Sunrise Clinical Manager
Patient Care Information System

Order Entry Additional Information - Tips & Tricks

Oct 2018

Completion of WBT Lessons and Assessments provides an awareness and familiarization with the concepts and functions of SCM.

This information - tips & tricks document is designed to support the practical application of basic SCM functionality and reinforce the knowledge attained from the SCM eLearning modules and/or in class instruction.

These additional information provides practical experience of key SCM principles, according to your area of care that may arise in your day to day work.

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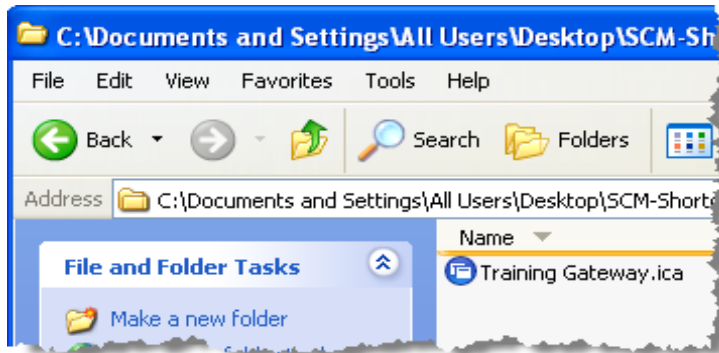
Table of Contents

Accessing the SCM Training Environment

1. From the desktop, double click:

2. Double click **Training Gateway.ica**

3. **Log on Instruction:**

Clinical Clerks:
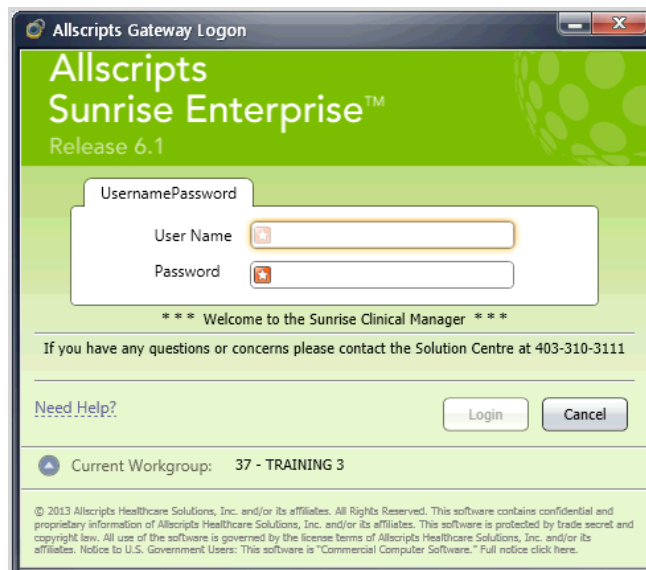User: 1clinical to 64clinical
Password: training **Residents**:
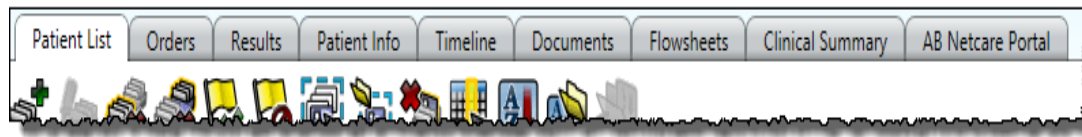User: 1resident to 64resident
Password: training **Physicians**
User: 1physician to 20physician
Password: training

The tabs above the patient list take you to different parts of the patient's chart.

- Orders: Review all current Active/Pending/Hold orders. Filters can be set to view other types of orders such as discontinued orders, cancelled orders, prn orders, meds due to expire in X days, etc.
- Results: Review Lab/DI results
- Patient Info: Review Allergies, Intolerances. There are other patient demographics that can be viewed such as height, weight, health issues, alerts, phone numbers, address, contacts, etc.
- Timeline: Review past visits
- Documents: Review transcribed reports and SCM documents (review nursing document **Surgical Assessment and History**)
  Other patient information is in the patient's paper chart (e.g. Physician progress notes)
- Flowsheets: Review Vital Signs, Intake/Output, and other Nursing Assessment(s)
- Clinical Summary: Can click on different views such as Surgery or Medicine to get a quick snapshot of patient status
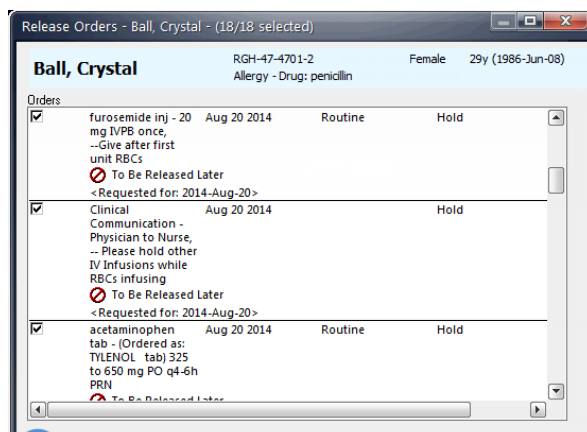- AB Netcare Portal: Links you directly to the Netcare portal

Review Order

• Highlight **assigned Patient if in a classrooms session, or use patient "Crystal Ball" if completing independently**, from "Physician Training Patients".
• Click on the **Orders** tab.

Clinicians may enter orders prior to patient admission (pre-admission). These orders must be put on hold, ⊘ and are to be released upon patient's arrival to the unit. If your assigned patient has orders on hold, ⊘ review the orders and select those you want to release.

After assessing the patient, review the orders tab for the current treatment plan. Review your patient's orders and release any orders on hold.

Release Orders - Note: Clinical clerks, clinical assistant level 1 and IMGs cannot release orders. Please skip this step.

• Click (located on the Tab level toolbar)

Allergies Summary

Click the toolbar to access the allergies summary.

· Click

· Click **Add New**

· Enter the following data: **Enter New Allergy/Intolerance**

> **Category**: select **Allergy**
> **Type:** select **Drug Category**
> **Allergen**: select **penicillin drugs** (hint: type pen)

Select **Hives** from the 'Reaction Details' window and indicate the severity as 'Moderate'.

· Click **OK**

· Enter data for:

> **Confidence Level** select **Confirmed**

> **Info Source** select **Family**

> **Confirmed By:** **Me** select to add electronic signature

· Click OK then click Mark as Reviewed

Enter Orders

• From the Orders tab, review all Emergency department orders for appropriateness of therapy, correct dosage, and to prevent duplication.

• Click to open the Order Entry Worksheet.

• Use the Manual Entry option. You will enter the "home medications" from the Best Possible Medication History (use example on page 9).

- The MRHP needs to review the medication list with the patient /family/ caregiver for accuracy.
- The MRHP reviews the patient's home medication list (BPMH) and determines if the medication is to be continued, held, discontinued or changed.
- If held, discontinued or changed a rationale must be included on the BPMH form (see example page9).

Resources for Completing Medication Reconciliation

On Insite home page, under "Info for", click on "Medical Staff".

Click on "Drug Information" – there is a large selection of pharmacy and formulary resources.

Best Possible Medication History

In the Calgary Zone, there are 2 forms used for Medication Reconciliation.

1) This is an example of the Netcare generated Best Possible Medication History (BPMH) form **#20539**. **This is NOT the BPMH until it is verified with a SECOND source such as the patient/family/caregiver for accuracy.** Medications on this list are from pharmacy dispensed information that has been pre-populated from the PIN profile and does not reflect how the patient is actually taking their medications. This is not part of the electronic chart. It is printed off from Netcare and is filed in the History and Physical section of the patient's paper chart. Note: check your site if using this Netcare form to complete the BPMH and reconciliation.
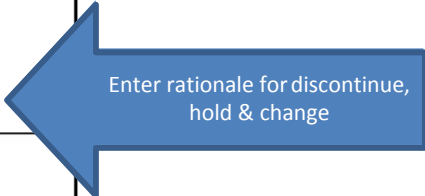
Medication Reconciliation/Best Possible Medication History

Inpatient Units: File in the History/ Physical section of the chart

Source of Medication List (Minimum of 2 sources required)

X Patient o *check if unable to obtain*   X Netcare PIN   o o   ~~E~~

Old Chart   o MAR   o

o   Review of Patient Medication Vials/Med List

o   Community Pharmacy *Name:*___
Ph:

o   Other:

Allergies o No allergies   X Allergies entered in electronic system

o No Home Medications

Home Medication List (BPMH)	Dose	Route	Frequency	Last Dose	Initials	Continue	Discontinue	Hold	Change	Reason for Discontinuation/ Change
Januvia	100mg	PO	daily	Today @ 0800	JN	X				
Corversyl plus	1 tab	PO	daily	Today @	JN	X				
BISOPROLOL	5mg	PO	Daily	Today @ 0800	JN	X				
Aviane Birth Control Pill	1 tab	PO	Daily for 21 days	Today @ 0800	JN	X				
Hydrochlorothiazide	12.5 mg	PO	Daily	Today @ 0800	JN				X	Increase to 25mg due to ↑ BP
Warfarin	2mg	PO	Even days	Today @ 1700	JN			X		Hold for surgery
Warfarin	4mg	PO	Odd days	Yesterday @ 1700	JN			X		Hold for surgery
Amoxicillin	500mg	PO	Three times daily	Today @ 0800	JN		X			Allergic reaction
Quinapril	20mg	PO	Daily	Today @0800	JN				X	Therapeutic Interchange to Ramipril
Nifedipine XL	30mg	PO	Daily	Today @ 0800	JN	X				

Prescriber Confirmed Medications
Write all medication changes & rationale below

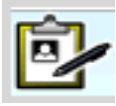| Date *(yyyy-Mon-dd)* 2018/02/28	Time 1200		Signature: JSMITH	
Name *(please print)* Jane Nurse	Designation RN	Initials JN		
			Name *(please print)* Dr John Smith	Designation MD
Name *(please print)*	Designation	Initials		
Name *(please print)*	Designation	Initials	Date *(yyyy-Mon-dd)* 2018/02/28	Time 1430

Comments

9

Enter Orders

Click

Non-Formulary/Restricted Drugs

Type in Januvia. Drug items are listed by generic names but can be searched by their common brand name. Whenever possible search the drug item by generic name. Type in Januvia (brand name) and you will see that the generic name is listed in brackets.

