

Appendix Item 4:

Form for Documenting Medication Discrepancies

MRN: 123456789
 Admit Service: Cardiology
 X Control Patient
 Intervention Level (if Intense/Standard bundle instituted)
 Age: 68
 Admit Unit: 6 North
 No Home Meds
 Number of GS Meds: _____
 Intense Standard

Admission Date: 3/22/2016
 Admitting Provider: XXX
 Comparison Date/Time: 3/25/2016
 Discharging Provider (if different): XXX
 Patient Understanding of Medications:
 High Medium Low
 Intervention Provider (if Intense/Standard bundle instituted)
 Pharmacist reconciler Other trained staff

GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
Name Allopurinol DRF 50-100mg po daily - (1-2 50mg tablets) Drug Class <input type="checkbox"/> PRN <input type="checkbox"/> 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 For Additional Med Name	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details 50mg daily Questions for provider	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details 50mg daily Reason Reconciliation Error History Error Intentional Documented Questions for provider	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details 50mg daily Reason Reconciliation Error History Error Patient Expired Intentional Documented Questions for provider	Need to notify team <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified Recommended action: 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 relevant? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Provider Response	Provider Response	Provider Response	

All Sources Used: Patient Patient's Family/Caregiver Pill Bottles Pt's Own Med List Outpatient Provider(s) Outpatient EMR Past DC Summary Transfer Records Pharmacy(s) Pharmacy Database Other - Details:

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.

GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
<p>Name Aspirin</p> <p>DRF 162.5mg po daily</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments Dr.Weiser told him he should take 1/2 an adult aspirin per day instead of the full 325mg daily</p> <p>For Additional Med Name</p>	<p>High</p> <p>Medium</p> <p>Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details EC 325 mg daily</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details EC 325 mg daily</p> <p>Reason Reconciliation Error History Error Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details EC 81 mg daily</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider Intentional Decrease?</p> <p>Provider Response</p>	<p>Need to notify team</p> <ul style="list-style-type: none"> <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments: Notify if dose needs to be changed</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Name Clopidogrel</p> <p>DRF 75mg po daily</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments</p> <p>For Additional Med Name</p>	<p>High</p> <p>Medium</p> <p>Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Need to notify team</p> <ul style="list-style-type: none"> <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments:</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

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

MRN: _____ Name: _____ Admission Date: _____ Comparison Date/Time: _____

--	--	--	--	--	--

GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments
<p>Name Glyburide</p> <p>DRF 1.25mg po BID</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments</p> <p>For Additional Med Name/Drug Class</p>	<p>High</p> <p>Medium</p> <p>Low</p>	<p>Comparison/Difference (select all that apply)</p> <p>Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other</p> <p>Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply)</p> <p>Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other</p> <p>Details insulin aspart sliding scale AC</p> <p>Reason Reconciliation Error History Error Intentional Documented X</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply)</p> <p>Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other</p> <p>Details Glyburide 1.25mg daily</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider Intentional? If not, needs to be changed to BID</p> <p>Provider Response</p>	<p>Need to notify team</p> <p><input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified</p> <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments: _____</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Name DRF Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments Has not picked up his Imdur 30mg PO daily since 3 months ago - though it was a 90 day supply per Walmart. He does not remember if he has been taking this at home or not (he has not been). Would need new script.</p> <p>For Additional Med Name Imdur</p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution <u>Additional med</u> Formulation Duplication Duration Other Details Imdur 30mg po daily</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution <u>Additional med</u> Formulation Duplication Duration Other Details Isordil 10mg PO TID</p> <p>Reason Reconciliation Error History Error <u>Intentional</u> Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution <u>Additional med</u> Formulation Duplication Duration Other Details Imdur 30mg po daily</p> <p>Reason Reconciliation Error History Error Patient Expired <u>Intentional</u> Documented</p> <p>Questions for provider Did you provide pt with prescription? As pt was not taking and would need a prescription.</p> <p>Provider Response</p>	<p>Need to notify team</p> <ul style="list-style-type: none"> <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments: Because team did not know patient was non-adherent with this med, they failed to diagnose part of why he presented the way he did, and they lost the chance to counsel the patient about the importance of this medication. He may also need an active Rx.</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	--	--	---

<u>GS Medication</u>	<u>Confidence</u>	<u>PAML Comparison</u>	<u>Admit Comparison</u>	<u>Discharge Comparison</u>	<u>Pharmacist Comments</u>
<p>Name Metoprolol XL</p> <p>DRF 50mg po daily</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments</p> <p>For Additional Med Name</p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) <u>Same</u> Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med <u>Formulation</u> Duplication Duration Other Details 12.5 mg po q6h</p> <p>Reason Reconciliation Error History Error <u>Intentional</u> Documented</p> <p>Questions for provider</p>	<p>Comparison/Difference (select all that apply) <u>Same</u> Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider</p>	<p>Need to notify team</p> <ul style="list-style-type: none"> <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments:</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

			Provider Response	Provider Response	
Name Simvastatin DRF 80mg po qhs Drug Class <input type="checkbox"/> PRN <input type="checkbox"/> OTC Comments <u>For Additional Med Name</u>	High Medium Low	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 <u>Substitution</u> Additional med Formulation Duplication Duration Other Details Atorvastatin 80mg daily Reason Reconciliation Error History Error <u>Intentional</u> <u>Documented X</u> 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 Provider Response	Need to notify team <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified Recommended action: Action taken by team, if any: _____ Comments: _____ In your opinion, is this discrepancy clinically relevant? <input type="checkbox"/> Yes <input type="checkbox"/> No

