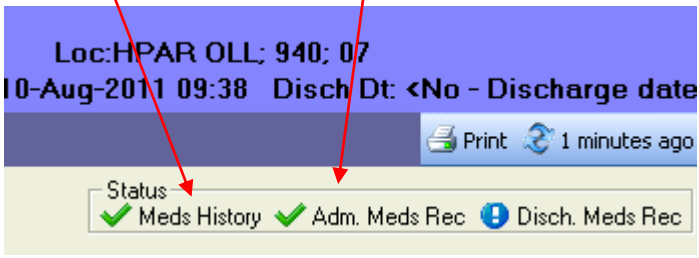
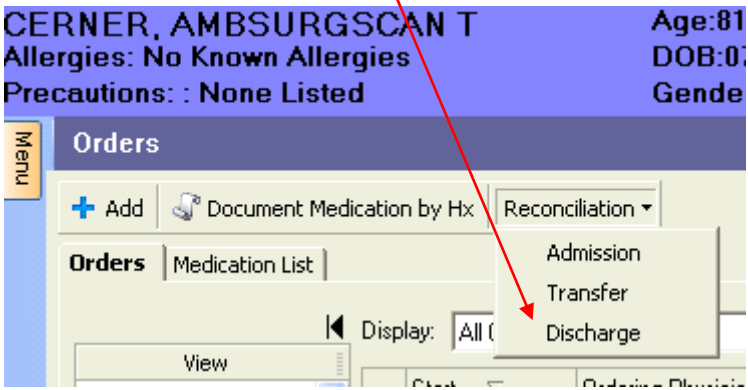
Discharge Medication Reconciliation

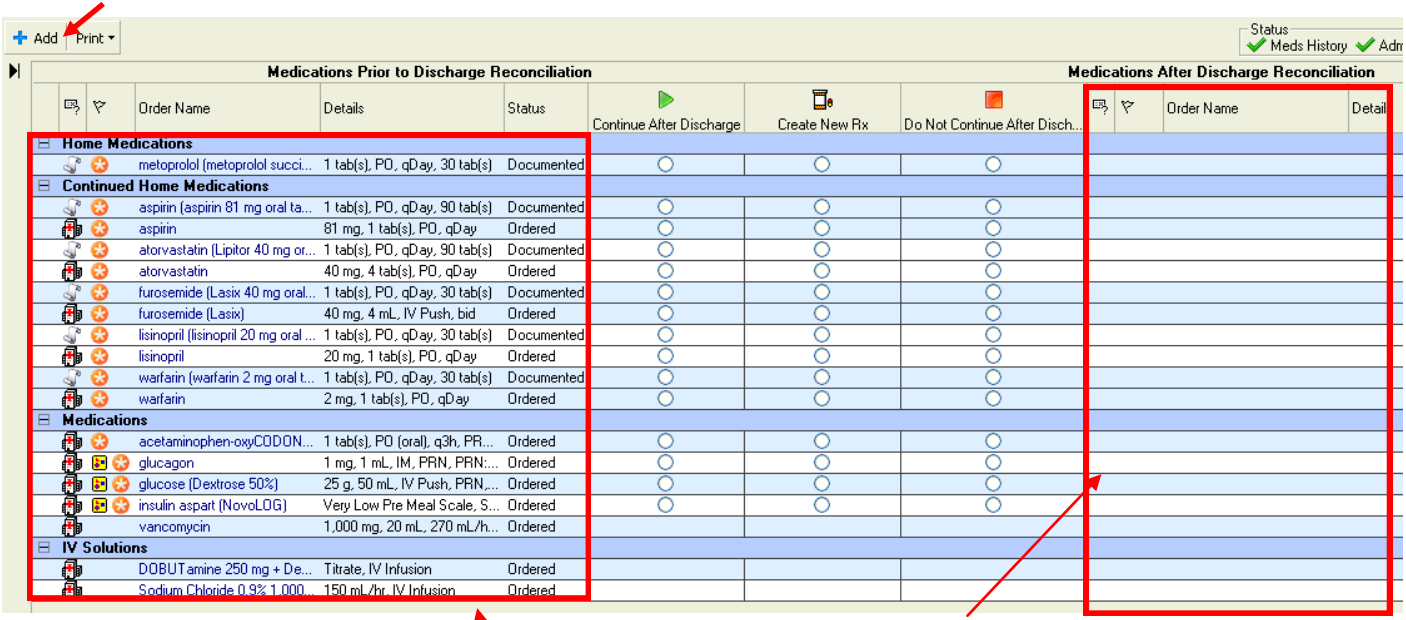
Verify "**Meds History**" and "**Adm Meds Rec**" have been performed (see green check marks below). If "Meds by History" has not been performed, you will **NOT** be able to do a Discharge Med. Reconciliation. You would need to click on "Document Medication by Hx Button" and click on "Use last compliance" to proceed. Once that is done you would see a green check mark as seen below for **Meds History**.