- Januvia is a "Restricted Medication".
- The instructions refers you to Provincial Formulary via PCIS link to find out what the restrictions are.

To access the PCIS link information on the computer…the prescriber will exit the order entry screen.

Under the "Medication References" section - click on "AHS Provincial Drug Formulary"

When you get into the AHS Provincial Drug Formulary page, type in Januvia or sitagliptin. Click Search.

Sitagliptin is Formulary Restricted (FR). Click on sitagliptin 100 mg strength to find out what the restrictions are.

AHS Provincial Drug Formulary

Search Results For Formulary:ALL Drugs with Brand or Generic Name Containing 'januvia'

Please click on the drug's GENERIC NAME to see further details, including restrictions, guidelines and therapeutic interchanges. Brand names are listed for information only. Brand name or equivalent generic product may be dispensed.

Non-Formulary Drugs

Generic Name	Brand Name & Synonyms	Strength	Dosage Form (Size)	Formulary Status
sitagliptin	Januvia	100 mg	tablet	**FR**
sitagliptin	Januvia	25 mg	tablet	**FR**
sitagliptin	Januvia	50 mg	tablet	**FR**

Formulary Status Code:
Note: Each of the formulary status codes outlined in the table below can be used individually and/or in combination to describe a product's formulary status on the AHS Provincial Drug Formulary and Supplements.

Abbreviation	Description	Comments
C	Correctional facilities	Indicates that the formulary status of a drug on the AHS Correctional Facilities Drug Formulary Supplement differs from its status on the AHS Provincial Drug Formulary. *Exception: Formulary status code "DC": Manufacturer Discontinued.*
DC	Discontinued by manufacturer	No longer commercially available on the Canadian market.
DEF	Deferred	Item deferred to the Provincial Drugs and Therapeutics Committee (DTC) for decision; initial provincial formulary consolidation recommendation had major disagreement from former regions.
DNP	Do not provide	Will not be provided by AHS Pharmacy Departments.
F	Formulary	Listed for use on formulary or Supplement(s).
G	Guidelines	Listed with guidelines to optimize appropriate use.
NF	Non-Formulary	Reviewed and excluded from the formulary or Supplement(s).
NPP	Not a pharmacy product	This product is not supplied by pharmacy departments within AHS but may be available from other departments (e.g. Diagnostic Imaging or CPSM (Contracting, Procurement Supply Management))
PEND	Pending	Formulary status is recommended but pending provincial review or feedback, other policy decision, or other factors.
R	Restricted	Listed with restrictions for use.
SAP	Special Access Programme (Health Canada)	Not marketed for sale in Canada but may be available and require approval for use through the Health Canada Special Access Programme.
TI	Therapeutic Interchange	This product is interchanged to another drug, dosage form, or dosing regimen.
UR	Under review	Currently being reviewed for formulary by Provincial Drugs and Therapeutics Committee (DTC).

21, 2018

The restrictions are listed.

- If the patient meets one of the criteria listed, then the Pharmacy department will provide the restricted medication. In this case, the patient meets the criteria of "stabilized prior to admission".
- If you are unsure if the patient meets the criteria for a restricted medication or unable to determine an alternative medication, then connect with Pharmacy to discuss the options.
- One more step: when ordering Januvia (sitagliptin) in SCM, put a reason for ordering the restricted medication in the "additional information" box such as "stabilized on med at home prior to admission". This way Pharmacy will have this information when reviewing the order and will not contact you for clarification of why a restricted medication needs to be ordered.

Please note:
There may be some restricted medications that will not be provided. There are also select medications that need approval from a specialty consult (i.e. Infectious Disease) before it can be provided. Contact Pharmacy for more information.

Link to AHS Provincial Drug Formulary

On BPMH select "Continue".....no further documentation is required.

Combination Drugs

Next enter order for **Corversyl Plus**.

Corversyl Plus is a <mark>combination drug</mark> and needs to be ordered as its separate components.

Use *Netcare* print out or medication pill bottle to determine dose of each component.

The patient's dosing is:

- Indapamide 1.25 mg PO daily
- Perindopril 4 mg PO daily

Enter both medications in SCM Orders. In comments section – add "Part of combination drug (Corversyl plus) that patient was on at home."

On BPMH select "Continue"…..no further documentation is required.

Important to Remember:
When completing "Discharge MedRec" remember these 2 medications are part of the original combination drug - Corversyl Plus. Discharge the patient home on their original medication unless changed or discontinued in hospital.

Enter order for BISOPROLOL

- Enter order for **Bisoprolol 5 mg PO daily**.

    On the BPMH you would select "Continue" at admission. If you change doses later, you do not need to go back to the admission BPMH and change the documentation.

For STAT dose

The patient has been ordered BISOPROLOL 5 mg PO daily, but now days later his condition warrants a "top up dose" of 5 mg and then a change to the current daily dose – an increase to 10 mg PO daily.

- Type in BISOPROLOL
- Select "BISOPROLOL" tabs (no specific dose)
- In order field:
    - ✓ Enter dose (5 mg)
    - ✓ Route (PO)
    - ✓ Frequency (once)
    - ✓ Start priority "STAT" - pharmacy will deliver as soon as possible to the unit.
    - ✓ Click OK.

Changing Current BISOPROLOL Dose After Admission Reconciliation

- Patient needs BISOPROLOL order increased to 10 mg PO daily.
- Right click on BISOPROLOL 5 mg PO daily order.
- Select Discontinue/Reorder.

- Select BISOPROLOL 10 mg tabs.

- Select reason for discontinuing original order.
- Click OK.
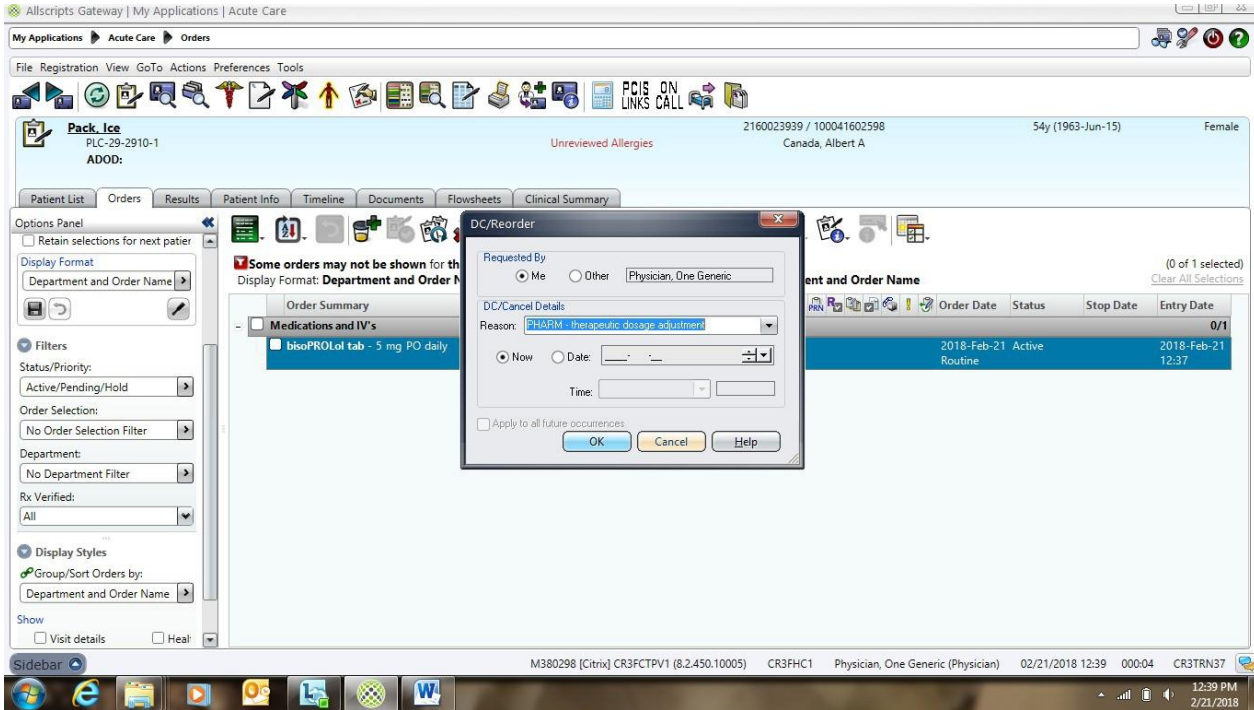
- Prior to submitting…. Click on order in submission window to highlight the order. This will make "Edit" button available. Click on Edit.
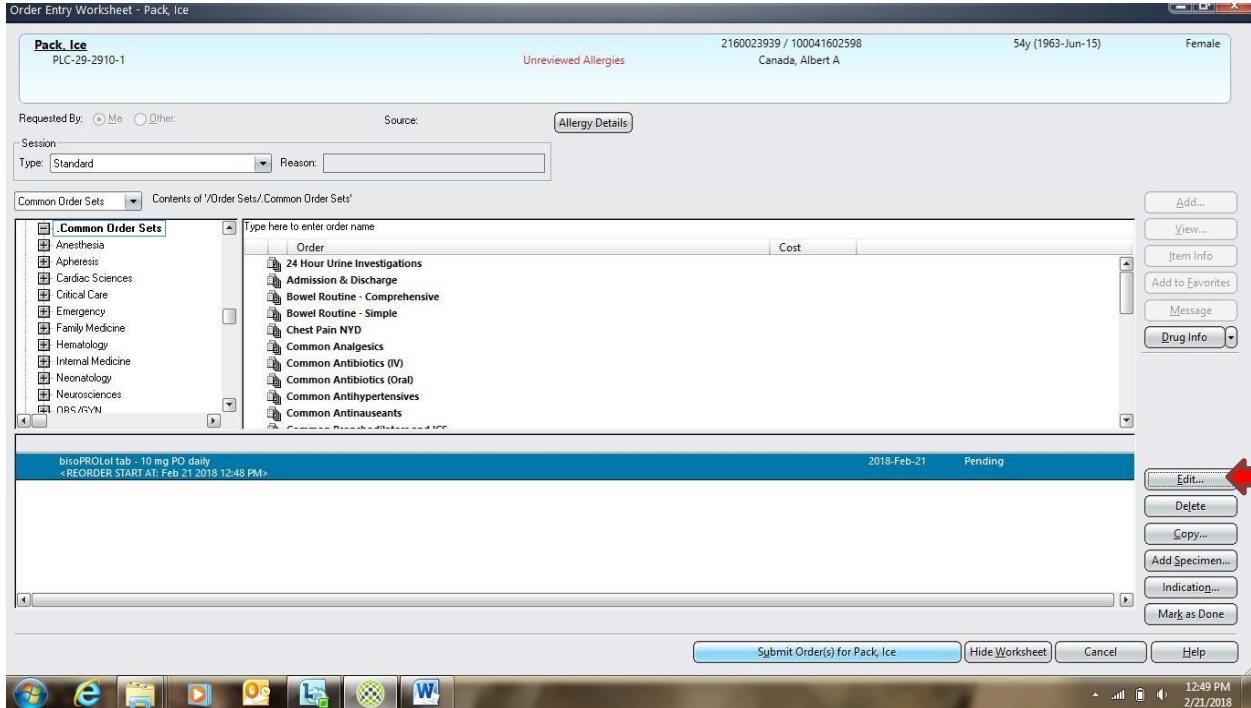
- On drug item form - Enter time when to start next dose and change Start Date to next day.
- Click OK.
- Then submit order.
- BISOPROLOL 10 mg will appear with start date for tomorrow AM.

