MRN: Age: 68 Comparison Date/Time: Admission Date: 123456789 3/22/2016 3/25/2016 Admitting Provider: Admit Service: Discharging Provider (if different): XXX Admit Unit: Cardiology 6 North XXX□ No Home Meds X Control Patient Patient Understanding of Medications: □ Number of GS Meds: ☐ Intervention Patient ☐ High ☐ Medium X Low Intervention Provider (if Intense/Standard bundle instituted) Intervention Level (if Intense/Standard bundle instituted)

Form for Documenting Medication Discrepancies

□Pharmacist reconciler □ Other trained staff

Appendix Item 4:

□ Intense □ Standard

GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
Name Allopurinol  DRF 50-100mg po daily - (1-2 50mg tablets)  Drug Class	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	Need to notify team  Before admission orders After admission orders but before dc orders After discharge orders Does not need to be notified  Recommended action:
☐ PRN ☐ OTC  Comments The patient states that he takes 1 or 2 tabs depending on if he has gout pain or not. Both PCP and pharmacy have pt taking 100mg po daily		50mg daily  Questions for provider	50mg daily  Reason  Reconciliation Error  History Error  Intentional  Documented  Questions for provider	Somg daily  Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider	Action taken by team, if any: Comments: Patient should be counseled to take the medication as prescribed and not to vary it based on his gout  In your opinion, is this discrepancy clinically
For Additional Med Name	ETO PARALLE OF SEA PROCESSOR	Provider Response Me	dication Rec Provider Response nent Study		relevant?      Yes     No

**General Comments**: His Walmart pharm number is xxx-xxxx. I interviewed John Doe this afternoon. He is a very nice man who cannot read very well, but can identify items on a script label when prompted. He is going to the cath lab tomorrow as he had a positive stress test today. His daughter lives in Walpole and picks up his meds for him. He is married and has a wife, but he administers all his meds himself (has an AM, Afternoon, and PM Ziploc bag of meds.) I gave him a pillbox.

MRN:	Name:	Admission	n Date: Compar	Comparison Date/Time:			
GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments		
Name Aspirin DRF	<u>High</u> Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route	Comparison/Difference (select all that apply) Same Omission Dose Route	Comparison/Difference (select all that apply) Same Omission Dose Route	Need to notify team  Before admission orders After admission		
162.5mg po daily  Drug Class		Frequency Substitution  Additional med Formulation  Duplication Duration  Other  Details	Frequency Substitution  Additional med Formulation  Duplication Duration  Other  Details	Frequency Substitution Additional med Formulation Duplication Duration Other Details	orders but before dc orders  After discharge orders  Does not need to be notified  Recommended action:		
☐ PRN ☐ OTC  Comments		EC 325 mg daily	EC 325 mg daily  Reason  Reason	EC 81 mg daily  Reason  Respectively.	Action taken by team, if any:  Comments: Notify if dose		
Dr.Weiser told him he should take 1/2 an adult aspirin per day instead of the full		Questions for provider	Reconciliation Error <u>History Error</u> Intentional  Documented	Reconciliation Error History Error Patient Expired Intentional	In your opinion, is this		
325mg daily  For Additional Med Name	N	Provider Response	Questions for provider  Provider Response	Documented Questions for provider Intentional Decrease?  Provider Response	discrepancy clinically relevant?      Yes     No		
Name	High	Comparison/Difference	Comparison/Difference	Comparison/Difference	Need to notify team		
Clopidogrel <b>DRF</b>	Medium Low	(select all that apply) Same Omission Dose Route	(select all that apply) Same Omission Dose Route	(select all that apply) Same Omission Dose Route	□ Before admission orders □ After admission		
75mg po daily  Drug Class	Quali	Frequency Substitution  Additional med Formulation  Duplication Duration  Other  Details	Frequency Substitution  Additional med Formulation  Duplication Duration  Other  Details	Frequency Substitution  Additional med Formulation  Duplication Duration  Other  Details	orders but before dc orders  After discharge orders  Does not need to be notified		
☐ PRN					Recommended action:		
□ OTC Comments		Questions for provider	Reason Reconciliation Error History Error Intentional Documented	Reason Reconciliation Error History Error Patient Expired Intentional	Action taken by team, if any: Comments: In your opinion, is this discrepancy clinically		
For Additional Med Name		Provider Response	Questions for provider	Documented  Questions for provider	relevant?		
		Provider Response	Provider Response	Provider Response			