Select "Reconciliation" and then from the drop down box select "Discharge"

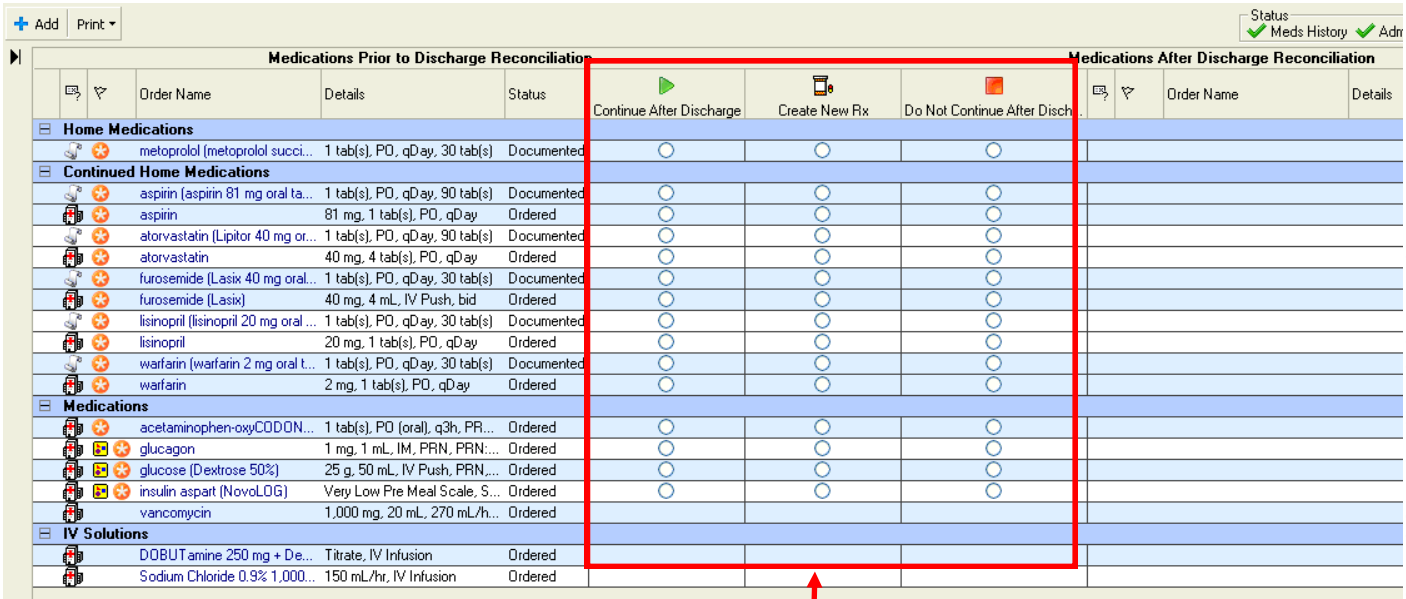


Click on “+Add” to add a new Medication for Home, eg a new prescription.