Non-Formulary Medication Ordering

- Type in Non-formulary medication.
- If you've typed the drug name correctly when ordering in SCM and the drug item doesn't show in the order entry screen, then most likely it is non-formulary (NF). You can also search in the AHS Provincial Drug Formulary to see if a drug is on formulary or not.

In the order screen, enter the following: (Remember to document "Continue" on the BPMH)

- Select most appropriate reason for non-formulary drug (No Formulary alternative).
- Exact name of Medication (Aviane Birth Control Pill).
- Dose of medication (1 tab).
- Route (PO).
- Frequency (daily).
- Click on "Use Patients Own Supply". Ensure the patient has enough of their own supply to last the entire anticipated LOS. If not, order formulary alternative or call Pharmacy to discuss options.
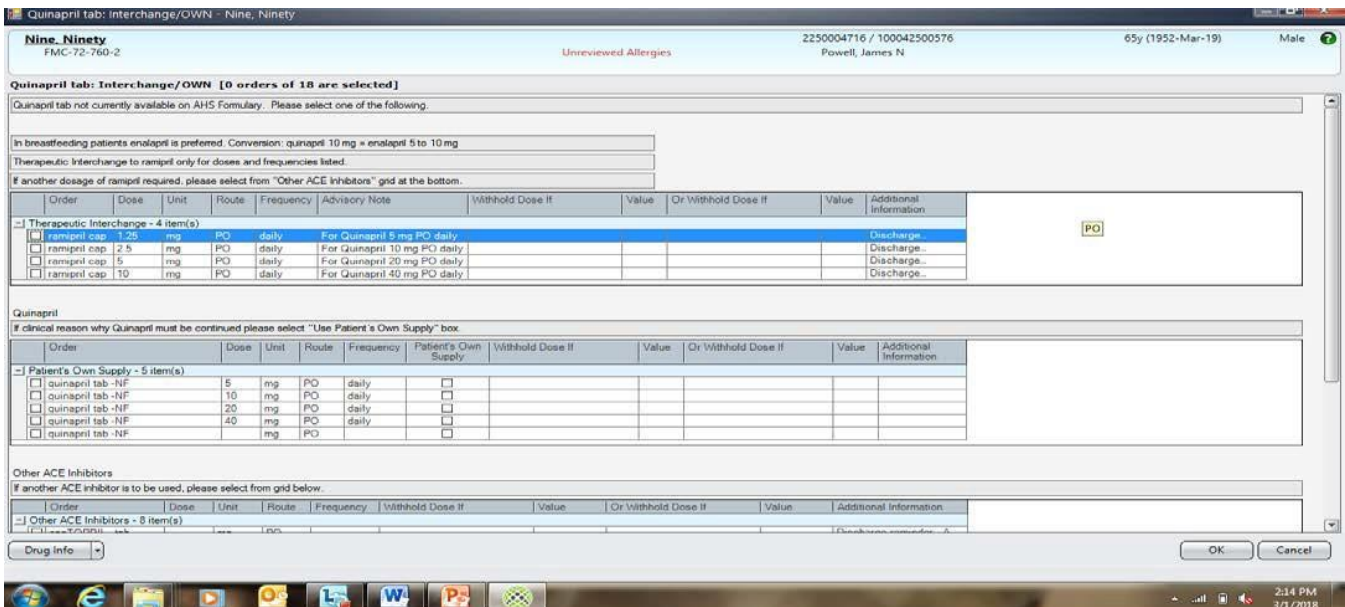
Therapeutic Interchange

- Type in Quinapril - "Interchange/Own" appears.
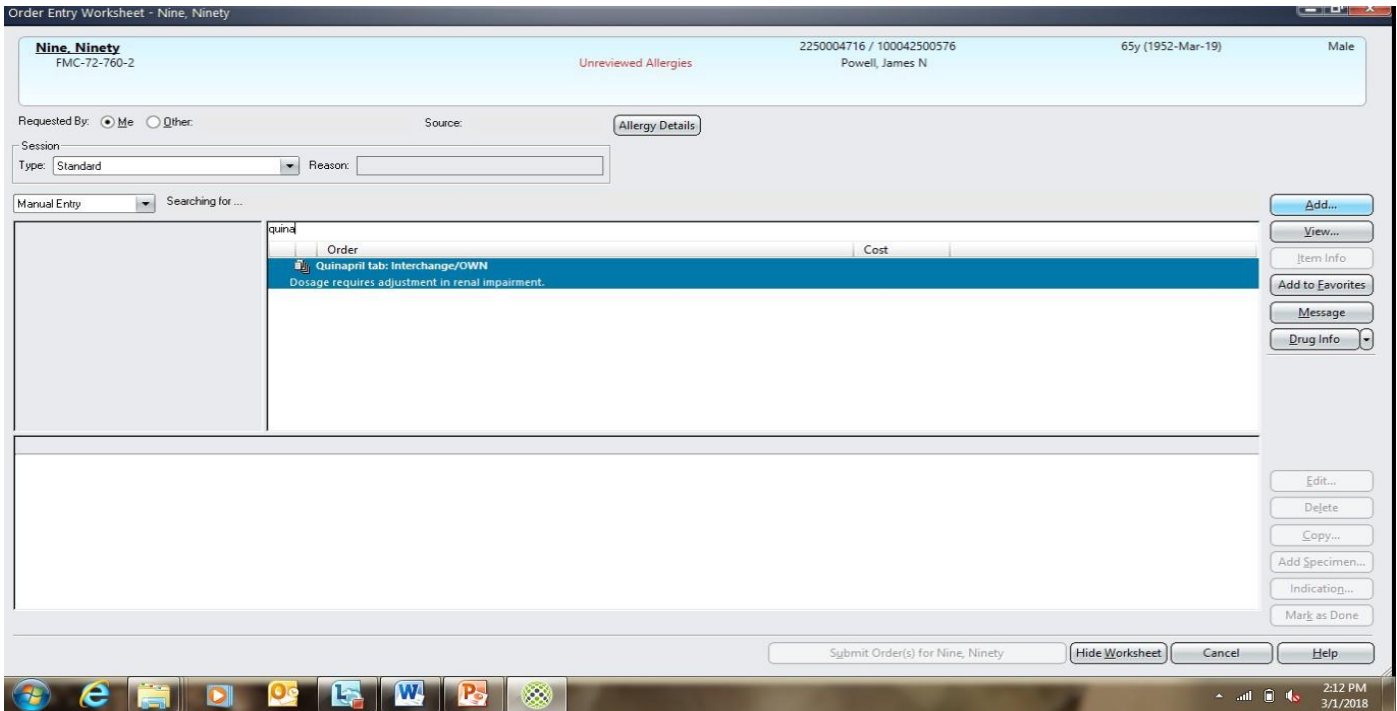
Option 1:

- Click "View", Therapeutic Interchange will display.
- Select appropriate/correct dose equivalent. (Do not just select first dose on screen).
- The dose equivalent for Quinapril 20 mg is Ramipril 5 mg.
- Click OK and Submit.

