

## **Medication Reconciliation Audit Outpatient Units**

(using RxPad)

## **INSTRUCTIONS:**

- Make dark marks that fill the circle completely.
- Do not Staple, Hole Punch or Photocopy.
- Use a No. 2 pencil or BLUE or BLACK ink pen only. Do not use pens with ink that soaks through the paper.
  - Make no stray marks.

Right Mark:

No

N/A

Wrong Mark:



FACILITY	COST CTR	DATE		
O LEH		MONTH I	DAY YEAR	
O LECH	0000	Feb Mar		7
	0000	Apr (1	00000	)
OLGSH	3333	June 3		
O LMPH	(4) (4) (4) (5) (5) (5) (5)	O July Aug	4     4     4     4       5     5     5     5	
O LMHMC	6666	Oct	6 6 6 6 (	
O LSCH	888	O Nov	8888	
O CLINICS	9999	O Dec	9999	<u>기</u>

1. Is there evidence that the home meds were reviewed in RxPad for the current encounter?	Ò	0	Ò
2. Were new prescriptions entered into RxPad?	$\Diamond$	$\bigcirc$	0
3. Did the patient receive a list of discharge medications (report #11)?	Ó	Ó	$\dot{\Diamond}$

3. Did the patient receive a list of discharge medications (report #11)?

Please return to Quality Data Management S.O.

## DO NOT PHOTO COPY!

If additional copies are needed, please contact Mike Cox x55994, or Julie Lewis x55753

## **DO NOT STAPLE or HOLE PUNCH!**