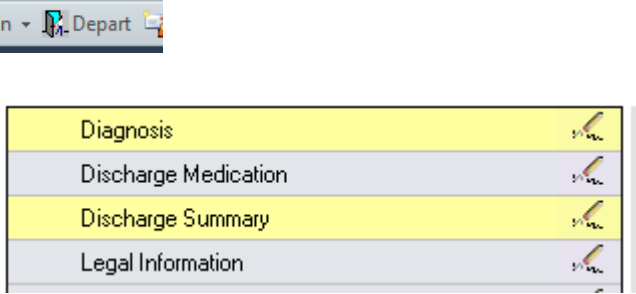
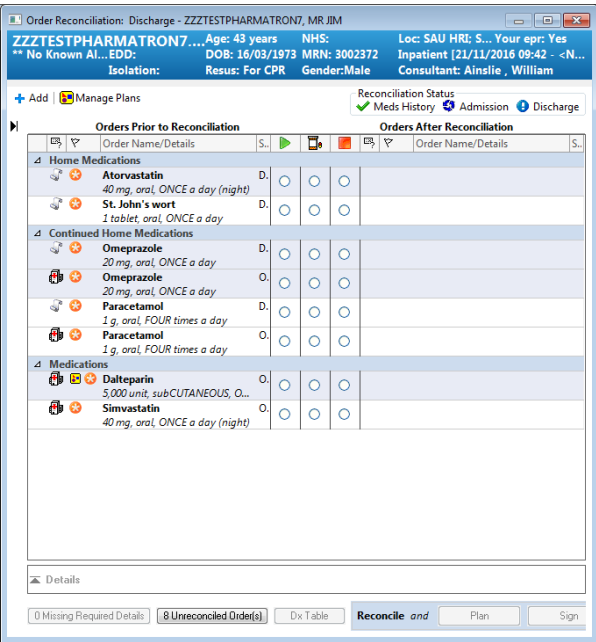



QRG	Discharge Medication Reconciliation	
No.	Action	Responsibility
1.	Open patient Record in PowerChart	Medical / non-medical prescriber
2.	Click Depart and then click the pencil icon next to Discharge Medication 	Medical / non-medical prescriber
3.	From the Medicine Reconciliation window, depending on the clinical need of the patient the prescriber will need to decide which to continue, start or stop.  The medicines are grouped by type: <ul style="list-style-type: none"> <li>• Home Medications [medicines the patient was taking at home but not as an inpatient]</li> <li>• Continued Home Medications [medication the patient was taking at home and has been continued while inpatient]</li> <li>• Medications [medicines started whilst an inpatient]</li> </ul>  <p>To see the full medication history press  (under the add button) and select <b>Medication History Snapshot</b>.</p> <p>This will show a history of all the discharge and history medications in sequential time order.</p>	Medical / non-medical prescriber

28/02/2017 9:56 - Test , CH_CLINP1			
<b>Atorvastatin</b> 40 mg, oral, ONCE a day (night)	28/02/2017 9:56	Documented	
<b>Omeprazole</b> 20 mg, oral, ONCE a day	28/02/2017 9:56	Documented	
<b>Paracetamol</b> 1 g, oral, FOUR times a day	28/02/2017 9:56	Documented	
<b>St. John's wort</b> 1 tablet, oral, ONCE a day	28/02/2017 9:56	Documented	

4. The key parts of this screen are as follows.

Orders Prior to Reconciliation		Status	B	C	D
<b>Home Medications</b>					
	<b>Atorvastatin</b> 40 mg, oral, ONCE a day (night)	Documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Omeprazole</b> 20 mg, oral, ONCE a day	Documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Paracetamol</b> 1 g, oral, FOUR times a day	Documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>St. John's wort</b> 1 tablet, oral, ONCE a day	Documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A = The + Add button is used to add new discharge prescriptions.

B = Continue After Discharge must **NOT** be used

C = Create new Rx must be used for all medications the patient must continue on discharge. If there is a documented item and an ordered item, the action should be selected against ONLY the ordered item.