Shows all CURRENT and HOME Medications: eg, Inpatient medications, IV solutions as well as outpatient medications.

The above area shows medications that you have reconciled. This is the area to focus on when making changes to medications after the initial reconciliation has been signed. If you have to go back in to correct something, do it in this area.



The area where you must choose to reconcile all medications. *see next page for guidance on the 3 different choices.
Continue, Create, Do not continue.

Discharge Medication Reconciliation

Do NOT Continue after discharge is simply to stop the medication after discharge.

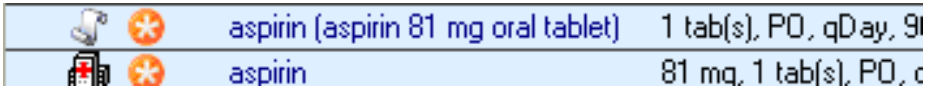
Create a New Rx is only used when you want to **CHANGE** an inpatient or home med **ONLY DURING THE FIRST ITERATION of MED REC. (prior to the first time you click "reconcile and sign")**

DO NOT select CREATE NEW RX on an inpatient med unless you wish to **change the dose, route, frequency of that med.**

Continue a home med means to continue taking that exact dose, route, frequency of that medication as they have been from home.

Continue an inpatient med means to GENERATE a NEW PRESCRIPTION for that med with the same dose, route, frequency that they had been on as an inpatient.

Discharge Medication Reconciliation



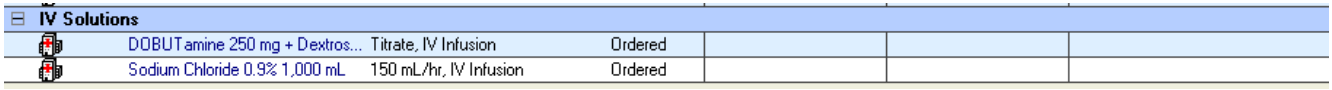
Note the above instance of 2 identical medications. This occurs where 2 separate orders in the system are present. One was the home medication entered in the ER or by floor nurse. The other was a separate order for aspirin that was put in via CPOE, or continued on admission, or placed separately by pharmacy (off of a written order, or a verbal order).

If you wish to continue the Aspirin and you wish to make the discharge paper work clearly state this, please select

"**Do Not continue After Discharge**" for the inpatient aspirin 

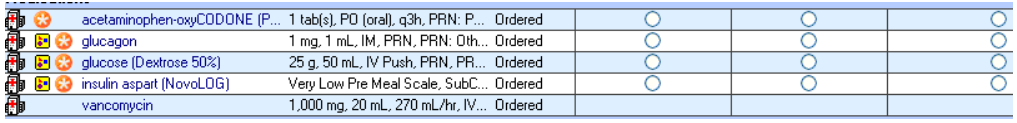
click Continue for the home medication aspirin 

Discharge Medication Reconciliation



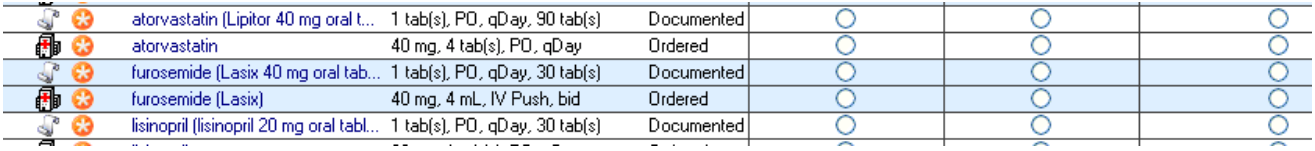
IV Solutions					
DOBUTamine 250 mg + Dextros...	Titrate, IV Infusion	Ordered			
Sodium Chloride 0.9% 1,000 mL	150 mL/hr, IV Infusion	Ordered			

