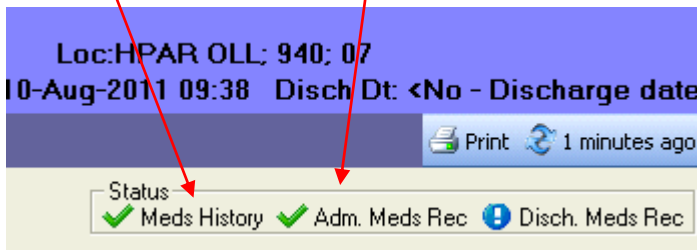
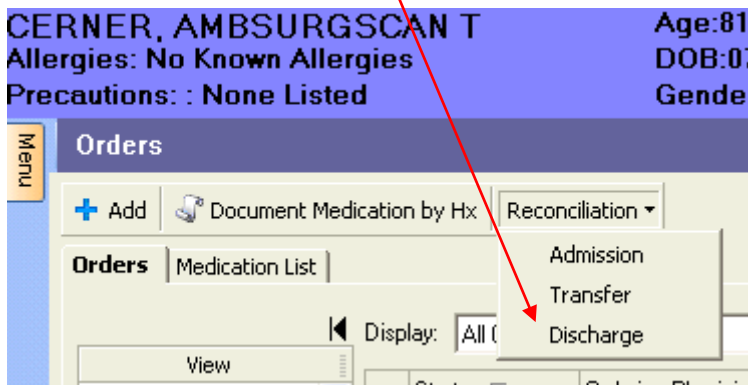


Discharge Medication Reconciliation

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.

The screenshot shows a medication reconciliation interface with two main sections: "Medications Prior to Discharge Reconciliation" and "Medications After Discharge Reconciliation". The "Prior to Discharge" section is highlighted with a red box and contains several categories of medications:

- Home Medications:** metoprolol (metoprolol succinylate) 1 tab(s), PO, qDay, 30 tab(s) Documented
- Continued Home Medications:**
 - aspirin (aspirin 81 mg oral tablet) 1 tab(s), PO, qDay, 90 tab(s) Documented
 - aspirin 81 mg, 1 tab(s), PO, qDay Ordered
 - atorvastatin (Lipitor 40 mg oral tablet) 1 tab(s), PO, qDay, 90 tab(s) Documented
 - atorvastatin 40 mg, 4 tab(s), PO, qDay Ordered
 - furosemide (Lasix 40 mg oral tablet) 1 tab(s), PO, qDay, 30 tab(s) Documented
 - furosemide (Lasix) 40 mg, 4 mL, IV Push, bid Ordered
 - lisinopril (lisinopril 20 mg oral tablet) 1 tab(s), PO, qDay, 30 tab(s) Documented
 - lisinopril 20 mg, 1 tab(s), PO, qDay Ordered
 - warfarin (warfarin 2 mg oral tablet) 1 tab(s), PO, qDay, 30 tab(s) Documented
 - warfarin 2 mg, 1 tab(s), PO, qDay Ordered
- Medications:**
 - acetaminophen-oxyCODON... 1 tab(s), PO (oral), q3h, PRN... Ordered
 - glucagon 1 mg, 1 mL, IM, PRN, PRN... Ordered
 - glucose (Dextrose 50%) 25 g, 50 mL, IV Push, PRN... Ordered
 - insulin aspart (NovoLOG) Very Low Pre Meal Scale, S... Ordered
 - vancomycin 1,000 mg, 20 mL, 270 mL/h... Ordered
- IV Solutions:**
 - DOBUTamine 250 mg + De... Titrate, IV Infusion Ordered
 - Sodium Chloride 0.9% 1,000... 150 mL/hr, IV Infusion Ordered

The "Medications After Discharge Reconciliation" section is also highlighted with a red box and contains columns for "Continue After Discharge", "Create New Rx", and "Do Not Continue After Disch...".

A red arrow points to the "+ Add" button in the top left corner of the interface.

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.