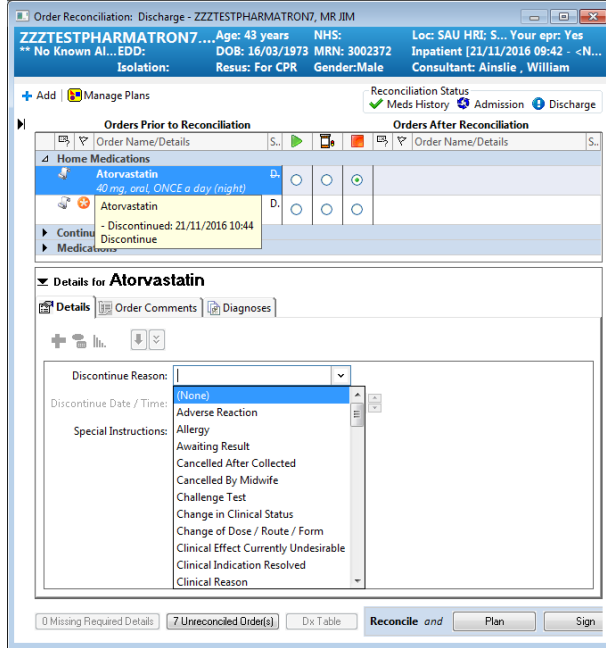
D = Do not continue after discharge is used ONLY for drug history meds stopped on admission. This action cannot be undone so only do this when you are definitely sure the medication has been stopped.

5. For history home medications ONLY, document the reason for stopping by clicking the radio button under red square

Orders Prior to Reconciliation		Orders After Reconciliation	
	<b>Atorvastatin</b> 40 mg, oral, ONCE a day (night)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>St. John's wort</b> 1 tablet, oral, ONCE a day	<input type="checkbox"/>	<input type="checkbox"/>

Then click the drug name, to document for the GP why this med was stopped (select from drop down and add further comments as necessary)

Medical / non-medical prescriber

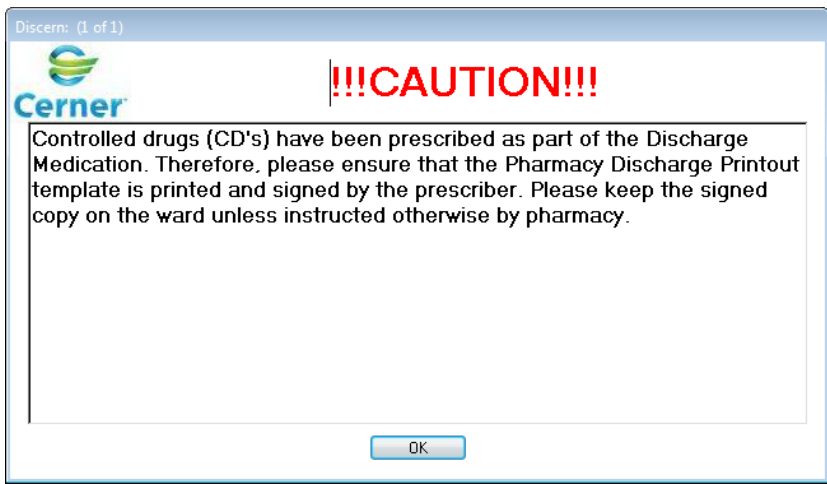


6. For every type of medication to be continued (or restarted) at home, click the radio button beneath the pill bottle icon. (For continued home medications, there are two entries per drug – choose the inpatient order rather than the documented history med as this will be more current / detailed)  
 There is no need to select any radio buttons for medications that are not to be continued (e.g. below – Dalteparin)  
**IMPORTANT:** Please note that not every item on the left side of the screen needs to have an action against it. Items can remain un-reconciled on discharge (and will have to be as in the example below the action to continue is only against the ordered Paracetamol or ordered Omeprazole, not the documented items)

