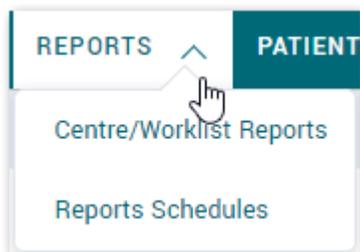


## Accessing Medication Reconciliation Reports



BC Renal has new medication reconciliation reports that can be found in PROMIS 4 under the **Reports > Centre/Worklists Reports** tab on the top menu bar or the **Medications** tab when looking up a patient.



Depending on what you want to report on, you can run the Reconciliation report in two ways:

- To run it for a single patient, run it from the Monitoring menu.

On the Medications screen, click on the **Reports** button and then select **Reconciliation Report**.

- To run it for a worklist, choose it from the Reports menu (as described below).

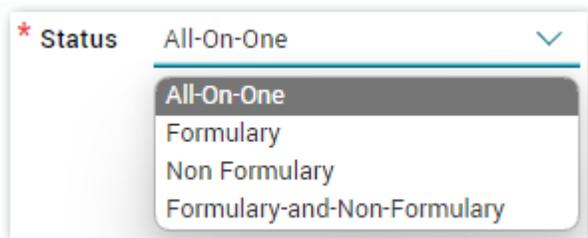
### To run the Medication Reconciliation report:

1. In **PROMIS 4**, click **Reports** on the main menu bar (not on the patient-chart menu bar).
2. Click **Centre/Worklists Reports**. The Reports screen opens.
3. On the list of **Worklist Reports** in the left panel, click **Medication Reconciliation**. The right panel displays the report's configuration settings.

A screenshot of the "Medication Reconciliation Report" configuration settings. The title is "Medication Reconciliation Report" with a help icon. The settings are as follows:

- \* Worklist:** VGHPRA (dropdown menu)
- \* Report Type:** Medication Review/Reconciliation (selected with radio button), Clinic Medication Orders, Hospital Admission Medication Orders, Hospital Discharge Medication Orders, Hospital Admission and Discharge Medication Orders.
- \* Medication Sort Order:** Generic Name (selected with radio button), Start Date.
- \* Status:** All-On-One (dropdown menu)

4. Select a **Worklist** from the drop-down menu.
5. Select the **Report Type**.
6. Select the **Medication Sort Order**.
7. Select the **Status** from options in the drop-down menu.



8. Click **Run**
9. The Medication Reconciliation Report *is queued and can be viewed from the reporting tray*.



# Medication Reconciliation Report

Note: This list may not include the following type of drugs: investigational, antiretroviral, oncology, physician sample, herbal, or self selected over the counter medications. Always review the list with the patient or reliable alternative caregiver

**PATIENT: BLOW, JOE**

**PHN:** 19-MAR-2008 17:55  
**DOB: 25-DEC-1900** Printed by Martinusen, Dan

**DRUG ALLERGIES:**

Prescription	Directions	Reconciled	Discrepancy (see below)	Suggest discontinue
ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	PO Take 1 tablet(s) twice daily as needed.			
ATORVASTATIN CALCIUM	PO Take 20 mg at bedtime.			
CALCITRIOL	PO Take 0.25 microgram 3 times a week.			
CALCIUM CARBONATE (TUMS REGULAR)	PO Take 2 tablet(s) 3 times daily.			
COLCHICINE	PO Take 0.6 mg once daily.			
DIMENHYDRINATE (GRAVOL)	PO Take 25-50 mg as needed.			
FLUOXETINE HCL (PROZAC)	PO Take 40 mg once daily.			
IRON SODIUM FERRIC GLUCONATE COMPLEX (FERRLECIT)	PO Take 125 mg every 2 weeks.			
LEVOTHYROXINE SODIUM (ELTROXIN)	PO Take 100 microgram once daily.			
LORAZEPAM (ATIVAN)	Sublingual Take 1 mg every Dialysis Run.			
RABEPRAZOLE SODIUM (PARIET)	PO Take 20 mg once daily.			
REPLAVITE (REPLAVITE)	PO Take 1 tablet(s) once daily.			
SEVELAMER (RENAGEL)	PO Take 3 tablet(s) 3 times daily.			
WARFARIN SODIUM (COUMADIN)	PO Take 3 mg once daily.			