IV sets are not able to be continued upon discharge. You have to click on the "+Add" icon and place it as an outpatient medication.



acetaminophen-oxyCODONE (P...	1 tab(s), PO (oral), q3h, PRN: P...	Ordered			
glucagon	1 mg, 1 mL, IM, PRN, PRN: Oth...	Ordered			
glucose (Dextrose 50%)	25 g, 50 mL, IV Push, PRN, PR...	Ordered			
insulin aspart (NovoLOG)	Very Low Pre Meal Scale, SubC...	Ordered			
vancomycin	1,000 mg, 20 mL, 270 mL/hr, IV...	Ordered			

Note: Vancomycin IV is not able to be reconciled. If it needs to be continued place a new outpatient "Vancomycin" order by clicking the "+Add" button.



atorvastatin (Lipitor 40 mg oral t...	1 tab(s), PO, qDay, 90 tab(s)	Documented			
atorvastatin	40 mg, 4 tab(s), PO, qDay	Ordered			
furosemide (Lasix 40 mg oral tab...	1 tab(s), PO, qDay, 30 tab(s)	Documented			
furosemide (Lasix)	40 mg, 4 mL, IV Push, bid	Ordered			
lisinopril (lisinopril 20 mg oral tabl...	1 tab(s), PO, qDay, 30 tab(s)	Documented			

You would reconcile ALL medications prior to signing.

Regarding ALL outpatient INSULIN orders. Discontinue inpatient, and generate NEW outpatient insulin orders.

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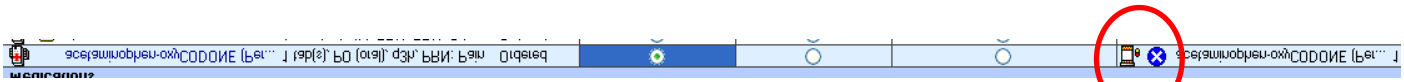
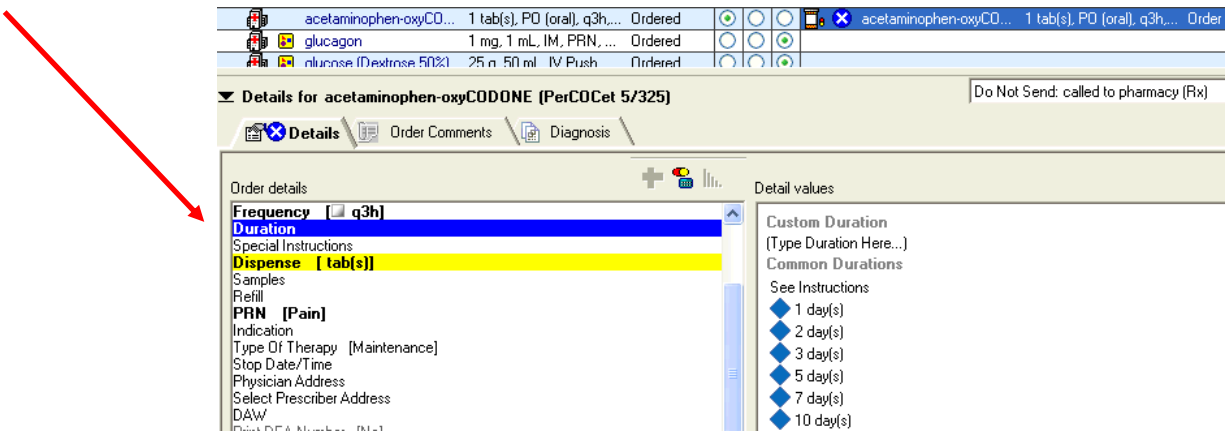


Note: Continuing an inpatient medication generates a new prescription. However, that prescription like traditional prescription requires additional information for it to be processed. That is the duration of the medication.