Option 2:

You can also find this information by clicking on the PCIS Links that takes you to the AHS Provincial Drug Formulary Page.
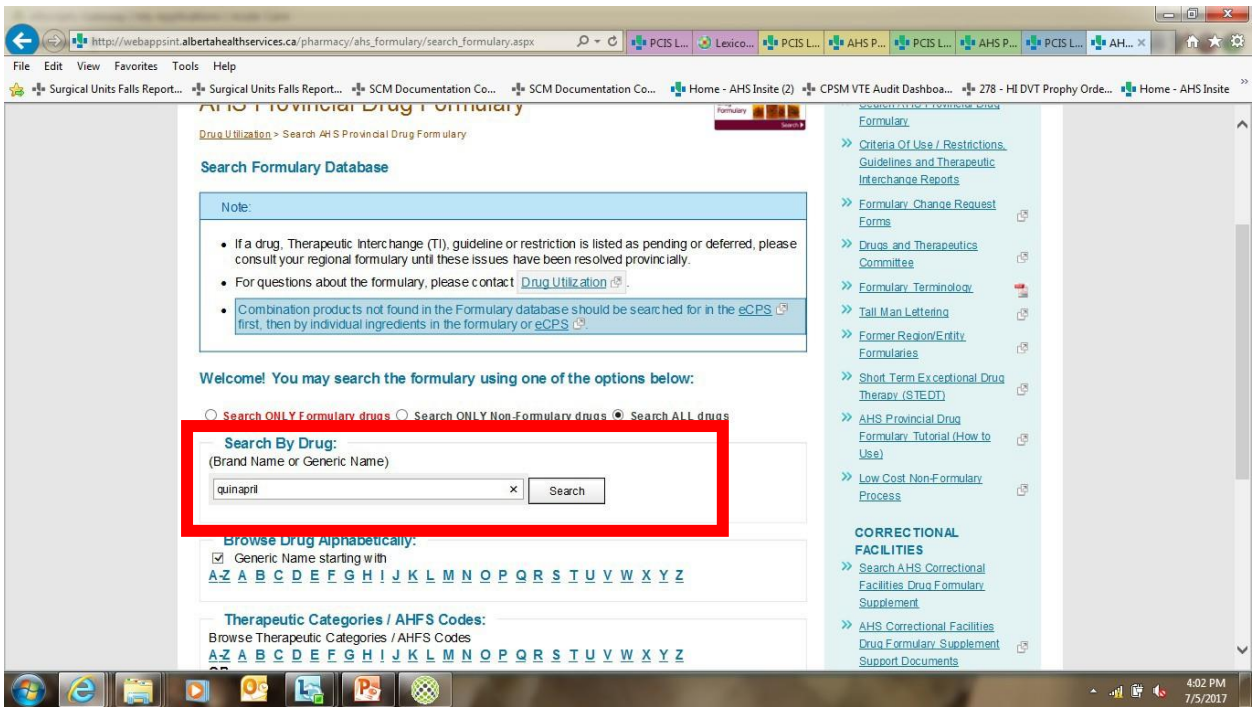
- On Main SCM screen locate PCIS links. **You will need to exit the order entry screen to access PCIS links.**

- Under the "Medication References" section - click on "AHS Provincial Drug Formulary".

- Type in Quinapril, click Search.

- Click on Quinapril 20 mg. The formulary status states quinapril is not formulary but has a therapeutic interchange (NFTI).

- The therapeutic interchange for Quinapril 20 mg PO daily is Ramipril 5 mg PO daily.

If you are unsure if a medication is on the formulary or not, you can search for specific drug classes, individual drugs or the entire list for therapeutic interchanges.

- From the main AHS Provincial Formulary page, on the right hand of the screen click on "Criteria of Use/Restrictions/Guidelines and Therapeutic Interchange Reports".

In the example of the therapeutic interchange for Quinapril:

- Click on therapeutic interchange in the drop down box under Criteria type.
- Click on cardiovascular drugs in the drop down box under AHFS class.
- Click View Criteria of Use.
- A list will show all the cardiovascular drugs that have therapeutic interchange. Quinapril is listed with Ramipril as therapeutic interchange.
- If there are no therapeutic interchange options for the non-formulary drug you are looking for, you can also click on the AHS Class and select the general category of drugs. This will guide you to other drugs within this class that are on formulary for you to choose from. Contact Pharmacy if you need further assistance.
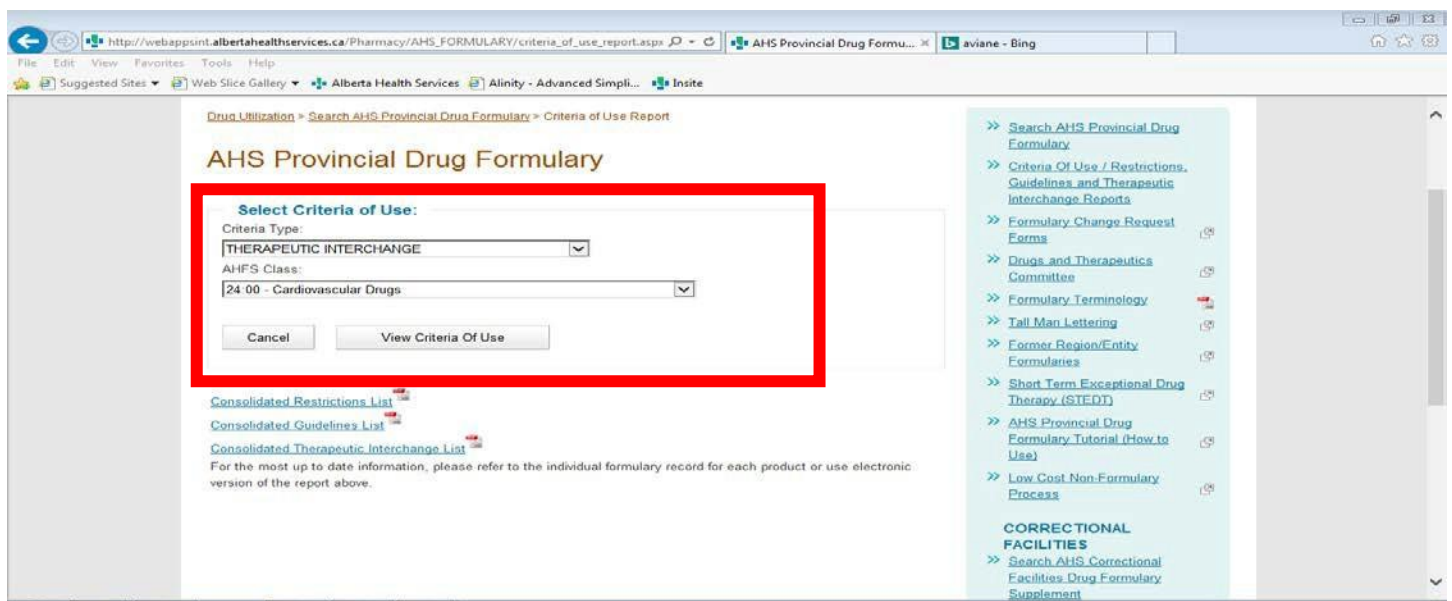
On the BPMH select "Change"… documentation of rationale is required. Document…. "therapeutic interchange to Ramipril".
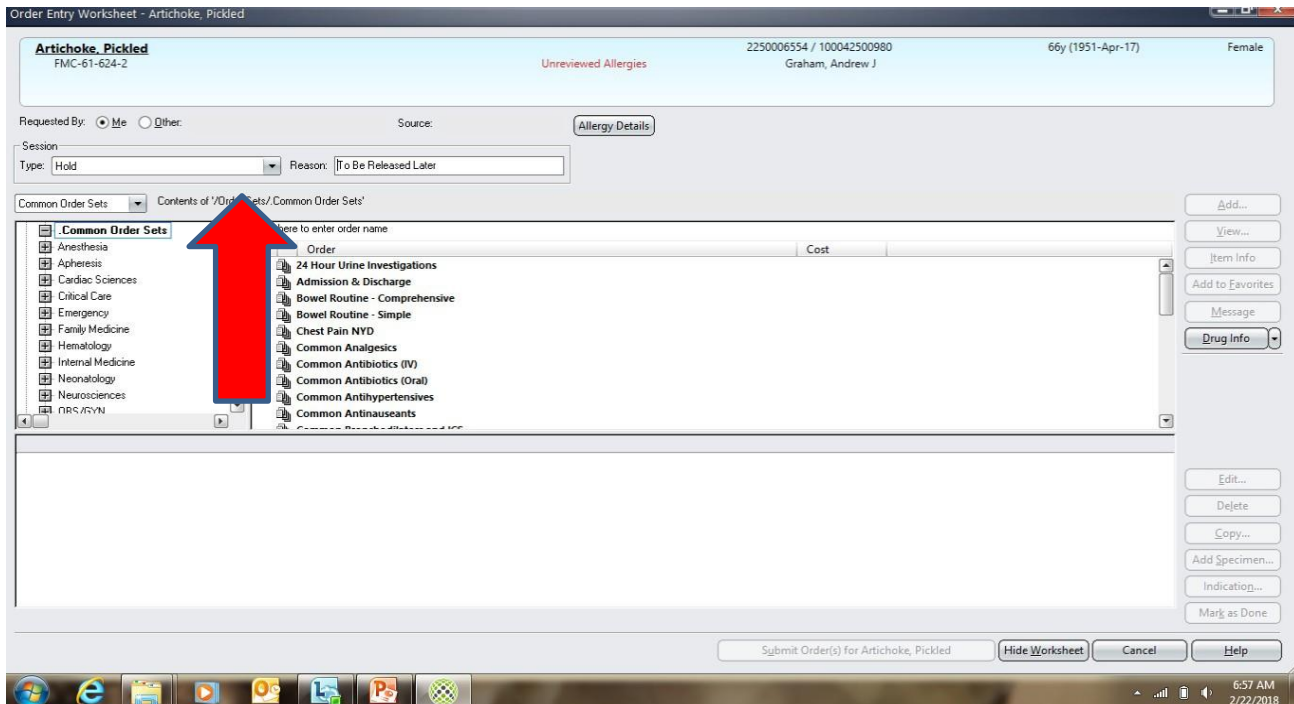
Placing an Order on Hold

