

## Did You Know?

### Using Transfer Note rather than discharge medication reconciliation

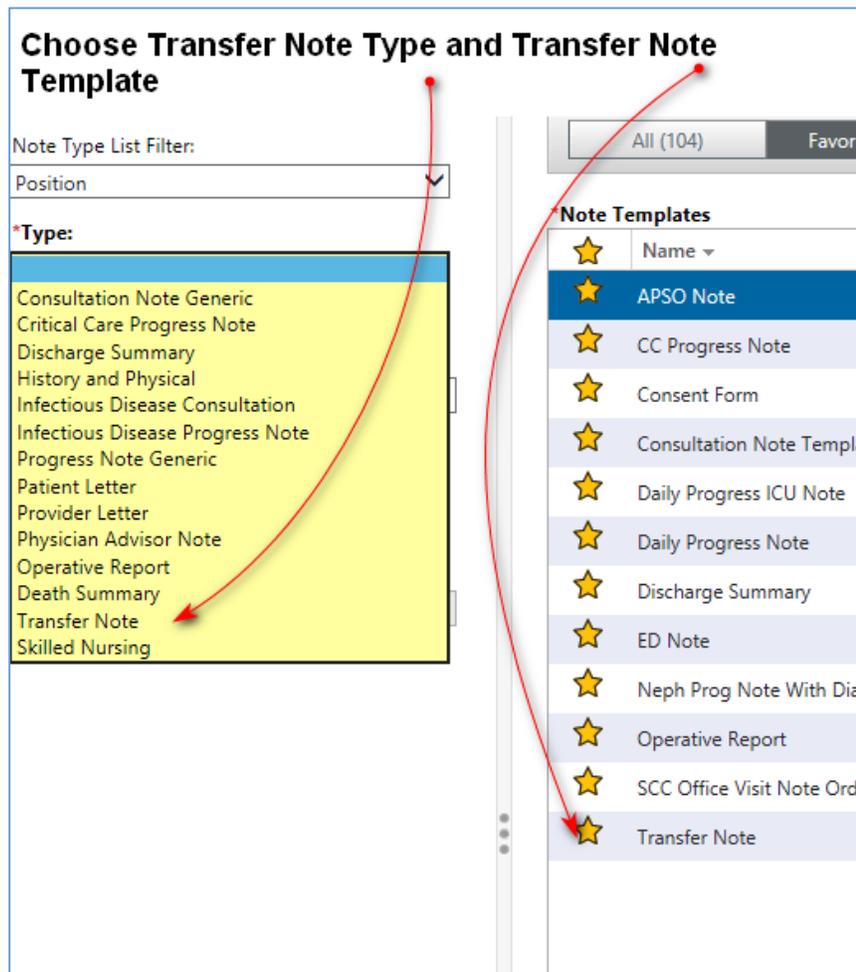
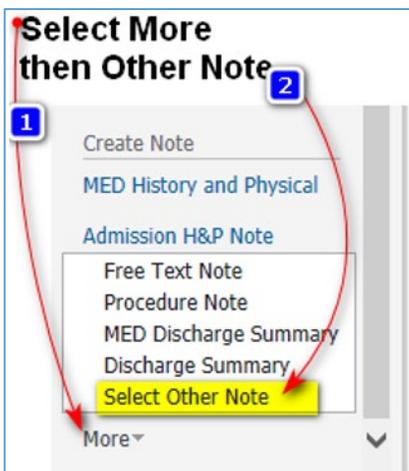
When patient is transferred to another acute care facility, specifically for inpatient transfer, important information about medications is a list of medications that the patient is being administered at the time of transfer. Of additional importance is the home medication list at the time the patient was admitted to our hospital. Discharge medication reconciliation is the improper method of creating these two lists.

Use the **Transfer Note** dynamic documentation template to prepare transfer information. This template automatically includes all medication at the of time admission as well as the medication at the time of transfer.

Using discharge medication reconciliation tool should not be performed on this particular type of transfer. The medical care is important, not turning the checkmark green.

#### Steps for using the Transfer Note:

Choose the transfer note as below:





**This template has both admission home meds and current inpatient meds**

**Medications**

Inpatient

Catheter Flush - heparin 5,000 units/mL injectable solution, 15000 units= 3 mL, Intracatheter, As Directed  
 Dextrose 10% Water Bolus\*, 100 to 150 mL, IV Bolus, every 15 min, PRN  
 dextrose 50% Syringe, 12.5 g= 25 mL, IV Push, every 15 min, PRN  
 glucagon, 1 mg= 1 EA, IM, As Directed, PRN  
 heparin 5,000 units/mL injectable, 5000 units= 1 mL, Subcut, TID  
 heparin additive 10,000 units [1000 units/hr] + Step 2 barcode for AHD/SLED 10 mL  
 HumaLOG., Per Glucomander, Subcut, PCHS and 3 AM  
 HumaLOG., Per Glucomander, Subcut, As Directed, PRN  
 Lantus, Per Glucomander, Subcut, QHS  
 norEPINEPHrine additive\* 4 mg [0.01 mcg/kg/min] + Dextrose 5% Water\* 250 mL  
 Pharmacy Communication, 1 EA, N/A, As Directed  
 Tessalon Perles, 100 mg= 1 cap, Oral, TID, PRN  
 Tylenol, 650 mg= 2 tab, Oral, every 4 ho, PRN  
 Zofran, 4 mg= 2 mL, IV Push, every 6 hours., PRN  
 Zosyn, 4.5 g= 100 mL, IV Piggyback, every 12 hours.

