

ADDENDUM to Medications Prior to Admission - Reconciliation and Order Form

Trial

Clarification of Medications taken prior to Admission Regularly scheduled and PRN Medications Write below all new medication information in the blank space and check off reason for the clarification	Medication History taken by (initials) Date and Time	Physician Notified	PHYSICIAN's Review of Medication			Physician signature
			Do Not Order	Continue as prior to admission (write new order)	Continue as written in hospital	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
→ _____ <input type="checkbox"/> Omission <input type="checkbox"/> No Longer Taking <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DO NOT REMOVE OR THIN FROM THE CHART
Please place with the "Medication prior to Admission - Reconciliation and Order Form"

**Instructions for Use of
ADDENDUM To Medications Prior to Admission - Reconciliation and Order Form**

Guidelines:

This is a form for clarifying medications taken prior to admission after a patient has been admitted and the medications prior to admission have already been reconciled and ordered.

Procedure:

1. List all new information about prescriptions and over-the-counter (OTC) medications taken prior to admission used on a scheduled and/or PRN basis in the left-hand column labeled "Clarification of Medications taken prior to admission".
 2. Check off the appropriate box indicating the reason for clarifying each medication.
 3. Sign section marked "medication history taken by" and record the date and time.
 4. Check off the section "physician notified" once the physician is informed of the new information.
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Physicians:

5. Review each medication and check off the appropriate box
 - a. Check "do not order" if the medication is to be discontinued or changed. Write new orders in the regular physician order sheet if applicable.
 - b. Check off "continue as prior to admission" if the medication is to be continued and write new order in the regular physician order sheet.
 - c. Check off "continue as written in hospital" if the medication is to be continued as written.
 6. Complete "physician signature" once new information is reviewed
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