The physician can place medications from the home medication list on "hold" to be released at a later date. The physician will need to enter any medications to continue from the home medication list and submit.

<mark>To place medications on hold, the physician will need to change the order selection to "HOLD".</mark>

Example: Patient is going for surgery - his Warfarin is to be "held".

- On order entry screen – click on session type - select "hold".
- Any medications entered under 'hold' will appear on patient orders with ⊘ symbol.

- Type in Warfarin.
- Select order set - "Warfarin".
- Select Option "Alternating Doses".
- Enter Warfarin 2 mg and 4 mg. Click OK.

- Submit order.

- Medications will appear with Hold symbol ⊘ next to medication order on Patient order summary. **On the BPMH (MedRec document) you need to document the reason for the medication being placed on hold - "Pending Surgery".**

Stop Dates

- Enter and submit sulfamethoxazole/trimethoprim DS 1 tab PO twice daily on your patient. At this point you are not sure how many days the patient will be required to receive this medication.
- At time of order entry if a stop date/time is required there are several fields on the drug item form where this can be done.

Changing the stop date on an existing order

- You now determine the patient needs to be continued on sulfamethoxazole/trimethoprim DS 1 tab PO twice daily x 7 days.
- Right click on Discontinue/Reorder….Select "Current".

- Click on Reason "Clinician Request" or free-hand in text, click OK.
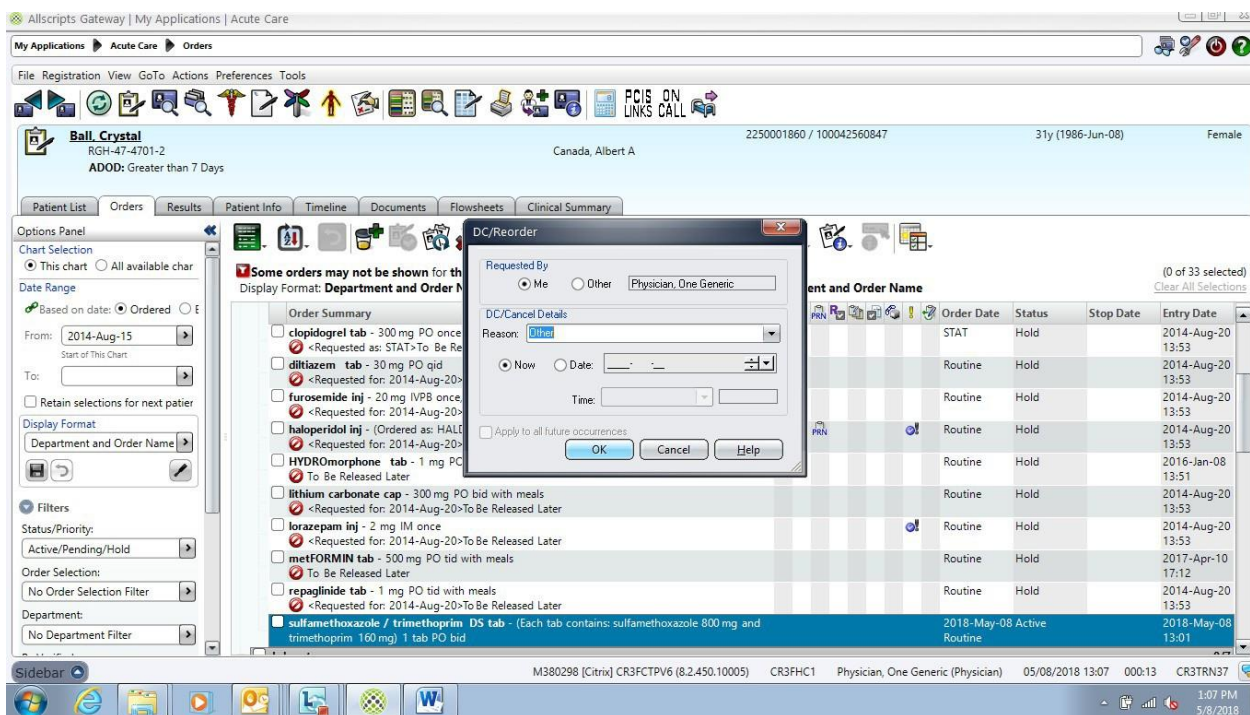
- Click on order in submission window to highlight.
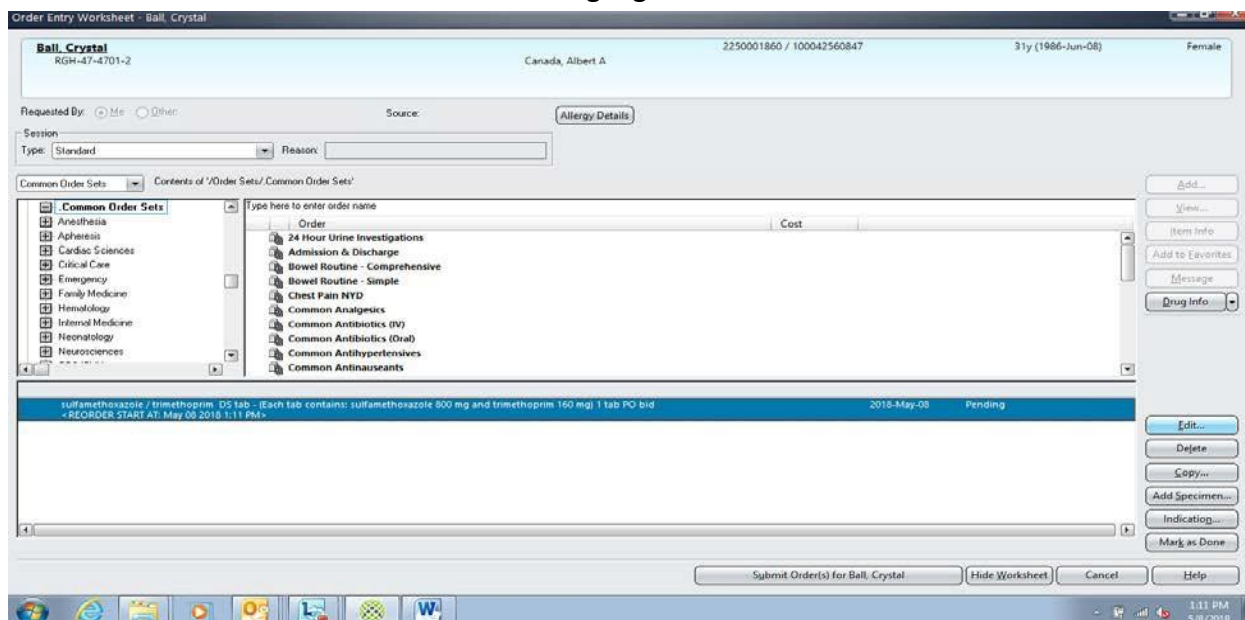
- This will make "Edit" button available. Click on Edit.
- This will open up drug item form making fields available to add stop date/time.

Remember to document on the BPMH that amoxicillin is to be "discontinued" as you are ordering sulfamethoxazole/trimethoprim. Rationale: allergic to penicillin.

Setting Parameters: Additional Information – "Withhold dose if"

- Medications currently not required due to patient condition.
- The MRHP can place parameters in SCM.
  - ✓ Enter Metformin 500 mg PO three times daily.
  - ✓ Click "withhold dose if".
  - ✓ Click on "NPO….. Resume when patient eating and drinking well".
  - ✓ Click OK.

Other Examples:

In additional information section of the order enter:

1. "Hold Potassium Chloride SR tab - if serum K>5.0"
2. "Hold Ramipril if systolic BP less 90 mmHg"

Changing Dose from the Home Medication List (BPMH) at Admission

- You decide the dose of Hydrochlorothiazide 12.5 mg PO daily needs to be increased to 25 mg PO daily at admission.

On the BPMH form you need to document the reason for the change.

Example: "To control increased BP"

- In the SCM Orders under "Additional information" section document your rationale. Rationale is required for any change in dose or frequency, discontinued, or held medications on the admission BPMH.