Medications Prior to Discharge Reconciliation				Medications After Discharge Reconciliation			
Order Name	Details	Status	Continue After Discharge	Create New Rx	Do Not Continue After Disch	Order Name	Details
Home Medications							
metoprolol (metoprolol succi...	1 tab(s), PO, qDay, 30 tab(s)	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Continued Home Medications							
aspirin (aspirin 81 mg oral ta...	1 tab(s), PO, qDay, 90 tab(s)	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
aspirin	81 mg, 1 tab(s), PO, qDay	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
atorvastatin (Lipitor 40 mg or...	1 tab(s), PO, qDay, 90 tab(s)	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
atorvastatin	40 mg, 4 tab(s), PO, qDay	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
furosemide (Lasix 40 mg oral...	1 tab(s), PO, qDay, 30 tab(s)	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
furosemide (Lasix)	40 mg, 4 mL, IV Push, bid	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
lisinopril (lisinopril 20 mg oral ...	1 tab(s), PO, qDay, 30 tab(s)	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
lisinopril	20 mg, 1 tab(s), PO, qDay	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
warfarin (warfarin 2 mg oral t...	1 tab(s), PO, qDay, 30 tab(s)	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
warfarin	2 mg, 1 tab(s), PO, qDay	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Medications							
acetaminophen-oxycodone...	1 tab(s), PO (oral), q3h, PR...	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
glucagon	1 mg, 1 mL, IM, PRN, PRN...	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
glucose (Dextrose 50%)	25 g, 50 mL, IV Push, PRN...	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
insulin aspart (NovoLOG)	Very Low Pre Meal Scale, S...	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
vancomycin	1,000 mg, 20 mL, 270 mL/h...	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
IV Solutions							
DOBUTamine 250 mg + De...	Titrate, IV Infusion	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Sodium Chloride 0.9% 1,000...	150 mL/hr, IV Infusion	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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

		aspirin (aspirin 81 mg oral tablet)	1 tab(s), PO, qDay, 90
		aspirin	81 mg, 1 tab(s), PO, c

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	glucagon	1 mg, 1 mL, IM, PRN, PRN: Oth...	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	glucose (Dextrose 50%)	25 g, 50 mL, IV Push, PRN, PR...	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	insulin aspart (NovoLOG)	Very Low Pre Meal Scale, SubC...	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	atorvastatin	40 mg, 4 tab(s), PO, qDay	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	furosemide (Lasix 40 mg oral tab...	1 tab(s), PO, qDay, 30 tab(s)	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	furosemide (Lasix)	40 mg, 4 mL, IV Push, bid	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	lisinopril (lisinopril 20 mg oral tabl...	1 tab(s), PO, qDay, 30 tab(s)	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You would reconcile ALL medications prior to signing.

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

Discharge Medication Reconciliation

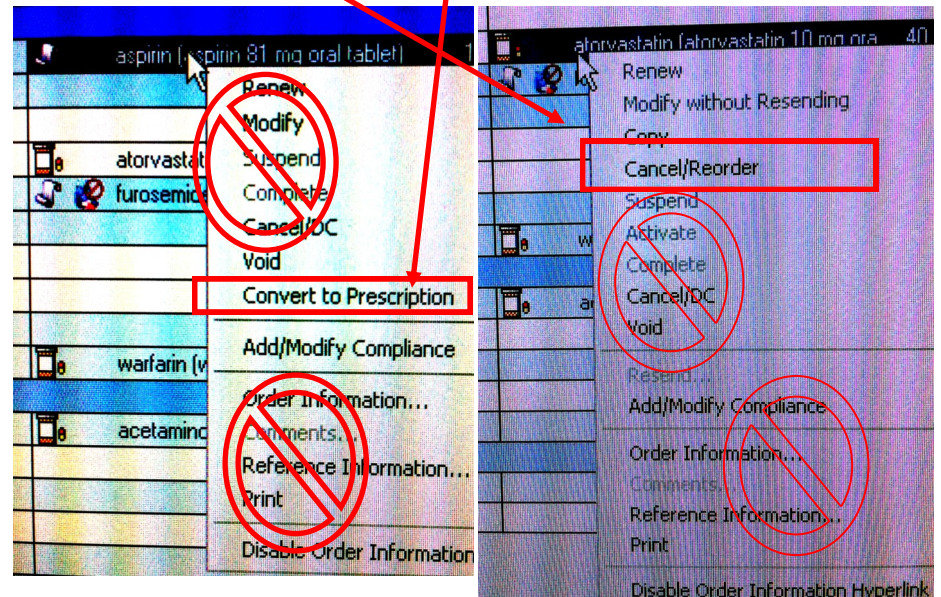
Once reconciliation has occurred the very FIRST time.

FOR ALL SUBSEQUENT CHANGES:

Click on “Discharge Med Rec”

