



HOME CARE MEDICATION RECONCILIATION

PHYSICIAN ORDER FORM

On Admission Review Date:

PHARMACY NAME:

#1 Phone: _____ Fax: _____

#2 Phone: _____ Fax: _____

Information Source List

Client Family/Carer/giver

Type of Discrepancy

- 0. No discrepancy
1. Med not currently prescribed
2. Dose different

Weight Estimate Actual

Height Estimate Actual

RN/LPN: Sign off as each step is completed

Home Medications on Admission to Home Care will include: prescription, physician/RN (NP) directed OTC's and Physician Samples (eg. patches, topical, nasal spray/inhaler, oral inhalers, ear/eye drops, rectal, injectable, oral) Scheduled & PRN included.

Interview/ Discrepancy Assessment

Faxed to Physician

Faxed to Community Pharmacy

Transfer/Discharge Reconciliations date/initial

SECTION 1 - PRESCRIPTION OR PHYSICIAN DIRECTED OTC MEDICATIONS

Table with columns: Medication, Dose (i.e. mg), Route, Frequency, Ordering Physician/ RN (NP) (if known), Discrepancies identified between home med list and additional services (see codes above), Reconciliation / Physician Orders/ RN (NP) (Physician/ RN (NP) Use Only). Includes rows for medication reconciliation and reconciliation details.

Should it appear to the RN/RPN/LPN following an injection that an Anaphylactic Reaction has occurred, I authorize the RN/RPN/LPN to give a dose of Epinephrine Hydrochloride (Adrenaline) 1:1000 by intramuscular injection in the leg according to the following table:

- 2 - 6 months*-0.07 ml (0.07 mg)
12 months*-0.1 ml (0.1 mg)
18 months*-4 years 0.15 ml (0.15 mg)

- 5 years - 0.2 ml (0.2 mg)
6 - 9 years - 0.3 ml (0.3 mg)

- 10 - 13 years - 0.4 ml (0.4 mg)
>14 years - 0.5 ml (0.5mg)

*Dosage for children between the ages shown should be approximated, choosing dose volumes intermediate between those shown or the next larger dose, depending on practicability. Epinephrine dosing can be repeated twice at 5 minute intervals if necessary, for a total of three doses. Arrange for rapid transport to an emergency department.

Prescribing Physician/ RN (NP): (print) _____

SIGNATURE _____

DATE (YYYY/MM/DD) _____

SECTION 1 continued

Medication	Dose (i.e. mg)	Route	Frequency	Ordering Physician/ RN (NP) (if known)	Discrepancies identified between home med list and additional services (see codes above)		RECONCILIATION / PHYSICIAN ORDERS (Physician/RN (NP) Use Only)			
					Code	Explanation	Continue	Stop	Comments/Change to (specify):	

Prescribing Physician/ RN (NP): (print) _____ SIGNATURE _____ DATE (YYYY/MM/DD) _____
 Page ____ of ____

SECTION 2 – NATURAL/ ALTERNATIVE/ OTC PRODUCTS THAT ARE NOT PHYSICIAN/ RN (NP) DIRECTED

Medication/ Supplement	Dose (i.e. mg)	Route	Frequency	Client's perceived indication for use (Please note if product is recommended by an alternative practitioner e.g.: herbalist, naturopath)	Does Physician/RN (NP) allow Home Care Nursing to administer this product?		Comments
					YES	NO	

Prescribing Physician/ RN (NP): (print) _____ Signature _____ Date (YYYY/MM/DD) _____

SECTION 2 Cont'd- NATURAL/ ALTERNATIVE/ OTC PRODUCTS THAT ARE NOT PHYSICIAN/ RN (NP) DIRECTED

Medication/ Supplement	Dose (i.e. mg)	Route	Frequency	Client's perceived indication for use (Please note if product is recommended by an alternative practitioner e.g.: herbalist, naturopath)	Does Physician/RN (NP) allow Home Care Nursing to administer this product?		Comments
					YES	NO	

Prescribing Physician/ RN (NP): (print) _____ Signature _____ Date (YYYY/MM/DD) _____