Medication Formulations

Many medications have a variety of formulations. These include: long acting versus immediate release.

Examples:

- Nifedipine immediate release **20 mg 3 times daily** versus Nifedipine extended release **60 mg daily**
- Wellbutrin **SR 150 mg 2 times daily** versus Wellbutrin **XL 300 mg once daily**
- Oxyco**done** versus Oxy**Contin**

When ordering these medications in SCM do not select the first option. Ensure you have the correct formulation. If you have questions, contact the pharmacist.

Ordering the wrong formulation can have a significant impact on patient outcome.

This patient is on Nifedipine XL 30 mg daily ...which item would you select?
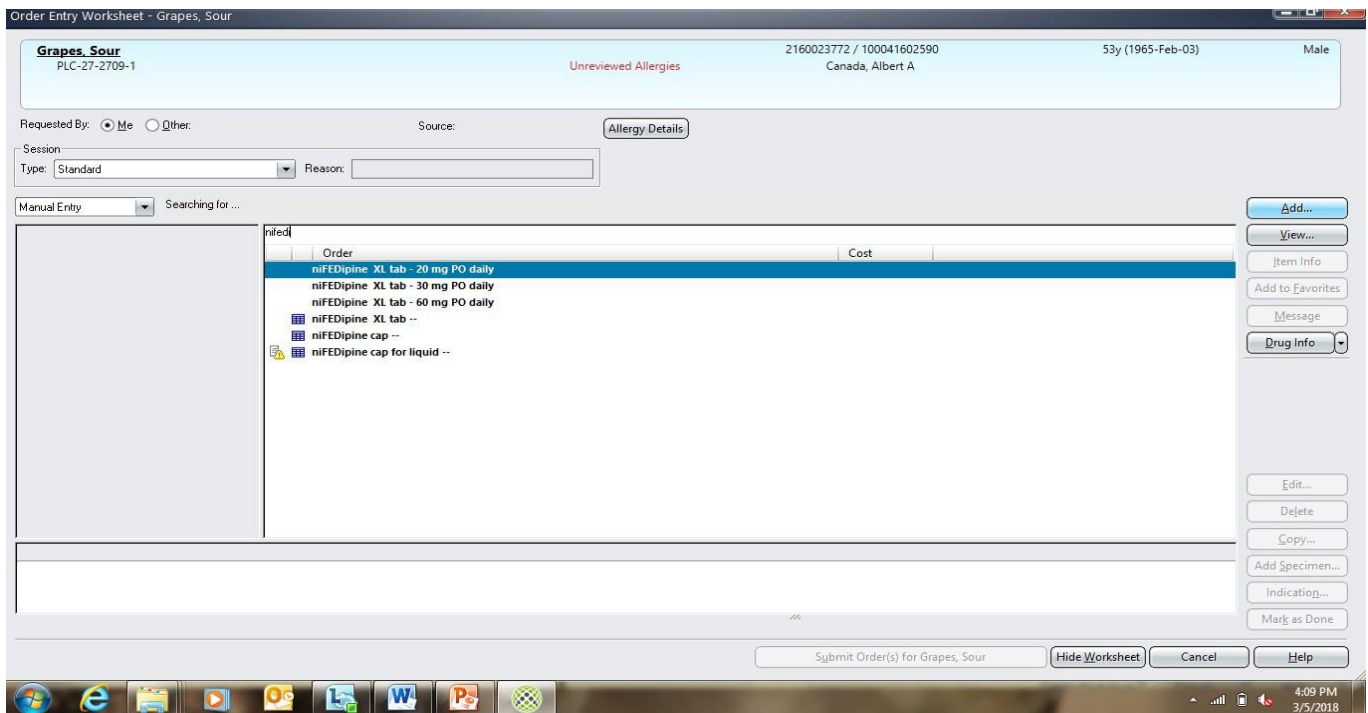
- At times it may be required to convert a long acting to an immediate release formulation.

Example: Patient requires medications to be administered via an enteral feeding tube. Long acting or extended release tablets cannot be crushed and administered via the enteral feeding tube.

Another clue for determining if a drug is long acting or not is when you are ordering the drug in SCM, most long acting drugs only have the route option of 'po', not 'ng'. If a drug can be given via ng, it will have the option for you to choose 'po/ng'. Most long acting drugs will also have administration instructions like "swallow tablet whole: do not break, crush or chew". Contact the pharmacist to assist with converting daily extended release dose to an immediate release dose.

Other Tips:

Back Ordered Medications

Central Pharmacy inventory puts out shortage alerts. A SCM drug shortage alert may be attached to a corresponding SCM drug item when there are drug shortages and backorders. This way when the end-user orders that drug item an alert pops up.
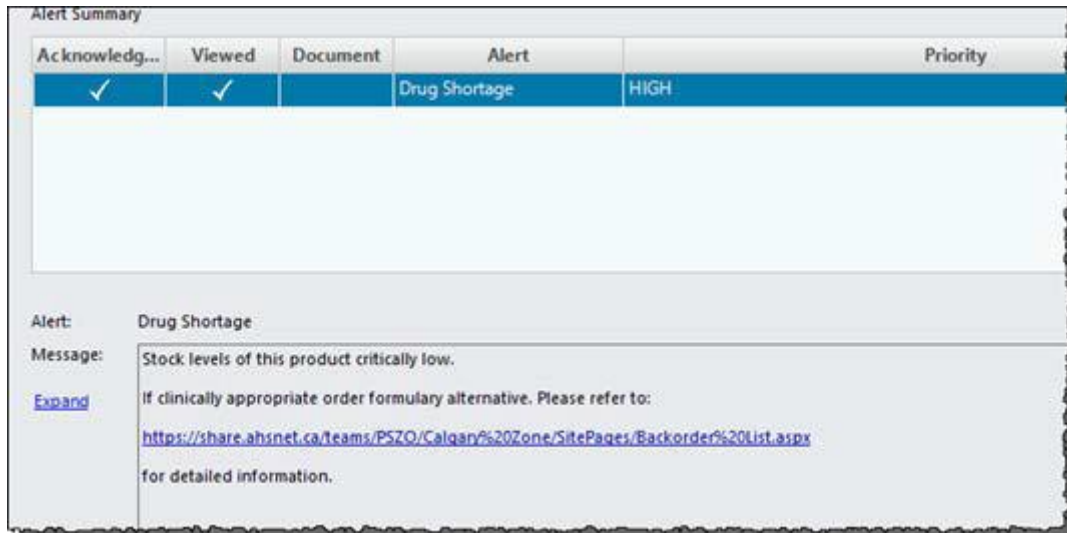
You can open the link on the alert for more details. If still need assistance call Pharmacy.

Special Access Programme (SAP) Drugs

There is a message visible on the browse on the drug item.
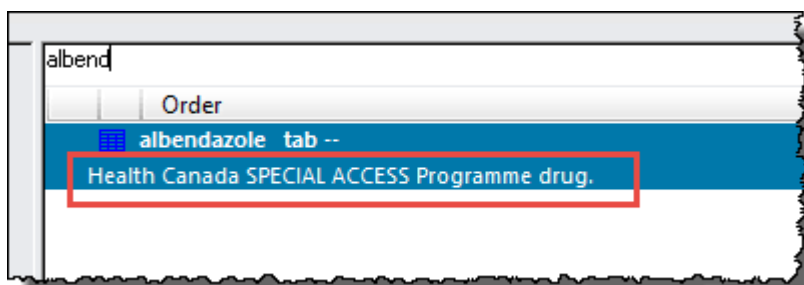
This message also prints on the SCM requisition to Pharmacy, so if you order, Pharmacy will contact you since it is a patient-specific SAP.

Insulin Therapy

Please take the opportunity to review these resources.

http://www.bbit.ca

Includes videos- "Overview" & "How to order in SCM" and the following resources:

Physician ordering:

http://www.bbit.ca/assets/ahs-scn-don-inpatient-diabetes-key-messages.pdf

http://www.bbit.ca/assets/ahs-scn-don-bbit-site-implementation-guide.pdf

http://www.bbit.ca/assets/ahs-scn-don-how-to-bbit.pdf

Surgical considerations:

http://www.bbit.ca/assets/ahs-scn-don-guide-to-surgical-diabetes-management.pdf

FAQs:

http://www.bbit.ca/assets/ahs-scn-don-bbit-frequently-asked-questions.pdf

Pamphlet:

http://www.bbit.ca/assets/ahs-scn-don-bbit-pamphlet.pdf

Pocket card:

http://www.bbit.ca/assets/ahs-scn-don-bbit-prescriber-cards.pdf

Worksheet:

http://www.bbit.ca/assets/ahs-scn-don-bbit-worksheet.pdf

Ordering BBIT

To order in SCM: (Please seek assistance from GIM/hospitalist consult or pharmacist when ordering BBIT).