	MRN:	Name:	Admission Date:	Comparison Date/Time:
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GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
Name Colchicine  DRF 0.6mg po BID  Drug Class	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Duplication Other Details	Comparison/Difference (select all that apply) Same Dose Frequency Additional med Duplication Other Details	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details 0.6mg po daily	Need to notify team  Before admission orders After admission orders but before dc orders After discharge orders Does not need to be notified  Recommended action:
OTC  Comments  For Additional Med Name		Questions for provider  Provider Response	Reason Reconciliation Error History Error Intentional Documented Questions for provider	Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider Intentional? If not, need to correct the frequency	Action taken by team, if any:Comments: Contact patient if frequency needs to be changed  In your opinion, is this discrepancy clinically relevant?  Yes No
Name DRF  Drug Class	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution  Additional med Duplication Duration Other Details 20mg po bid	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details 20mg po bid	Provider Response  Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution  Additional med Duplication Duration Other Details 20mg po bid	Need to notify team Before admission orders After admission orders but before dc orders After discharge orders Does not need to be notified Recommended action:
Comments  For Additional Med Name Famotidine		Questions for provider  Provider Response	Reason Reconciliation Error History Error Intentional Documented Questions for provider  Provider Response	Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider  Provider Response	Action taken by team, if any:Comments: Probably should be discontinued  In your opinion, is this discrepancy clinically relevant? Yes No

MRN:	Name:	Admission	n Date: Compa	rison Date/Time:	
	$\mathbf{R}$				
GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
<b>Name</b> Glyburide	High Medium	Comparison/Difference (select all that apply)	Comparison/Difference (select all that apply)	Comparison/Difference (select all that apply)	Need to notify team  Before admission

GS Medication	Confidence	PAML Comparison	Admit Comparison	<u>Discharge Comparison</u>	Pharmacist Comments	
Name Glyburide  DRF 1.25mg po BID  Drug Class	High Medium 1 - Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details insulin aspart sliding scale AC	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details Glyburide 1.25mg daily	Need to notify team  Before admission orders After admission orders but before dc orders After discharge orders Does not need to be notified  Recommended action:	
□ PRN □ OTC  Comments  For Additional Med Name/Drug Class		Questions for provider  Provider Response	Reason Reconciliation Error History Error Intentional Documented X  Questions for provider  Provider Response	Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider Intentional? If not, needs to be changed to BID  Provider Response	Action taken by team, if any:	

MRN:	Name:		Admissi	on Date:	Com	parison Date/Tim	ne:	
Name	High	Comparison/D		Comparison/ (select all the		Comparisor (select all t	/Difference	Need to notify team  Before admission
DRF	Medium	Same	Omission	Same	Omission	Same	Omission	orders
	Low	Dose	Route	Dose	Route	Dose	Route	☐ After admission
Drug Class		Frequency	Substitution	Frequency	Substitution	Frequency	Substitution	orders but before dc orders
		Additional med	Formulation	Additional med	Formulation	Additional m	ed Formulation	□ After discharge
☐ PRN		Duplication	Duration	Duplication	Duration	Duplication	Duration	orders
$\square$ OTC		Other		Other		Other		□ Does not need to be
Comments		Details		Details		Details		notified
Has not picked up his Imdur 30mg PO daily		Imdur 30mg po	daily	Isordil 10mg P	O TID	Imdur 30mg	po daily	Recommended action:
since 3 months ago - though it was a 90 day supply per Walmart.				Reason		<b>Reason</b> Reconciliation		Action taken by team, if any:  Comments: Because team did
He does not remember				Reconciliation	Error	History Erro		not know patient was non- adherent with this med, they failed
if he has been taking this at home or not		Questions for	provider	History Error		Patient Expi	rea	to diagnose part of why he
(he has not been).				Intentional		Intentional		presented the way he did, and
Would need new						Docume		they lost the chance to counsel the patient about the importance of
script.		/		Document	red	Questions f		this medication. He may also need
For Additional Med						Did you prov		an active Rx.
<b>Name</b> Imdur		Provider Resp	onco	Questions for	r provider	taking and w	As pt was not	In your opinion, is this discrepancy clinically
Illidur		Piovidei Kesp	Olise	Provider Res	nonse	prescription.		relevant?
						Provider Re		□ Yes

