

Appendix 1: Hospital ambulatory medication reconciliation form. © 2014 Nova Scotia Health Authority Renal Program. Reproduced with permission.

Departments of Pharmacy, Nursing and Medicine

Ambulatory Services

Medication Reconciliation and Prescription

DO NOT USE	USE	DO NOT USE	USE	DO NOT USE	USE
U, IU, u	unit	D/C	discharge or discontinue	> or <	greater than or less than
OD, QD or qd	daily	cc	mL	trailing zero (X.0 mg)	never use zeros after decimal
QOD or qod	every other day	µg	mcg	lack of leading zero (.X mg)	always use zeros before decimal
drug name abbreviations	write generic drug name	@	at	OS, OD, OU	left eye, right eye, both eyes

Beginning of Service Maintenance Ambulatory Team: _____

No Known Drug Allergies Allergies as follows (please describe reaction)

Allergen	Reaction	BPMH taken by: _____ Date: _____ Time: _____	Verified by: _____ Date: _____ Time: _____
		Two Sources: <input type="checkbox"/> Patient/Family <input type="checkbox"/> Rx Vials or blister packs <input type="checkbox"/> Long Term Care <input type="checkbox"/> Family Physician <input type="checkbox"/> HPF <input type="checkbox"/> Other <input type="checkbox"/> Community Pharmacy _____	
Height _____ (cm)	Weight _____ (Kg)	Fax # _____	Date _____ Time _____
SCr _____ micromoles	CrCl _____ mL/min	** If faxing, please see box on reverse for instructions **	

Best Possible Medication History MEDICATIONS: Prescription & Non-Prescription (oral meds, inhalers, patches, drops, creams/ointments, study or sample drugs, injections)	This portion to be completed by prescriber
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Code#	Medications Name/Dose/Route/Frequency/Last Dose <input type="checkbox"/> NO Medication	Discrepancy (See Below)	Continue	Discontinue	Change	Not Prescriber	Rationale for Discontinue or Change	Renewals	
								Quantity	Refills

New Prescriptions (Strike line through if no prescriptions)	Rationale	Quantity	Refills

Details of Discrepancy(s) Identified Upon Completion of BPMH:	Action Taken: Please check off the appropriate box(s)	Initial
	<input type="checkbox"/> Inform patient <input type="checkbox"/> Inform GP <input type="checkbox"/> Inform Prescriber	
	<input type="checkbox"/> Inform patient <input type="checkbox"/> Inform GP <input type="checkbox"/> Inform Prescriber	
	<input type="checkbox"/> Inform patient <input type="checkbox"/> Inform GP <input type="checkbox"/> Inform Prescriber	



Med. Reconciliation Orders
 CD2673MR_11_2014

Prescriber signature: _____
 Prescriber License #: _____ Pager #: _____
 Date (yyyy/mm/dd): _____

Supplementary material for Wilson JS, Ladda MA, Tran J, Wood M, Poyah P, Soroka S, et al. Ambulatory medication reconciliation in dialysis patients: benefits and community practitioners' perspectives. *Can J Hosp Pharm.* 2017;70(6):443-9.