

Best Possible Medication History (BPMH) and Reconciled Medication Orders

McAllister: Dorell
DOB 01/02/ 1939
123456789

Report generated:
preoperatively

This report has been generated based on the past 4 months of medications via Netcare. PLEASE NOTE: changes MAY have been made to list of medications since this report was generated. It may contain discontinued medications and does NOT contain any updated instructions received from a patient's physician. It is not inclusive for all items such as over the counter medications, herbal medications, drug samples or clinical trials or prescriptions from outside of the province of Alberta.

Allergies: NKA						Emergency Department/Urgent Care Adverse Drug Event Screening Result <input type="checkbox"/> High Risk <input checked="" type="checkbox"/> Low Risk					
Information Sources – minimum one additional source: <input type="checkbox"/> Patient/Caregiver interview (primary source where possible) <input type="checkbox"/> Interview not possible <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Unable to verify with a second source Reason: _____						Prescriber Orders It is the prescriber's responsibility to verify each medication (including dose and frequency) prior to processing. Please enter into electronic order entry system where applicable					
Medications	Taken per Netcare	Complete if information is not taken per Netcare, incomplete or for patient medications not listed in Netcare			Time of last dose	Continue per Netcare	Continue per verified history	Discontinue	Hold	Change	Comments/Rationale for Discontinuations, Holds and Changes
Add any additional prescriptions, over the counter and herbal medications including regular and PRN <input type="checkbox"/> No Home Medications		Dose	Route	Frequency							
Budesonide 200 mcg inhaler Date issued: 2 devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					TJ					
Nitroglycerine spray 0.4 mg Date issued: 2 bottles	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							TJ			Hold during hospitalization. Notify medicine with any cardiac related concerns
Ipratropium bromide / albuteral inhaler (combivent) Date issued: 2 devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					TJ					
Ramipril 10 mg 1 tablet once a day Date issued: 60 tablets	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					TJ					
Name/Designation: A. Negrad RN	Initials: AN		Date/Time: Pre op			Prescriber Name: T James					
Name/Designation:	Initials:		Date/Time:			Signature: T James					
						Date: pre op				Time: 1200	

Additional Comments:

Best Possible Medication History (BPMH) and Reconciled Medication Orders

AMcAllister: Dorell
DOB 01/02/ 1939
123456789ffix patient label

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preoperatively

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		Dose	Route	Frequency							
Furosemide 20 mg PO daily Date issued: 60 pills	<input type="checkbox"/> Yes <input type="checkbox"/> No						TJ				
	<input type="checkbox"/> Yes <input type="checkbox"/> No										
	<input type="checkbox"/> Yes <input type="checkbox"/> No										
	<input type="checkbox"/> Yes <input type="checkbox"/> No										
	<input type="checkbox"/> Yes <input type="checkbox"/> No										

Name/Designation:
Negrad RN

Initials:
AN

Date/Time:
preop

Prescriber Name: T James

Signature: T James

Date: pre op

Time: 1310

Orders/Copies sent to:

- ☐ Pharmacy or Entered into electronic order entry system Time: _____
- ☐ Primary Care Provider
- ☐ Community Pharmacy
- ☐ Home Care
- ☐ Updated medication list provided to patient or caregiver

Additional Comments:

Affix patient label

12030-9000	Male	1961-May-19	Report Generated:
Test Patient			2016-Nov-24 14:19:46

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Prescriber Orders

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Medications Add any additional prescriptions, over the counter and herbal medications including regular and PRN	Dose	Route	Frequency	Time of last dose	Continue per	Continue per	Discontinue	Hold	Change	Comments/Rationale for Discontinuations, Holds and Changes
					Netcare	verified history				
Name/Designation:	Initials:	Date/Time:			Prescriber Name:					
Name/Designation:	Initials:	Date/Time:			Signature:					
					Date:				Time:	

Orders/Copies sent to:

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