Discrepancies noted as below: Physicians, please review and advise	Physician's comments

\_\_\_\_\_  
**Physician's Name**                      **College ID**                      **Signature**                      **Date**                      page 1 of 1



## Hospital Admission Physician Orders

Note: This list may not include the following type of drugs: investigational, antiretroviral, oncology, physician sample, herbal, or self selected over the counter medications. Always review the list with the patient or reliable alternative caregiver

**PATIENT: BLOW, JOE**

**PHN:** 19-MAR-2008 17:56

**DOB: 25-DEC-1900** Printed by Martinusen, Dan

This report was generated from the BC Provincial Renal Agency's PROMIS database

**DRUG ALLERGIES:**

Prescription	Directions	Continue	Discontinue	Change as written below
ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	PO Take 1 tablet(s) twice daily as needed.			
ATORVASTATIN CALCIUM	PO Take 20 mg at bedtime.			
CALCITRIOL	PO Take 0.25 microgram 3 times a week.			
CALCIUM CARBONATE (TUMS REGULAR)	PO Take 2 tablet(s) 3 times daily.			
COLCHICINE	PO Take 0.6 mg once daily.			
DIMENHYDRINATE (GRAVOL)	PO Take 25-50 mg as needed.			
FLUOXETINE HCL (PROZAC)	PO Take 40 mg once daily.			
IRON SODIUM FERRIC GLUCONATE COMPLEX (FERRLECIT)	PO Take 125 mg every 2 weeks.			
LEVOTHYROXINE SODIUM (ELTROXIN)	PO Take 100 microgram once daily.			
LORAZEPAM (ATIVAN)	Sublingual Take 1 mg every Dialysis Run.			
RABEPRAZOLE SODIUM (PARIET)	PO Take 20 mg once daily.			
REPLAVITE (REPLAVITE)	PO Take 1 tablet(s) once daily.			
SEVELAMER (RENAGEL)	PO Take 3 tablet(s) 3 times daily.			
WARFARIN SODIUM (COUMADIN)	PO Take 3 mg once daily.			

Changes to above orders:

Please order additional medications on regular physician's order sheet

Fax all pages back to hospital pharmacy

\_\_\_\_\_  
 Physician's Name                      College ID                      Signature                      Date                      page 1 of 1

## Hospital Discharge Medication Orders

Note: This list may not include the following type of drugs: investigational, antiretroviral, oncology, physician sample, herbal, or self selected over the counter medications. Always review the list with the patient or reliable alternative caregiver

**PATIENT: BLOW, JOE**

**PHN:** 19-MAR-2008 17:57

**DOB: 25-DEC-1900** Printed by Martinusen, Dan

This report was generated from the BC Provincial Renal Agency's PROMIS database

**DRUG ALLERGIES:**

Prescription	Directions	Continue	Discontinue	Change	MITTE	Refills
ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	PO Take 1 tablet(s) twice daily as needed.					
ATORVASTATIN CALCIUM	PO Take 20 mg at bedtime.					
CALCITRIOL	PO Take 0.25 microgram 3 times a week.					
CALCIUM CARBONATE (TUMS REGULAR)	PO Take 2 tablet(s) 3 times daily.					
COLCHICINE	PO Take 0.6 mg once daily.					
DIMENHYDRINATE (GRAVOL)	PO Take 25-50 mg as needed.					
FLUOXETINE HCL (PROZAC)	PO Take 40 mg once daily.					
IRON SODIUM FERRIC GLUCONATE COMPLEX (FERRLECIT)	PO Take 125 mg every 2 weeks.					
LEVOTHYROXINE SODIUM (ELTROXIN)	PO Take 100 microgram once daily.					
LORAZEPAM (ATIVAN)	Sublingual Take 1 mg every Dialysis Run.					
RABEPRAZOLE SODIUM (PARIET)	PO Take 20 mg once daily.					
REPLAVITE (REPLAVITE)	PO Take 1 tablet(s) once daily.					
SEVELAMER (RENAGEL)	PO Take 3 tablet(s) 3 times daily.					
WARFARIN SODIUM (COUMADIN)	PO Take 3 mg once daily.					

