

2. Complete ADR status

Attach ADR Sticker

ALLERGIES & ADVERSE REACTIONS (ADR)
 Nil Unknown (tick appropriate box or complete details below)

DRUG (or other)	Reaction/Type/Date	Initials

Sign _____ Print _____ Date _____

1. Attach a Patient ID sticker on both sides and print patient name underneath

AFFIX PATIENT IDENTIFICATION LABEL HERE & OVERLEAF

U.R. Number _____
 Surname _____
 Given Names _____
 Address _____
 D.O.B. / / Sex _____

Print Patient Name and
 Check Label Correct:

Best Possible Medication History and Reconciliation Chart No. of

Pregnant: N/A No Yes - Weeks:.....
 Height:cm Weight:kg Breastfeeding: N/A No Yes
 IBW:kg

3. Document the patient's pre-admission medications (including non prescription & herbal)

4. Document the reason the patient takes the medication

5. Document your plan for each medication on admission & initial each entry

Best Possible Medication History on Admission						Reconciliation		
Medicine Generic name (Trade name)/Strength/Form/ Route	Dose	Frequency	Indication (confirm with patient)	Dr's Plan on admission ✓ : Continue w : Withhold x : Cease ▲ : Change	Initials	Reconcile ✓	Initials	Supply Required on Discharge
1								
2								
3								
4								
5								

Unable to obtain BPMH at time of admission Reason: Initial: Date:...../...../.....

6. Record the sources of information used to document the BPMH. At least two sources is recommended

Sources: General Practitioner Patient/Carer Own Medicines Previous Admission
 Community Pharmacist Residential Care Facility Patient list Other.....

Name	Profession	Sign & Date	Initial	Name	Profession	Sign & Date	Initial

7. Record your name, profession, signature, initials and the date

KEEP WITH ACTIVE MEDICATION CHART - DO NOT REMOVE