- Type in BBIT. Select View.
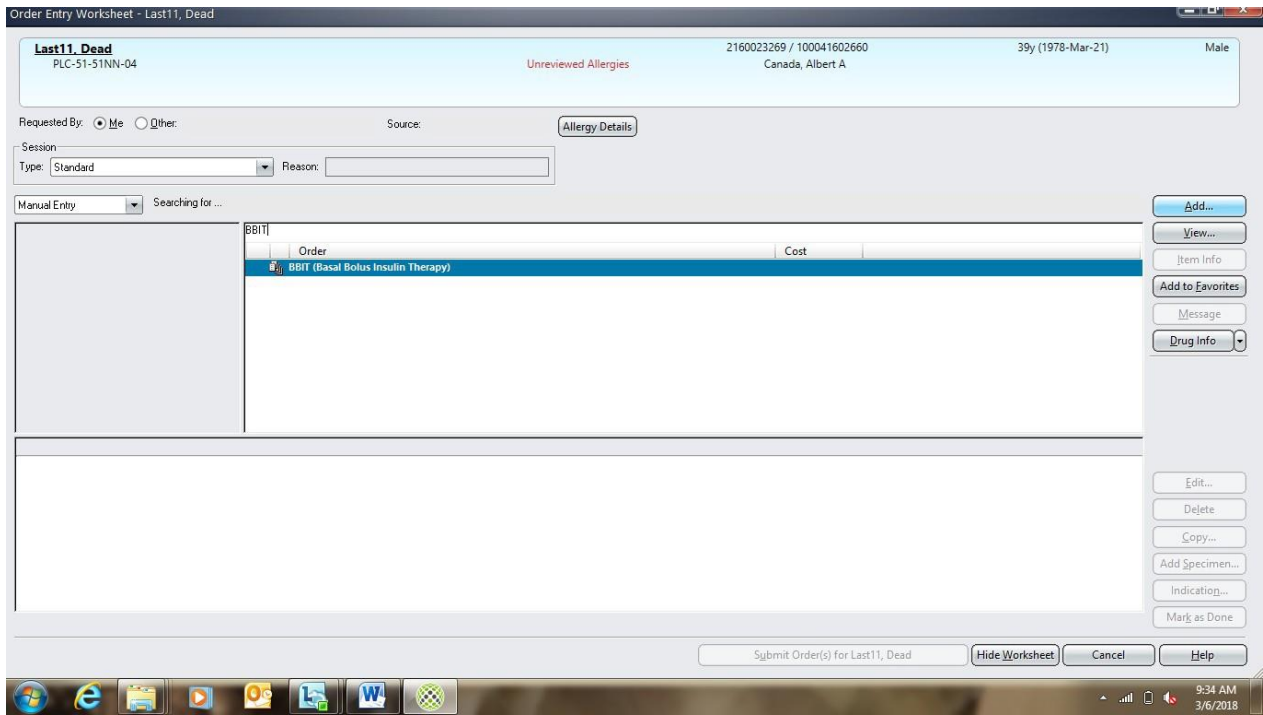
- The order set will appear:
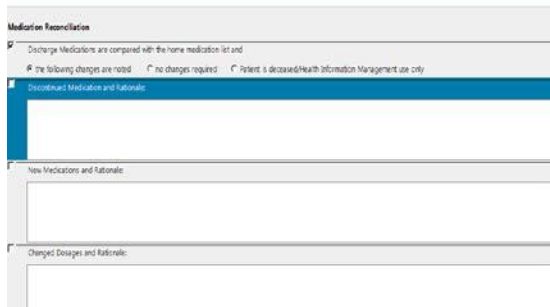
  Complete the order set for BBIT.
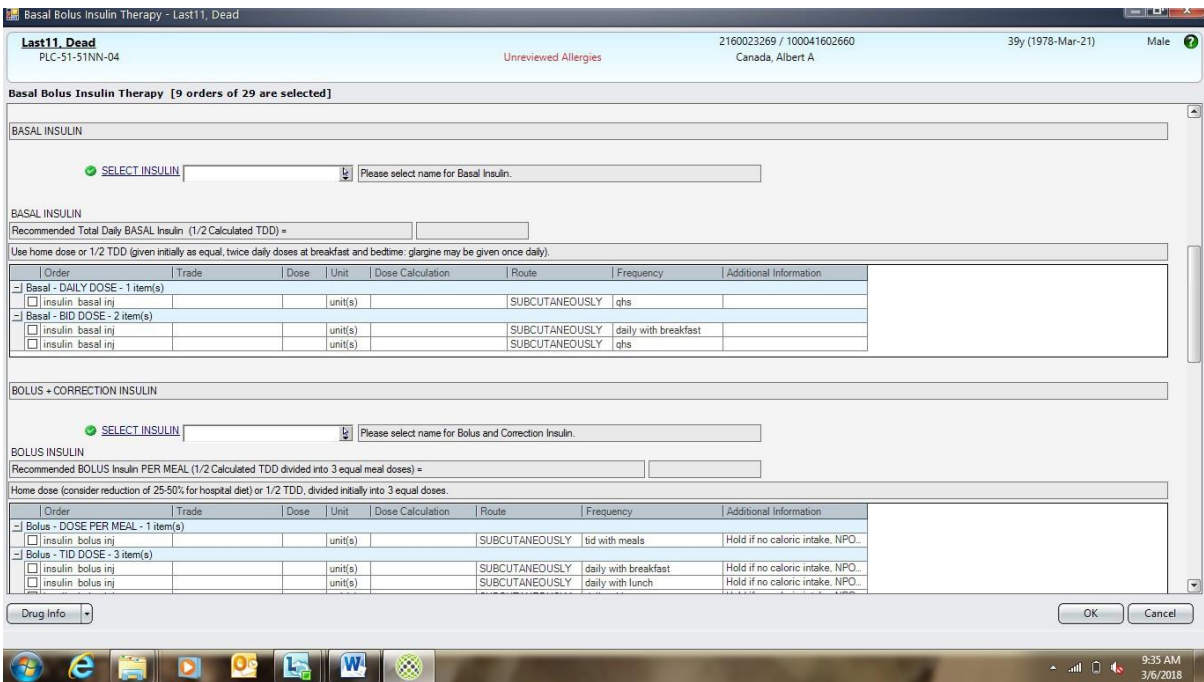
Medication Reconciliation at Discharge

Medication Reconciliation at Discharge can be done by:

SCM Discharge Summary   **Dictation**

OR

In both methods, ensure to:

Indicate the discharge medications were compared to home medication list (BPMH), account and explain any changes for:

1. Discontinued Medications and Rationale
2. New Medications and Rationale
3. Changed Dosages and Rationale

If using Discharge Summary in SCM:
- Ability to free text summary of patient progress throughout hospital stay
- Relevant SCM medications are pulled into "Medications to Continue after Discharge" section
- Click on the medications you would like the patient to continue following discharge
- Under "Medication Reconciliation" field, complete the following:
  - Discharge medications are compared with the home medications
  - If changes are noted, document in the free text boxes for:
    - Discontinued Medications and Rationale
    - New Medications and Rationale
    - Changed Dosages and Rationale
- Explain any changes/differences between the home medication list (admission BPMH) and medications on discharge and provide rationale.

1. Click on "Enter documents" icon.
2. Type in "dis".
3. Select Discharge Summary appropriate to your area.
4. Click Open.

