

Medication Reconciliation Audit <u>Outpatient Units</u>

(not using RxPad)

INSTRUCTIONS:

- Use a No. 2 pencil or BLUE or BLACK ink pen only. Do not use pens with ink that soaks through the paper.
 - Mala and pond into

Right Mark:

• Make dark marks that fill the circle completely.

Make no stray marks.

Wrong Mark: Ø⊠⊕⊙

• Do not Staple, Hole Punch or Photocopy.

FACILITY COST CTR DATE
MONTH DAY YEAR
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O LECH 0000 O Mar 000000
O LECH 0000 O Mar 00000 O Apr 01010101
O LGSH 222 O May 22222
3333 June 333333
O LMPH 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
5 5 5 5 5
O LMHMC 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
9999 O Dec 9999
O CLINICS

	Yes	No	N/A
1. Was the home medication list collected?	\bigcirc	\bigcirc	\bigcirc
2. Were new prescriptions given to the patient?	O O	Ó	0
3. If "Yes" was the updated list of home meds given to the patient?	\bigcirc	\bigcirc	\bigcirc
4. If "No" was the patient's home medication list returned to him/her?	Ó	Ó	Ó

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!