GS Medication	<u>Confidence</u>	PAML Cor	<u>mparison</u>	Admit Comparison		<u>Discharge</u>	Comparison	<u>Pharn</u>	nacist Comments
Name Metoprolol XL	<u>High</u> Medium	Comparison/Di (select all that Same		Comparison/Difference (select all that apply) Same Omission		Comparison/Difference (select all that apply) Same Omission		Need t	o notify team  Before admission orders
DRF	Low	Dose F	Route	Dose	Route	Dose	Route		After admission
50mg po daily		Frequency S	Substitution	Frequency	Substitution	Frequency	Substitution		orders but before dc
Drug Class		'	Formulation Duration	Additional med Duplication	Formulation Duration	Duplication	d Formulation Duration		orders After discharge orders Does not need to be
		Other		Other		Other		Pecom	notified mended action:
□ PRN		Details		Details	h	Details		Recoil	illellueu action.
$\square$ OTC				12.5 mg po q6	П			Action	taken by team, if
Comments			rovider	<b>Reason</b> Reconciliation Error		Reason Reconciliation Error		any: Comments:	
				History Error		History Error			······································
For Additional Med	Provider Response		<u>Intentional</u> Documented		Patient Expired Intentional Documented		In your opinion, is this discrepancy clinically relevant?		
Name			Questions for provider		Questions for provider			No	

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MRN:	Name:	Admissio	on Date:Comp	parison Date/Time:	
			Provider Response	Provider Response	
Name Simvastatin DRF 80mg po qhs	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution	Need to notify team  Before admission orders After admission orders but before dc orders
Drug Class		Additional med Formulation Duplication Duration Other Details	Additional med Formulation Duplication Duration Other Details	Additional med Formulation Duplication Duration Other Details	After discharge orders Does not need to be notified  Recommended action:
☐ PRN ☐ OTC  Comments		Questions for provider	Reason Reconciliation Error History Error Intentional	Reason Reconciliation Error History Error Patient Expired	Action taken by team, if any:
For Additional Med Name	IV	Dravider Pagnance	Documented X  Questions for provider	Intentional  Documented  Questions for provider	discrepancy clinically relevant?  Yes No
GS Medication	Multi- Confidence	Provider Response  Center Med  PAML Comparison	Provider Response  Admit Comparison	Provider Response  Discharge Comparison	Pharmacist Comments

Name DRF	High Medium Low	Comparison/I (select all tha Same Dose		Comparison/ (select all that Same Dose		Comparison, (select all th Same Dose		Need t	co notify team  Before admission orders  After admission
Drug Class		Frequency  Additional med  Duplication  Other	Substitution Formulation Duration	Frequency  Additional med  Duplication  Other	Substitution Formulation Duration	Duplication Other	Substitution  d Formulation  Duration		orders but before dc orders After discharge orders Does not need to be notified
☐ PRN ☐ OTC		<b>Details</b> 0.4mg po daily		<b>Details</b> 0.4mg po daily	′	<b>Details</b> 0.4mg po dail	У		mended action:
Comments		Questions for provider		Reason Reconciliation Error History Error		Reason Reconciliation Error History Error Patient Expired		Action taken by team, if any: Comments: Should probably stop taking it	
For Additional Med Name		Provider Resp	oonse	Intentional Document	ed	Intentional  Documen			r opinion, is this pancy clinically nt?