**Changes to above orders:**

**Additional discharge medication:**

All orders for 100 days supply or quantity as written

Fax all pages to pharmacies, home dialysis unit, nephrologist and family physician

Physician's Name

College ID

Signature

Date

page 1 of 1

## Clinic Medication Orders

Note: This list may not include the following type of drugs: investigational, antiretroviral, oncology, physician sample, herbal, or self selected over the counter medications. Always review the list with the patient or reliable alternative caregiver

PATIENT: BLOW, JOE

PHN: 19-MAR-2008 17:58  
 DOB: 25-DEC-1900 Printed by Martinusen, Dan

This report was generated from the BC Provincial Renal Agency's PROMIS database

**DRUG ALLERGIES:**

Prescription	Directions	Continue	Discontinue	Change	MITTE	Refills
ACETAMINOPHEN 300mg/CAFF 15mg/CODNE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	PO Take 1 tablet(s) twice daily as needed.					
ATORVASTATIN CALCIUM	PO Take 20 mg at bedtime					
CALCITRIOL	PO Take 0.25 microgram 3 times a week					
CALCIUM CARBONATE (TUMS REGULAR)	PO Take 2 tablet(s) 3 times daily.					
COLCHICINE	PO Take 0.6 mg once daily.					
DIMENHYDRINATE (GRAVOL)	PO Take 25-50 mg as needed.					
FLUOXETINE HCL (PROZAC)	PO Take 40 mg once daily					
IRON SODIUM FERRIC GLUCONATE COMPLEX (FERRLECIT)	PO Take 125 mg every 2 weeks.					
LEVOTHYROXINE SODIUM (ELTROXIN)	PO Take 100 microgram once daily					
LORAZEPAM (ATIVAN)	Sublingual Take 1 mg every Dialysis Run.					
RABEPRAZOLE SODIUM (PARIET)	PO Take 20 mg once daily					
REPLAVITE (REPLAVITE)	PO Take 1 tablet(s) once daily.					
SEVELAMER (RENAGEL)	PO Take 3 tablet(s) 3 times daily.					
WARFARIN SODIUM (COUMADIN)	PO Take 3 mg once daily.					

Changes to above orders:

Additional medication:

All orders for 100 days supply with one refill or quantity as written

Fax all pages to pharmacies, home dialysis unit, nephrologist and family physician

Physician's Name \_\_\_\_\_ College ID \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ page 1 of 1

**My medication list**  
**BLOW, JOE**

PHN:  
DOB: 25-DEC-1900

Printed on 19-MAR-2008

**DRUG ALLERGIES:**

Medication	Directions
ACETAMINOPHEN 300mg/CAFF 15mg/CODINE PHOSPHATE 30mg (TYLENOL WITH CODEINE NO. 3)	Orally Take 1 tablet(s) twice daily as needed.
ATORVASTATIN CALCIUM	Orally Take 20 mg at bedtime.
CALCITRIOL	Orally Take 0.25 microgram 3 times a week.
CALCIUM CARBONATE (TUMS REGULAR)	Orally Take 2 tablet(s) 3 times daily.
COLCHICINE	Orally Take 0.6 mg once daily.
DIMENHYDRINATE (GRAVOL)	Orally Take 25-50 mg as needed.
FLUOXETINE HCL (PROZAC)	Orally Take 40 mg once daily.
GABAPENTIN (NEURONTIN)	Orally Take 400 mg at bedtime. Indication(s): for pain
HYDROMORPHONE (DILAUDID)	Orally Take 4 mg every 4 hrs as needed. Indication(s): for pain
IRON SODIUM FERRIC GLUCONATE COMPLEX (FERRLECIT)	Orally Take 125 mg every 2 weeks.
LEVOTHYROXINE SODIUM (ELTROXIN)	Orally Take 100 microgram once daily.
LORAZEPAM (ATIVAN)	Sublingual Take 1 mg every Dialysis Run.
NIACIN	Orally Take 500 mg 3 times daily. Indication(s): for high cholesterol/lipids
RABEPRAZOLE SODIUM (PARIET)	Orally Take 20 mg once daily. Indication(s): for my stomach
REPLAVITE (REPLAVITE)	Orally Take 1 tablet(s) once daily.
SEVELAMER (RENAGEL)	Orally Take 2 tablet(s) 3 times daily. Indication(s): to bind phosphate
WARFARIN SODIUM (COUMADIN)	Orally Take 3 mg once daily. Indication(s): to prevent blood clots

This medication list was considered correct at the time of printing. However, you may have had a recent medication change, or you may be taking additional non-prescription or herbal medications that are not listed here. If this is the case, please notify a member of your renal team, who will help ensure your medication list is as accurate as possible.

This medication list is an important component of your care. Please ensure that it is kept up to date. We suggest that you keep a copy of the list with you at all times so that you can show it to any health care providers involved in your care.

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- Once the clinic-based patient has had their medication list reconciled and any discrepancies resolved in PROMIS, a new medication list can be printed and given to the patient. The patient should be encouraged to keep their list current and accurate, and to carry it with them at all times so that it can be referred to by other health care providers who may need the information. The list itself includes comments encouraging patients to always keep it with them and to maintain its accuracy.