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	S...			Order Name/Details	S...		
<b>Home Medications</b>							
Atorvastatin 40 mg, oral, ONCE a day (night)	D.		<input type="radio"/>				
St. John's wort 1 tablet, oral, ONCE a day	D.		<input type="radio"/>	St. John's wort 1 tablet, oral, ONCE... < Notes... >	P.		
<b>Continued Home Medications</b>							
Omeprazole 20 mg, oral, ONCE a day	D.		<input type="radio"/>				
Omeprazole 20 mg, oral, ONCE a day	O.		<input type="radio"/>	Omeprazole 20 mg, oral, ONCE... < Notes... >	P.		
Paracetamol 1 g, oral, FOUR times a day	D.		<input type="radio"/>				
Paracetamol 1 g, oral, FOUR times a day	O.		<input type="radio"/>	Paracetamol 1 g, oral, FOUR time... < Notes... >	P.		
<b>Medications</b>							
Dalteparin 5,000 unit, subCUTANEOUS, O...	O.		<input type="radio"/>				
Simvastatin 40 mg, oral, ONCE a day (night)	O.		<input type="radio"/>	Simvastatin 40 mg, oral, ONCE... < Notes... >	P.		

7. In the “Orders after Reconciliation” column, medicines which have missing details are indicated by this symbol: and a running total of missing details is displayed at the bottom:  
  
 Clicking this repeatedly will open the OEF for each medication until the clinician has entered all the required details.

	<p>Alternatively, you can click the drug name in the right hand column or use the shortcut buttons   to jump to the next missing detail or next order.</p>	
<p>8.</p>	<p>As a minimum for each drug, the eCARE will require the identification of the medicine as an Admission Med and whether the GP should continue. Other details can be amended at this point as required (eg dose/frequency changes)</p> <p><b>*Admission Med:</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>*GP to Continue:</b> </p> <p><b>Important:</b> if the response to Admission Med is 'No', you will need to enter an indication if not already documented by the original prescriber. If the dose or frequency has changed from the documented item, change the "Dose Change Reason" from the default "N/A" as appropriate.</p> <p><b>*Dose Change Reason:</b> <input type="text" value="N/A"/></p>	<p>Medical / non-medical prescriber</p>
<p>9.</p>	<p>New medications can be added at point of discharge by clicking the Add button top left, then in the window which opens ensure that the medication type is "Discharge Medication".</p> <p>    Discharge Medication </p>	<p>Medical / non-medical prescriber</p>
<p>10.</p>	<p>Once all details completed, click "Reconcile And Sign"</p> <p></p>	<p>Medical / non-medical prescriber</p>
<p>11.</p>	<p>If you have prescribed a <b>controlled drug</b>, you are prompted to print and sign the Pharmacy copy.</p>	<p>Medical / non-medical prescriber</p>



Select the template for "Pharmacy Discharge Printout"

Templates:  ▼

And  the form. The form will print to the default printer for the terminal you are using so check you know where it will print to before pressing the button.

12. An alert will fire to select the appropriate TTO path:

Discern: (1 of 1)

**!!!CAUTION!!!**

Cerner

Have you finished prescribing for ZZZARROW, JO

To send the request to Pharmacy select the order for "Pharmacy Discharge Medication"

To complete the TTO on the ward with TTO packs select "Nurse/Midwife TTO pack issue"

All TTO requests to be received in pharmacy before 15:30hrs on weekdays and 14:00 hrs at the weekend.

If a TTO is required after the above times for the same day discharge, the prescribing doctor needs to call pharmacy on Ext.85721, prior to the request being sent.

Add Order For:

Pharmacy Discharge Medication

Nurse/Midwife TTO pack issue

ED Only - Dispense by ED doctor -> Once

OK

Ensure you have placed a **tick** in the order that you require and then click "OK"

If you do not want the Pharmacy / Nurse to start their part of the process, do not tick any of the options and click on "OK".

**IMPORTANT:** The TTO process will not start until one of the options is actively selected. The order can be placed manually via the "Requests/Care plans" screen or the above alert is triggered once an amendment is made to the prescription and you have clicked on

Reconcile And Sign

13.

This will create an order that will need signing. Add further information for Pharmacy as appropriate then click "reconcile and sign"

Details for **Pharmacy Discharge Medication**

Details | Order Comments | Diagnoses

Requested on: 06/03/2018 1249 GMT

Special Instructions:

Medical / non-medical prescriber

14.

The Discharge Letter is then Displayed  
Review the medication component of the discharge letter and then close patient.

Medical / non-medical prescriber