Discharge Medication Reconciliation

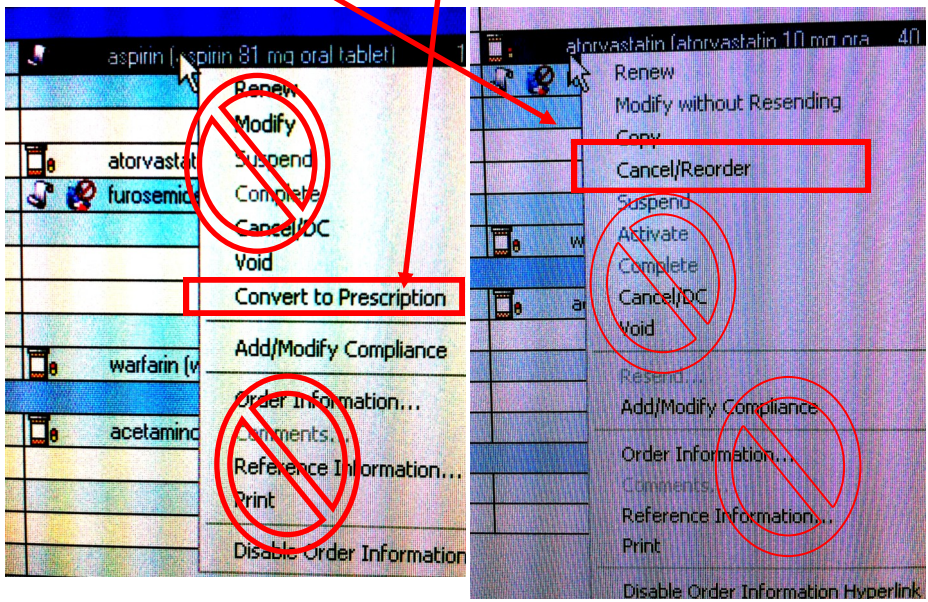
Once reconciliation has occurred the very FIRST time.

FOR ALL SUBSEQUENT CHANGES:

Click on “Discharge Med Rec”

Goto Discharge Med Rec Screen:

1) Either add a new medication for outpatients by clicking on “+Add”
2) Change an existing “Home Med” by right clicking and selecting “Convert to Prescription.” (**do NOT select Renew, modify, Cancel/Dc or void**)
3) Change the existing “New Prescription” by right clicking and selecting “Cancel/Reorder” (do NOT select copy, cancel/dc or void)



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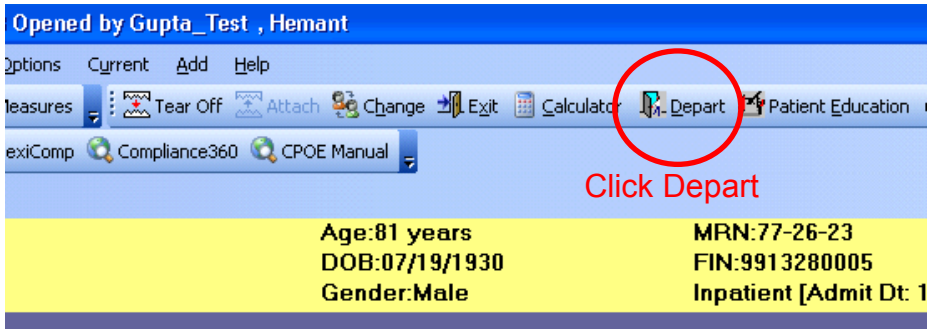
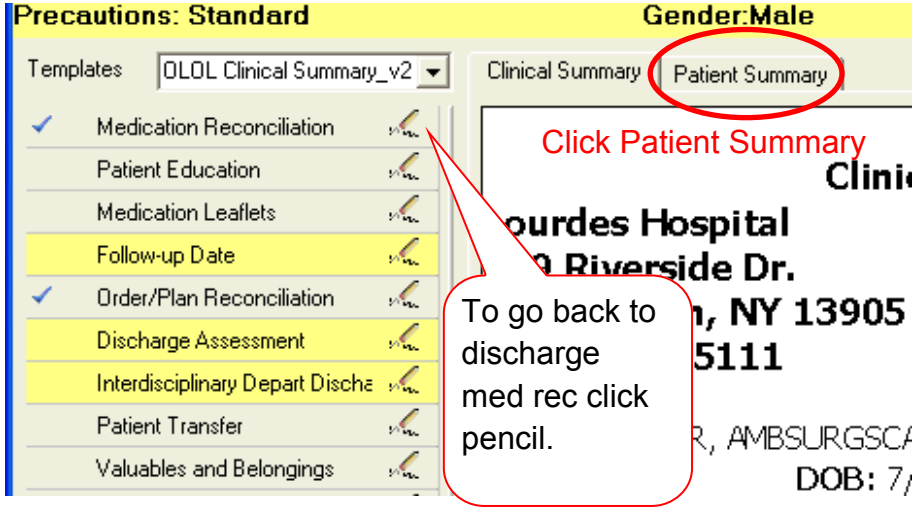