Step 1: Click on "Enter Documents" icon

Step 2: Type in "dis" Highlight Discharge Summary appropriate to your area Click Open
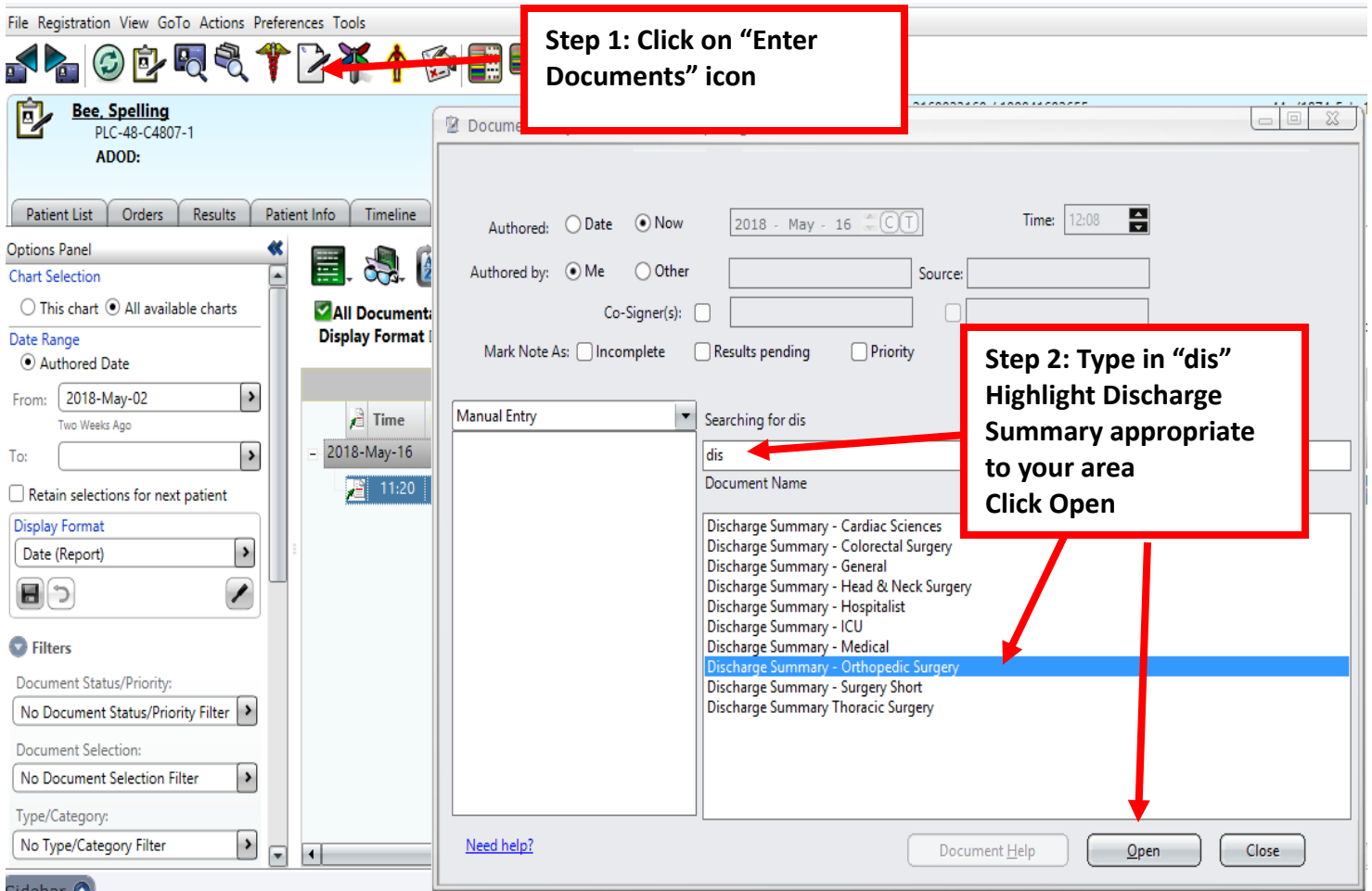
5. Select medications to continue after discharge (this will pre-populate into the discharge summary report).
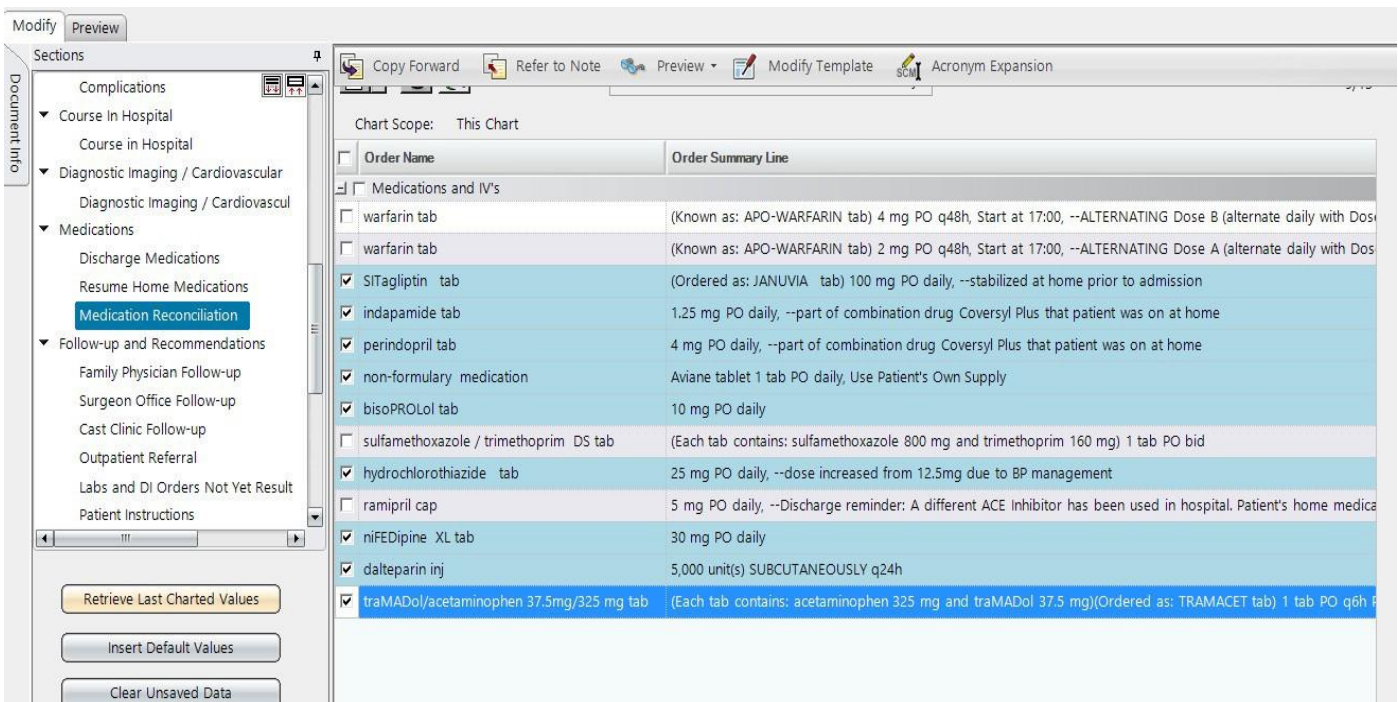
6. Next Click on box " Discharge Medications are compared with the home medication list and"

- If changes have occurred click on box and the following will open:

<mark>Compare the discharge medications to the home med list (admission BPMH).</mark>

> Free text boxes are available to document the changes to the patient medication home medication list.
>
> **Complete information for medication changes in the following categories:**
> - Discontinued medication and rationale
> - New medication and rationale
> - Changed medication and rationale

<mark>The rationale must be included to explain why changes were made to the patient medication home medication list.</mark>

Preview the Discharge Summary

Click preview in top left hand corner.

The discharge summary will include medications to continue at discharge and MedRec at discharge.

<u>Visit Data:</u>
- **Admit Date:** 2018-May-16
- **Discharge Date:** 2018-May-23
- **Discharged From:** Peter Lougheed Centre (PLC-48)

<u>Diagnosis:</u>
- hip fracture.

<u>Discharge Medications:</u>

Order Name	Order Summary Line
• SITagliptin tab	(Ordered as: JANUVIA tab) 100 mg PO daily, --stabilized at home prior to admission
• indapamide tab	1.25 mg PO daily, --part of combination drug Coversyl Plus that patient was on at home
• perindopril tab	4 mg PO daily, --part of combination drug Coversyl Plus that patient was on at home
• non-formulary medication	Aviane tablet 1 tab PO daily, Use Patient's Own Supply Indication : No Formulary alternative Medication Name:
• bisoPROLol tab	10 mg PO daily
• hydrochlorothiazide tab	25 mg PO daily, --dose increased from 12.5mg due to BP management
• niFEDipine XL tab	30 mg PO daily
• dalteparin inj	5,000 unit(s) SUBCUTANEOUSLY q24h
• traMADol/acetaminophen 37.5mg/325 mg tab	(Each tab contains: acetaminophen 325 mg and traMADol 37.5 mg)(Ordered as: TRAMACET tab) 1 tab PO q6h PRN pain, --ADULT: MAX 8 tabs/day. MAX acetaminophen 4 g/day from all routes &

<u>Medication Reconciliation:</u>
- Discharge Medications are compared with the home medication list and the following changes are noted.
- Discontinued Medication and Rationale: amoxicillin-allergic to penicillin.
- New Medications and Rationale: tramacet 1-2 tab po q6h as needed for pain
dalteparin 5000units subcutaneously daily for DVT prophylaxis.
- Changed Dosages and Rationale: bisoprolol - dose increased to 10 mg po daily due to BP management
hydrochlorothiazide - dose increased to 25 mg po daily due to BP management
resume warfarin when INR 2-3, follow up with GP for anticoagulation bridging
resume quinapril 20 mg po daily as formulary change to ramipril while in hospital.

Note: **Please discuss the home anticoagulation therapy with the attending surgeon/physician. Each practitioner may have unique post-procedure/post discharge order sets.**

Print Medication Discharge Report (Prescription)

Click on print icon

Select "Orders" in report category.

Select "Discharge Medication report" per visit.

Click print.

Sign & print name underneath signature.

Date and time document.

Patient Address:	566 - 45th Street NW		
	Calgary, Alberta T6N 3T2		
Provider:	Family		Canada, Albert A
Allergies:	Drug	2018-May-15	penicillin - Hives

CHECK THE MEDICATIONS THE PATIENT SHOULD CONTINUE AFTER DISCHARGE

_____ **bisoPROLol tab**

10 mg PO daily
Quantity to Dispense: _____ Duration:_____ Number of refills:_____
☐ New ☐ Continuing ☐ Discontinued ☐ Dose/Schedule Change
Reason: _____

_____ **hydrochlorothiazide tab**

25 mg PO daily, --increased from original dose of 12.5mg due to BP management
Quantity to Dispense: _____ Duration:_____ Number of refills:_____
☐ New ☐ Continuing ☐ Discontinued ☐ Dose/Schedule Change
Reason: _____

_____ **indapamide tab**

1.25 mg PO daily, --part of combination drug - Coversyl Plus that patient was on at home
Quantity to Dispense: _____ Duration:_____ Number of refills:_____
☐ New ☐ Continuing ☐ Discontinued ☐ Dose/Schedule Change
Reason: _____

_____ **niFEDipine XL tab**

30 mg PO daily
Quantity to Dispense: _____ Duration:_____ Number of refills:_____
☐ New ☐ Continuing ☐ Discontinued ☐ Dose/Schedule Change
Reason: _____

_____ **non-formulary medication**

Aviane Birth Control Pill tablet 1 tab/cap PO daily, Use Patient's Own Supply
Indication : No Formulary alternative
Medication Name:
Quantity to Dispense: _____ Duration:_____ Number of refills:_____
☐ New ☐ Continuing ☐ Discontinued ☐ Dose/Schedule Change

This concludes the SCM Tips & tricks. If you require further SCM training please discuss with your manager.

Other SCM resources and physician training tips are available on Insite:

[Physician Practice Exercises & Tips](#)