MRN:	Name:	Admissior	າ Date: Compa	arison Date/Time:	
Tamsulosin			Questions for provider	Questions for provider	□ Yes □ No
			Provider Response	Provider Response	
Name Warfarin	<u>High</u> Medium	Comparison/Difference (select all that apply) Same Omission	Comparison/Difference (select all that apply) Same Omission	Comparison/Difference (select all that apply) Same Omission	Need to notify team  Before admission orders
DRF 5mg po qpm	Low	Dose Route Frequency Substitution	Dose Route Frequency Substitution	Dose Route Frequency Substitution	<ul> <li>After admission orders but before dc orders</li> </ul>
Drug Class		Additional med Formulation Duplication Duration Other Details	Additional med Formulation Duplication Duration Other Details	Additional med Formulation Duplication Duration Other Details	<ul><li>After discharge orders</li><li>Does not need to be notified</li></ul>
☐ PRN ☐ OTC			Heparin IV 1200 units/hr  Reason	Reason	Action taken by team, if
Comments	R/	Questions for provider	Reconciliation Error History Error Intentional Documented X	Reconciliation Error History Error Patient Expired Intentional	any: Comments:  His coumadin is followed by HVMA
For Additional Med Name			Questions for provider	Documented  Questions for provider	In your opinion, is this discrepancy clinically relevant?
	N.A. TAC	Provider Response	Provider Response	Provider Response	□ No
70	Wulti-	Center Med	ication Rec	onciliation	

GS Medication	<u>Confidence</u>	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments	
Name Amiloride  DRF 5mg po bid  Drug Class	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration	Need to notify team  Before admission orders After admission orders but before dc orders  After discharge orders Does not need to be	
□ PRN		Other <b>Details</b>	Other <b>Details</b>	Other <b>Details</b>	notified  Recommended action: Restart medication	
□ OTC  Comments		Questions for provider	Reason Reconciliation Error History Error	Reason Reconciliation Error History Error	Action taken by team, if any:Comments:	
			Intentional	Patient Expired	In your opinion, is this	

MRN:	Name:	Admissior	n Date: Compai	rison Date/Time:	/Time:		
<u>For Additional Med</u> Name	Provider Response		Documented  Questions for provider	Intentional  Documented  Questions for provider	discrepancy clinically relevant?  Yes No		
			Provider Response	Provider Response			
Name Enalapril DRF 20mg po BID	<u>High</u> Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation	Need to notify team  Before admission orders  After admission orders but before dc orders  After discharge orders		
Drug Class		Duplication Duration Other Details	Duplication Duration Other Details	Duplication Duration Other Details	<ul><li>Does not need to be notified</li><li>Recommended action:</li></ul>		
□ PRN □ OTC  Comments  For Additional Med Name		Questions for provider	Reason Reconciliation Error History Error Intentional Documented Questions for provider	Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider	Restart medication  Action taken by team, if any: Comments:  In your opinion, is this discrepancy clinically relevant?  Yes No		
	Multi- Qualit	Provider Response IIII	Provider Response Reco	Provider Response	I No		

GS Medication	<u>Confidence</u>	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments	
Name Nitroglycerin	<u>High</u> Medium	Comparison/Difference (select all that apply) Same Omission	Comparison/Difference (select all that apply) Same Omission	Comparison/Difference (select all that apply) Same Omission	Need to notify team  Before admission orders	
DRF	Low	Dose Route	Dose Route	Dose Route	<ul> <li>After admission</li> </ul>	
0.4 mg SL * 1 prn chest pain/pressure as		Frequency Substitution	Frequency Substitution	Frequency Substitution	orders but before dc orders	
instructed		Additional med Formulation	Additional med Formulation	Additional med Formulation	<ul> <li>After discharge orders</li> </ul>	
		Duplication Duration	Duplication Duration	Duplication Duration	<ul> <li>Does not need to be</li> </ul>	
		Other	Other	Other	notified	
Drug Class		Details	Details	Details	Recommended action:	
X PRN			Reason	Reason	Action taken by team, if any:	
□ отс		Questions for provider	Reconciliation Error	Reconciliation Error	Comments: Make sure he has	

MRN:	Name:	Admission	Date:Comparis	mparison Date/Time:		
Comments uses 1 or 2 almost daily or QOD at home per himself  For Additional Med Name	ses 1 or 2 almost aily or QOD at home er himself  Provider Resp  or Additional Med		History Error Intentional Documented Questions for provider Provider Response	History Error Patient Expired Intentional Documented Questions for provider  Provider Response	an active prescription so the medication does not expire  In your opinion, is this discrepancy clinically relevant?  Yes No	
Name Albuterol inhaler  DRF 1-2 puffs qid prn  Units  Drug Class  X PRN  OTC  Comments Pt does not use often  For Additional Med Name	High Medium Low  Multi- Qualit	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details  Questions for provider  Provider Response	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details  Reason Reconciliation Error History Error Intentional Documented  Questions for provider  Provider Response	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details  Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider Does he need a new prescription?  Provider Response	Need to notify team Before admission orders After admission orders but before dc orders After discharge orders Does not need to be notified Recommended action:  Action taken by team, if any: Comments:  In your opinion, is this discrepancy clinically relevant? Yes No	
GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments	