Prior to finishing the discharge med rec process, please verify that the patient home medication list is accurate. This is also a good place to review while dictating a discharge summary. This is where discharge meds are listed. This is also literally what the patient is going to be given prior to discharge. Please make sure this list is accurate. If it is NOT, they you must re-view the “Discharge Med Rec” screen again.



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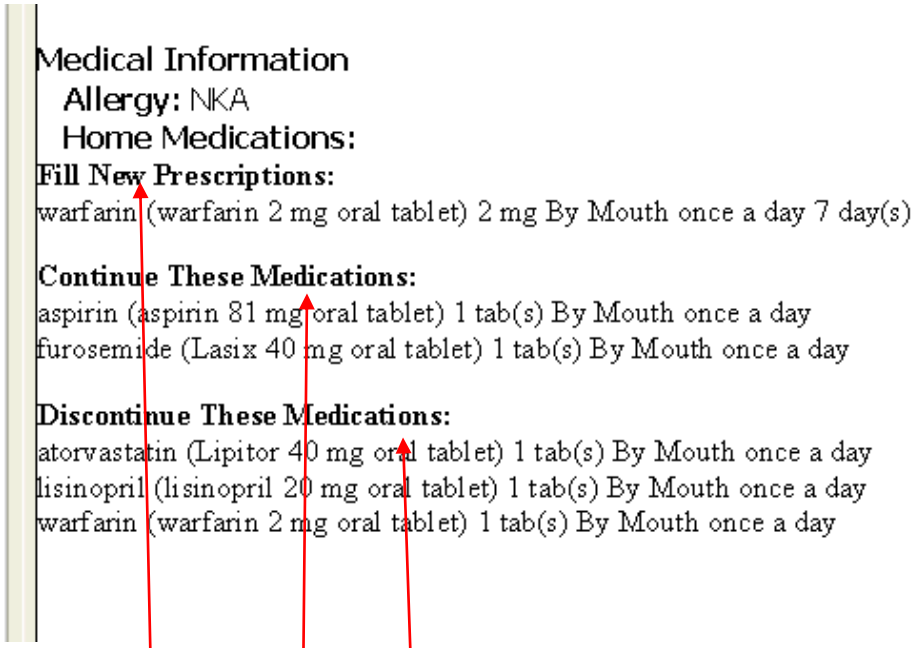

Scroll down about half-way and review the information listed and make sure this list is accurate.

Above: there are 3 categories.

All NEW prescriptions goto the area:
Fill New Prescriptions: (this includes any changes to any medications that have been made, since it is a NEW DOSE, NEW FREQ or ROUTE or NEW DURATION.

Continue These Medications: All continued UNCHANGED Medications go here.

Discontinue these Medications: All discontinued, old medi-cations, or previous doses before the changes go here.