<u>GS Medication</u>	<u>Confidence</u>	<u>PAML Comparison</u>	<u>Admit Comparison</u>	<u>Discharge Comparison</u>	<u>Pharmacist Comments</u>
Name DRF Drug Class <input type="checkbox"/> PRN <input type="checkbox"/> OTC Comments <u>For Additional Med Name</u>	High Medium Low	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details 0.4mg po daily Questions for provider Provider Response	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details 0.4mg po daily Reason Reconciliation Error <u>History Error</u> Intentional Documented	Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details 0.4mg po daily Reason Reconciliation Error <u>History Error</u> Patient Expired Intentional Documented	Need to notify team <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified Recommended action: Action taken by team, if any: _____ Comments: Should probably stop taking it In your opinion, is this discrepancy clinically relevant?

<p>Tamsulosin</p>			<p>Questions for provider</p> <p>Provider Response</p>	<p>Questions for provider</p> <p>Provider Response</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name Warfarin</p> <p>DRF 5mg po qpm</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments</p> <p>For Additional Med Name</p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details Heparin IV 1200 units/hr</p> <p>Reason Reconciliation Error History Error Intentional Documented X</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Need to notify team</p> <p><input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified</p> <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments: His coumadin is followed by HVMA</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

<p>For Additional Med Name</p>		<p>Provider Response</p>	<p>Documented Questions for provider Provider Response</p>	<p>Intentional Documented Questions for provider Provider Response</p>	<p>discrepancy clinically relevant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name Enalapril</p> <p>DRF 20mg po BID</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments</p> <p>For Additional Med Name</p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Need to notify team <input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified</p> <p>Recommended action: Restart medication</p> <p>Action taken by team, if any: _____</p> <p>Comments: _____</p> <p>In your opinion, is this discrepancy clinically relevant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

MRN: _____ Name: _____ Admission Date: _____ Comparison Date/Time: _____

<p>Comments uses 1 or 2 almost daily or QOD at home per himself</p> <p>For Additional Med Name</p>		<p>Provider Response</p>	<p>History Error Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>History Error Patient Expired Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>an active prescription so the medication does not expire</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name Albuterol inhaler</p> <p>DRF 1-2 puffs qid prn</p> <p>Units</p> <p>Drug Class</p> <p><input checked="" type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments Pt does not use often</p> <p>For Additional Med Name</p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider Does he need a new prescription?</p> <p>Provider Response</p>	<p>Need to notify team</p> <p><input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified</p> <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments: _____</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<u>GS Medication</u>	<u>Confidence</u>	<u>PAML Comparison</u>	<u>Admit Comparison</u>	<u>Discharge Comparison</u>	<u>Pharmacist Comments</u>
<p>Name</p> <p>DRF</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p>	<p>Need to notify team</p> <p><input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified</p> <p>Recommended action:</p> <p>Action taken by team, if</p>

<p>Comments Script that he has never filled.</p> <p>For Additional Med Name Advair 250/50mg 1 puff BID</p>		<p>Questions for provider</p> <p>Provider Response</p>	<p>Reason Reconciliation Error History Error Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider Do you want to prescribe this medication at discharge? (if yes, then call this an unintentional omission due to PAML error)</p> <p>Provider Response</p>	<p>any: _____</p> <p>Comments: Contact patient if want to prescribe it</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name</p> <p>DRF</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments</p> <p>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)</p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>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</p> <p>Reason Reconciliation Error History Error Intentional Documented X</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>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</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented X</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Need to notify team</p> <p><input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified</p> <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments: If the team restarts the amiloride and the enalapril, does he need the amlodipine? Would then stop it.</p> <p>In your opinion, is this discrepancy clinically relevant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<u>GS Medication</u>	<u>Confidence</u>	<u>PAML Comparison</u>	<u>Admit Comparison</u>	<u>Discharge Comparison</u>	<u>Pharmacist Comments</u>
<p>Name Tylenol Arthritis</p> <p>DRF 650 mg-1300mg BID-TID prn knee pain</p> <p>Drug Class</p> <p>X PRN X OTC</p> <p>Comments</p> <p><u>For Additional Med Name/Drug Class</u></p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Intentional Documented</p> <p>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</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Need to notifv team</p> <p><input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified</p> <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments: Patient needs to be counseled not to take more than 4 tablets a day</p> <p>In your opinion, is this discrepancy clinically relevant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name</p> <p>DRF</p> <p>Drug Class</p> <p><input type="checkbox"/> PRN <input type="checkbox"/> OTC</p> <p>Comments</p> <p><u>For Additional Med Name/Drug Class</u></p>	<p>High Medium Low</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Comparison/Difference (select all that apply) Same Omission Dose Route Frequency Substitution Additional med Formulation Duplication Duration Other Details</p> <p>Reason Reconciliation Error History Error Patient Expired Intentional Documented</p> <p>Questions for provider</p> <p>Provider Response</p>	<p>Need to notify team</p> <p><input type="checkbox"/> Before admission orders <input type="checkbox"/> After admission orders but before dc orders <input type="checkbox"/> After discharge orders <input type="checkbox"/> Does not need to be notified</p> <p>Recommended action:</p> <p>Action taken by team, if any: _____</p> <p>Comments:</p> <p>In your opinion, is this discrepancy clinically relevant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>