	GS Medication	<u>Confidence</u>	PAML Co	<u>omparison</u>	<u>Admit C</u>	<u>omparison</u>	Discharge (	<u>Comparison</u>	<u>Pharm</u>	iacist Comments
	Name	High	Comparison/Difference (select all that apply)		Comparison/Difference (select all that apply)		Comparison/Difference (select all that apply)		Need to notify team  Before admission	
	DRF	Medium	<u>Same</u>	Omission	<u>Same</u>	Omission	Same	Omission		orders
		Low	Dose	Route	Dose	Route	Dose	Route		After admission
	Drug Class		Frequency	Substitution	Frequency	Substitution	Frequency	Substitution		orders but before dc orders
	Drug Class		Additional med	Formulation	Additional med	Formulation	Additional med	Formulation		After discharge orders
			Duplication	Duration	Duplication	Duration	Duplication	Duration		Does not need to be
	☐ PRN		Other		Other		Other		_	notified
		Details			Details	Details		Recommended action:		
	□ отс								Action	taken by team, if

MRN:	Name:	Admission	Date:Compar	Comparison Date/Time:			
Comments Script that he has never filled.  For Additional Med Name Advair 250/50mg 1 puff BID		Questions for provider  Provider Response	Reason Reconciliation Error History Error Intentional Documented  Questions for provider  Provider Response	Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider Do you want to prescribe this medication at discharge? (if yes, then call this an unintentional omission due to PAML error) Provider Response	any: Comments: Contact patient if want to prescribe it  In your opinion, is this discrepancy clinically relevant?  Yes No		
Name DRF  Drug Class  PRN OTC	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Other Details	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution  Additional med Formulation Duplication Duration Other  Details New Med: Amlodipine 5mg po daily	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution  Additional med Formulation Duplication Duration Other  Details New Med: Amlodipine 10mg po daily	Need to notify team  Before admission orders After admission orders but before dc orders After discharge orders Does not need to be notified  Recommended action:  Action taken by team, if		
For Additional Med Name/Drug Class Amlodipine 5 mg PO daily (in general, don't need to fill out form for intentional additional medications, only unintentional additions)	Multi- Quali	Questions for provider  Provider Response	Reason Reconciliation Error History Error Intentional Documented X Questions for provider Provider Response	Reason Reconciliation Error History Error Patient Expired Intentional Documented X Questions for provider  Provider Response	any: Comments: If the team restarts the amiloride and the enalapril, does he need the amlodipine? Would then stop it.  In your opinion, is this discrepancy clinically relevant?  Yes No		

MRN:	Name:	Admission	Date: Comparis	son Date/Time:	
GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
Name Tylenol Arthritis  DRF 650 mg-1300mg BID-TID prn knee pain  Drug Class	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	Need to notify team  After admission orders but before dc orders After discharge orders Does not need to be notified  Recommended action:
X PRN X OTC Comments  For Additional Med Name/Drug Class		Questions for provider  Provider Response	Reason Reconciliation Error History Error Intentional Documented  Questions for provider This is a very large dose. By not knowing patient was taking it, lost opportunity to council on taking a lower dose Provider Response	Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider  Provider Response	Action taken by team, if any:
Name	High	Comparison/Difference	Comparison/Difference	Comparison/Difference	Need to notify team
Drug Class  PRN OTC	Medium Low Uulti-	(select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	(select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	(select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details	Before admission orders After admission orders but before dc orders After discharge orders Does not need to be notified  Recommended action:
Comments  For Additional Med Name/Drug Class		Questions for provider	Reason Reconciliation Error History Error Intentional Documented Questions for provider	Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider	Action taken by team, if any:
		Provider Response	Provider Response	Provider Response	