

# 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						<b>Emergency Department/Urgent Care</b> Adverse Drug Event Screening Result <input type="checkbox"/> High Risk <input checked="" type="checkbox"/> Low Risk					
<b>Information Sources – minimum one additional source:</b> <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:						<b>Prescriber Orders</b> 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  Add any additional prescriptions, over the counter and herbal medications including regular and PRN  <input type="checkbox"/> No Home 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
		Dose	Route	Frequency							
Budesonide 200 mcg inhaler  Date issued: 2 devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2 puffs		BID		TJ					
Nitroglycerine spray 0.4 mg  Date issued: 2 bottles	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1-2 sprays	SL	prn				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	2 puffs		QID		TJ					
Ramipril 10 mg 1 tablet once a day  Date issued: 60 tablets	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10mg	po	daily		TJ					
Name/Designation: A. Negrad RN		Initials: AN		Date/Time: Pre op		<b>Prescriber Name:</b> T James <b>Signature:</b> T James <b>Date:</b> pre op <b>Time:</b> 1200					
Name/Designation:		Initials:		Date/Time:							

Additional Comments:

# Best Possible Medication History (BPMH) and Reconciled Medication Orders

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

Report generated:  
preoperatively

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## Prescriber Orders

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Please enter into electronic order entry system where applicable

Medications  Add any additional prescriptions, over the counter and herbal medications including regular and PRN	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
		Dose	Route	Frequency							
Furosemide 20 mg PO daily  Date issued: 60 pills	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 mg	PO	daily			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
Name/Designation:	Initials:	Date/Time:	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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Name/Designation:	Initials:	Date/Time:			Prescriber Name:					
Name/Designation:	Initials:	Date/Time:			Signature:					
					Date:					Time:

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