

Rx Clinical Minute July edition

WRH Pharmacy Department

7/22/2019

Questions surrounding the new BPMH form at the Ouellette campus

Question #1: What do I do with when insulin is a home medication listed on the BPMH?

Answer:

- Home insulins can still be written on the BPMH form for availability at discharge.
- However, for inpatient orders, insulins **MUST** be transcribed onto the glycemic treatment orders and faxed to pharmacy.
- An RN, pharmacist or doctor can re-transcribe the insulin orders on to the buff coloured glycemic orders. This should be done at the time of ordering to avoid any delay in patient's insulin therapy.

Question #2: How can I resolve medication discrepancies after the ERP has signed the white admission medication reconciliation form?

Answer:

- Once the ERP has signed the white portion of the BPMH, discrepancies or clarifications can be made on the MRP section (if MRP has not signed off) **OR** on the pink physician treatment orders.

3.

C. MRP REVIEW OF MEDICATIONS		
To be completed by physician:		
Initial to indicate whether to continue, discontinue, or modify the home medication regimen(s).		
List any new medications to be started on regular "Physician Orders" forms		
Continue as at home	Stop home med	* Hold orders with instructions * Modified orders

- If the MRP has signed off, discrepancies can only be done on the pink physician treatment **AND** the blue discharge prescription to ensure accurate home medication list at discharge.

Question #3: The MRP is often signing the form without the RN being aware. How can we improve this process?

Answer:

- Currently, pharmacy has identified the orders re-written with a note on the CMAR indicating: "x24 hour order unless MRP signs off on medication". If this statement is found, please verify that the MRP has assessed the medication reconciliation.
- Starting in August, the ED orders will have a hard automatic stop of 24 hours. Hence all medications will not appear on the CMAR.

Question #4: The medication reconciliation is hard to read and hard to tell once it's been stamped "faxed". How can we improve this process?

Answer:

- Please do not stamp over top of medication names.
- ER should stamp in the ERP column (below medications)
- MRP section should be stamped in the MRP column.
- All admission orders need to be assessed by the ERP and the MRP and faxed to pharmacy at each assessment.

Question #5: Why does an antibiotic name appear sometimes on the bottom left hand corner of the discharge prescription (the blue section)?

Answer:

- The admission BPMH asks to list the name of antibiotics which have been used in the last 3 months in order to assess the appropriate antibiotic on admission. However, the name of the antibiotic does get transcribed on the blue discharge sheet. This should be disregarded as it is not in the appropriate column and does not constitute a valid prescription.

Question #6: My unit only carries the BPMH form but some other units have another accompanying "discharge form".

Answer:

- The BPMH form is form # 2208.
- There is an accompanying discharge form (#2208B) which can be ordered by the ward clerk on your unit. The purpose of the accompanying form is to facilitate for more discharge prescriptions to be written.

Question #7: I am an ER RN and we place the BPMH forms on our clipboards, however they do not fit. How can we improve this?

Answer:

- The completed BPMH must be separated once the medication list has been gathered from the patient to avoid any further markings to the blue discharge prescription.
- The admission (white form) is considered the first order in the chart.
- The discharge (blue form) is considered the last order in the chart.
- All other treatment orders go in between the admission & discharge orders.

Question #8: I am a mental health RN and we have two MRP's (psychiatrist & hospitalist) who look at the BPMH. Can they both sign off?

Answer:

- No. Only one MRP can sign the BPMH order
- The other MRP must write all the orders on the pink treatment physician orders
- Pharmacy will place the home medications on hold, until reassessed by the second MRP.

*****REMINDER***** Patient identifiers/ information must be added to the discharge prescription

- Please do not forget to add a patient information sticker on both the white admission copy and the blue discharge copy.
- The discharge prescription is an invalid if two patient identifiers are not found.

Any other questions?

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