.

Discharge Medication Reconciliation/ Finalization and Prescriptions

Transmit/Print Cancel Apply

Sur,Rvh1 36 M 01/01/1985 Allergy/Adv: Not Recorded

Transmit Print Preview All Print Home Med List Select Pharmacy Print Destinations

Rx	Rx/Order	Details	Pt. Mono.	Sample Label	Medications	Category	Pharmacy
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	30/08/2021 > bisoprolol fumarate 10 mg tablet 5 mg (1/2 x 10 mg) PO DAILY 10 tabs ORF	Rx	
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	30/08/2021 > ciprofloxacin 500 mg tablet 500 mg PO BID 10 tabs ORF	Rx	
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	30/08/2021 > divalproex sodium 250 mg tablet 250 mg PO TID 30 tabs ORF	Rx	

Printing will default to patient's location, but printing destination can be reviewed/edited here.

The discharge prescription must be signed before the patient can bring the prescription to their pharmacy of choice upon discharge. Any additional sections of the discharge packet will be printed by nursing and/or unit staff prior to the patient's departure as required.

IMPORTANT: If edits were made or prescriptions were added, the prescription report might need to be re printed, resigned, and the old one get discarded.

To reprint the prescriptions, select the printer icon from the discharge plan, select print section, and then choose the prescription report.

Cancel Save Save & Close

Last Printed
28/07/2021 17:44 Heather Cook

Print Packet
Print Section
Transmit/Print

Discharge Reports Cancel Print

Reports Last Printed Date/Time

Instructions

Stand Alone Forms

Visit Report 28/07/2021 17:44

Customer Designed Reports

Discharge Bloodbank Transfusion Letter

Home Medications Report

Prescriptions

Discharge Medication Reconciliation/ Finalization and Prescriptions

Example of the Prescription Report that the patient needs to bring to pharmacy

Discharge Prescriptions Page: 1 of 1
Date: 30/08/2021 14:13

Discharge Prescriptions
This is a list of your prescriptions to bring to your pharmacy.

Royal Victoria Regional Health 201 Georgian Dr
Barrie
ON L4M 6M2

Preferred Pharmacy
Phone **Address**
Fax

Sur, Rvh1 **DOB:** 01/01/1985
HCN: **Med Record #:** V000001324 **Acct #:** VA0000713/21
Patient Address: 123 Main St, Barrie, L4M 6M2, ON Total Number of prescriptions.
Allergies: No Known Allergies

Prescribed Medications (3)

This is not a complete medication list. Please refer to the "Home Medication List" for a complete list.

- 1. ciprofloxacin HCl 500 mg Tablet**
 500 mg oral twice daily
 Dispense # 10 tab
 No Refills
- 2. divalproex sodium 250 mg Tablet, Delayed Release (Dr/Ec)**
 250 mg Oral three times daily
 Dispense # 30 tab
 No Refills
- 3. bisoprolol fumarate 10 mg Tablet**
 5 mg oral daily
 Dispense # 10 tab
 No Refills

This is the end of this prescription report The name and CPSO number of the person PRINTING the report will appear here

Prescriber Signature:
Prescriber Name: _____ **Date:** 30/08/2021
College ID Number: _____
(Each prescription page must be individually signed)

2. Humalog U-100 Insulin (insulin lispro) 100 unit/mL Cartridge
 0 unit three times daily
 Dispense # 1 cartridge
 No Refills

This medication cannot be substituted If "No Substitution" is selected

Condition	Dose/Route	Instruction
If Blood glucose higher than 5	4 units	Call your Dr. If lower than 4
If Blood glucose is between 4 and 10	8 units	

Protocol Text: Here is an example of text added to a protocol to give additional instructions.

The information included in the various fields will appear both on the prescription and the Home Medications List. Example of output if a protocol is used

3. prednisone 5 mg Tablet
 See Tapering Schedule for Dosing Instructions
 Dispense # 30 tab
 No Refills

Information added to the Notes to Pharmacy and Rx Instructions

Notes to Pharmacy: And the information entered in the 'Notes to Pharmacy' field would appear here.


Prescription Instructions: Information entered in the 'Rx Instructions' field will appear here.

Tapering Schedule:
 5 mg daily for 3 Days
 2.5 mg daily for 5 Days
 1.25 mg daily for 10 Days

Display of Taper Schedule is used

Discharge Medication Reconciliation/ Finalization and Prescriptions

Example of the Home Medication Report provided to the patient on discharge

*** NOT A PRESCRIPTION ***		Page: 1 of 2 Date: 30/08/2021 14:11
Home Medication List		
Royal Victoria Regional Health	201 Georgian Dr Barrie ON L4M 6M2	
Please review the sections of this list carefully, and if you have any questions regarding your medications or medical equipment/supplies, contact your primary care physician.		
Patient: Sur,Rvh1	DOB: 01/01/1985	
Patient Address: 123 Main St, Barrie, L4M 6M2, ON		
Allergies: No Known Allergies		
New Medications (3) These are new medications to start taking at home.		
1. furosemide 40 mg Tablet 40 mg oral twice daily Dispense # 0 tab No Refills		
2. ciprofloxacin HCl 500 mg Tablet 500 mg oral twice daily Dispense # 10 tab No Refills		R_x
3. divalproex sodium 250 mg Tablet,Delayed Release (Dr/Ec) 250 mg Oral three times daily Dispense # 30 tab No Refills		R_x
Continue Medications (1) These are your current medications to keep taking at home.		
4. amitriptyline 50 mg Tablet 50 mg oral at bedtime Dispense at bedtime for Days No Refills		
Hold Medications (1) Hold the following medications and resume only as directed below.		
6. metformin 500 mg Tablet 500 mg oral twice daily Dispense twice daily for Days No Refills		
Hold Reason Resume on 03/09/2021.Resume this medication once your blood sugar is above 9.		
Discontinued Medications (3) These are medications to stop taking at home.		
** furosemide 20 mg Tablet 20 mg oral twice daily Dispense twice daily for Days No Refills		
Discontinue reason: Dose Change		