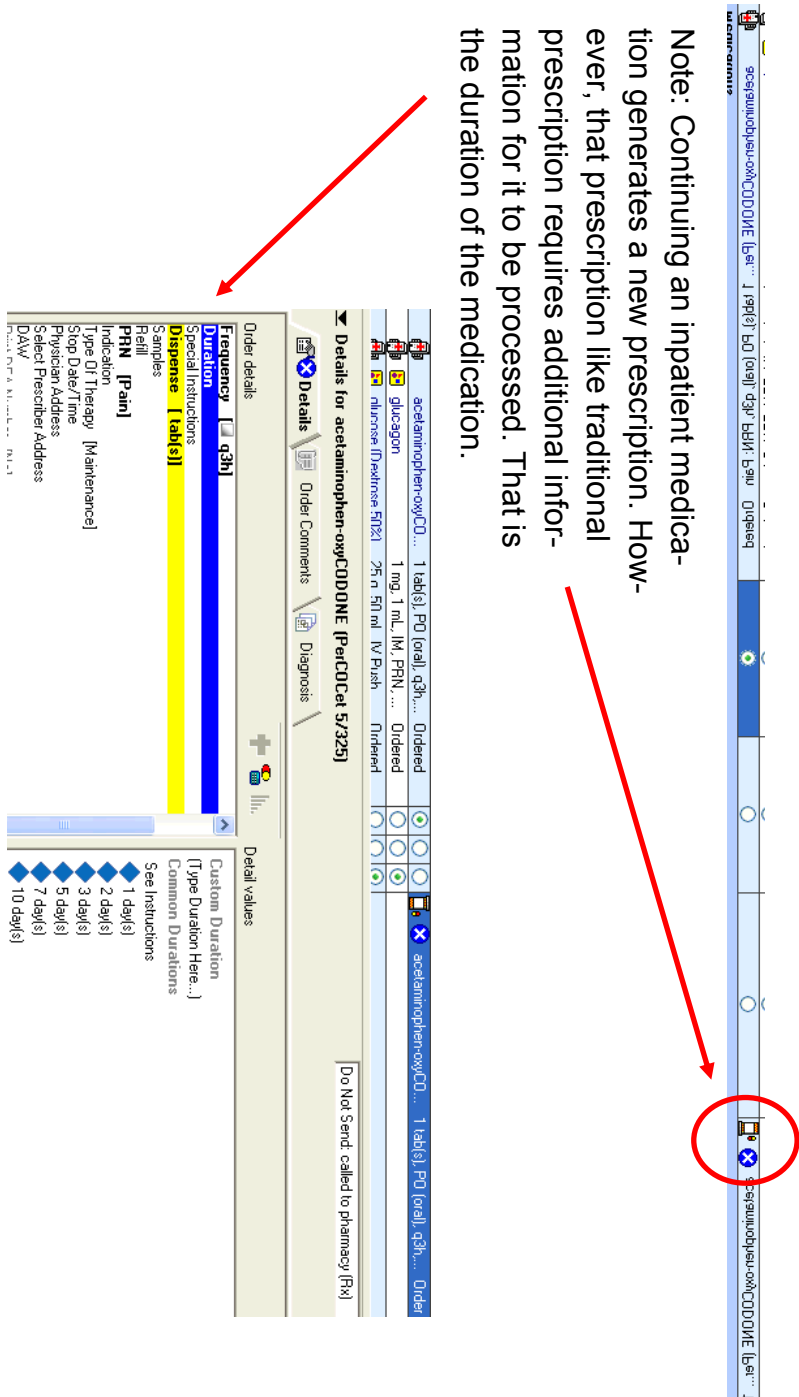
Goto Discharge Med Rec Screen:

- 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)



Discharge Medication Reconciliation

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

Opened by Gupta_Test , Hemant

Options Current Add Help

Measures Tear Off Attach Change Exit Calculator Depart Patient Education

exiComp Compliance360 CPOE Manual

Click Depart

Age: 81 years MRN: 77-26-23
DOB: 07/19/1930 FIN: 9913280005
Gender: Male Inpatient [Admit Dt: 1

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.

Precautions: Standard Gender: Male

Templates: [OLOL Clinical Summary_v2] Clinical Summary Patient Summary

Click Patient Summary

Medication Reconciliation Patient Education Medication Leaflets Follow-up Date Order/Plan Reconciliation Discharge Assessment Interdisciplinary Depart Discha Patient Transfer Valuables and Belongings

To go back to discharge med rec click pencil.

Lourdes Hospital
9 Riverside Dr.
NY 13905
5111
DOB: 7/

Discharge Medication Reconciliation

Medical Information

Allergy: NKA

Home Medications:

Fill New Prescriptions:

warfarin (warfarin 2 mg oral tablet) 2 mg By Mouth once a day 7 day(s)

Continue These Medications:

aspirin (aspirin 81 mg oral tablet) 1 tab(s) By Mouth once a day
furosemide (Lasix 40 mg oral tablet) 1 tab(s) By Mouth once a day

Discontinue These Medications:

atorvastatin (Lipitor 40 mg oral tablet) 1 tab(s) By Mouth once a day
lisinopril (lisinopril 20 mg oral tablet) 1 tab(s) By Mouth once a day
warfarin (warfarin 2 mg oral tablet) 1 tab(s) By Mouth once a day

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 go to 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 medications, or previous doses before the changes go here.