Home

insulin pen needles, 1, Daily  
 Lantus Solostar Pen 100 units/mL subcutaneous solution, 20 units, Subcut, every morning  
 Lantus Solostar Pen 100 units/mL subcutaneous solution, 10 units, Subcut, every evening  
 Lipitor 40 mg oral tablet, 40 mg= 1 tab, Oral, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Norvasc 10 mg oral tablet, 10 mg= 1 tab, Oral, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Triple Antibiotic topical ointment, 1 app, Topical, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Tylenol Regular Strength 325 mg oral tablet, 325 mg= 1 tab, Oral, every 8 hours., PRN  
 Vitamin D3, 50 mcg, Oral, Daily

**Complete appropriate sections**

Brief Hospital Course



these will be discharge dx

Assessment/Plan

1. Sepsis (A41.9: Sepsis, unspecified organism)
  2. Septic shock (R65.21: Severe sepsis with septic shock)
  3. Bacteremia (R78.81: Bacteremia)
  4. ESRD (end stage renal disease) (N18.6: End stage renal disease)
  5. Anemia in CRF (D64.9: Anemia, unspecified)
  6. Hyponatremia (E87.1: Hypo-osmolality and hyponatremia)
- UTI (urinary tract infection) (N39.0: Urinary tract infection, site not specified)

**And use the transfer note as the discharge summary.**

## KD Hub Updates – Interfacility Transfer Med Rec

**ALTERNATIVELY, you can use the discharge summary note  
(DO NOT DO Discharge Med Reconciliation)  
use the ..meds-inpatient auto text to add inpatient meds**

**Discharge Medications**

Home  
 insulin pen needles, 1, Daily  
 Lantus Solostar Pen 100 units/mL subcutaneous solution, 20 units, Subcut, every morning  
 Lantus Solostar Pen 100 units/mL subcutaneous solution, 10 units, Subcut, every evening  
 Lipitor 40 mg oral tablet, 40 mg= 1 tab, Oral, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Norvasc 10 mg oral tablet, 10 mg= 1 tab, Oral, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Triple Antibiotic topical ointment, 1 app, Topical, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Tylenol Regular Strength 325 mg oral tablet, 325 mg= 1 tab, Oral, every 8 hours., PRN  
 Vitamin D3, 50 mcg, Oral, Daily  
 ..med

**Pending Labs and Studies**

### DC Summary with Admission Home Meds (DC med rec NOT DONE) and inpatient meds

**Discharge Medications**

Home  
 insulin pen needles, 1, Daily  
 Lantus Solostar Pen 100 units/mL subcutaneous solution, 20 units, Subcut, every morning  
 Lantus Solostar Pen 100 units/mL subcutaneous solution, 10 units, Subcut, every evening  
 Lipitor 40 mg oral tablet, 40 mg= 1 tab, Oral, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Norvasc 10 mg oral tablet, 10 mg= 1 tab, Oral, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Triple Antibiotic topical ointment, 1 app, Topical, Daily, **Still taking, not as prescribed:** verified med hx with Rite-Aid and with patient  
 Tylenol Regular Strength 325 mg oral tablet, 325 mg= 1 tab, Oral, every 8 hours., PRN  
 Vitamin D3, 50 mcg, Oral, Daily

**Medications (15) Active**

Scheduled: (6)  
**heparin 5,000 units/mL Inj 1 mL** 15,000 units 3 mL, Intracatheter, As Directed  
**heparin 5,000 units/mL Inj 1 mL** 5,000 units 1 mL, Subcut, TID  
**insulin glargine 100 U/mL Vial 10 mL** Per Glucommander, Subcut, QHS  
**insulin lispro 100 unit/mL 3 mL** Per Glucommander, Subcut, PCHS and 3 AM  
**Pharmacy Communication** 1 EA, N/A, As Directed  
**piperacillin-tazobactam 4.5 g/100 mL** 4.5 g 100 mL, IV Piggyback, every 12 hours.  
 Continuous: (2)  
**heparin 1,000 units/mL Inj 10,000 units [1000 units/hr] + Step 2 barcode for AHD/SLED 10 mL** 10 mL, IV, 1 mL/hr  
**norEPINEPHrine 4 mg [0.01 mcg/kg/min] + Dextrose 5% Water 250 mL** 250 mL, IV, 2.93 mL/hr  
 PRN: (7)  
**acetaminophen 325 mg Tab** 650 mg 2 tab, Oral, every 4 hours.  
**benzonatate 100 mg Cap** 100 mg 1 cap, Oral, TID  
**Dextrose 10% Water Bolus 250 mL** 100 to 150 mL, IV Bolus, every 15 min  
**Dextrose 50% Vial 50 mL** 12.5 g 25 mL, IV Push, every 15 min  
**glucagon recombinant 1 mg Inj** 1 mg 1 EA, IM, As Directed  
**insulin lispro 100 unit/mL 3 mL** Per Glucommander, Subcut, As Directed  
**ondansetron 2 mg/mL Inj 2 mL** 4 mg 2 mL, IV Push, every 6 hours.]

**Pending Labs and Studies**

**This process will put the correct information in the transfer documents, and leave the patient's original home medication list intact. It will fulfill regulatory requirements for discharge med reconciliation.**

*If any questions, then please contact MD Support @x5040*