



ADDENDUM/THERAPEUTIC SUBSTITUTION ORDER from Pharmacy

(For modifying and substituting medications listed on the "Best Possible Medication History and Admission Reconciliation and Order Form")

Clarification of Medications Prior to Admission (Regularly Scheduled and PRN Medications)	Review & Order			
	Con-tinue	Change (see last column)	Do Not Order/ Discon-tinue	Change/Comments/ Reason for Clarification
				<input type="checkbox"/> Omission <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> No longer Taking <input type="checkbox"/> Other
				<input type="checkbox"/> Omission <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> No longer Taking <input type="checkbox"/> Other
				<input type="checkbox"/> Omission <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> No longer Taking <input type="checkbox"/> Other
				<input type="checkbox"/> Omission <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> No longer Taking <input type="checkbox"/> Other
				<input type="checkbox"/> Omission <input type="checkbox"/> Dose or Frequency <input type="checkbox"/> No longer Taking <input type="checkbox"/> Other

Information Source:

<input type="checkbox"/> DPIN	<input type="checkbox"/> Family Recall	<input type="checkbox"/> Patient Recall	<input type="checkbox"/> Medication Administration Record (MAR)
	<input type="checkbox"/> Bubble Pack	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other : _____
	<input type="checkbox"/> HOME Medication List	<input type="checkbox"/> Medication Vials	

Orders clarified with: _____ **Pharmacist Signature/Printed Name** _____ **Date:** _____ **Time:** _____

Prescriber's Signature: (to be signed within 24 hours) _____ **Prescriber's Printed Name:** _____ **Date:** _____ **Time:** _____

<i>Automatic Therapeutic Substitutions</i>			
DISCONTINUE	CHANGE TO		

Pharmacist Signature: _____ **Date:** _____ **Time:** _____

Orders Transcribed/Verified by: _____ / _____ **Date:** _____ **Time:** _____ **Page** _____ **of** _____

DO NOT REMOVE FROM THE CHART **Please place form in Order Section**

Instructions for Use of the Addendum/Therapeutic Substitution Order Form

Guideline:

This is an order form completed by pharmacists when:

- clarifying medications with the prescriber in reference to the list of medications written on the "Best Possible Medication History and Admission Reconciliation and Order Form".
- substituting a medication that is non-formulary as per the Autosubstitution policy.

Procedure:

Pharmacists:

1. List all new medication information obtained about prescription and over-the-counter (OTC) medications taken prior to admission including dose, route, and frequency in the left-hand column labeled "Clarification of Medications prior to Admission"
2. Use a second form if there is insufficient space and indicate the page number in the bottom right hand corner.
3. Check all applicable boxes in the section labeled "Information Source"
4. Review each new medication with the physician and check off the appropriate box
 - a. Check off "Continue" if the medication is to be continued according to new information obtained. The previous order for that medication is therefore discontinued.
 - b. Check off "Change" if the new medication instructions (dose/route/frequency) is to be changed. Write the new order in the "Prescriber's changed orders" section.
5. Check off "Do not order/Discontinue" if the medication clarified with the prescriber is NOT to be ordered or if the previously ordered medication is to be discontinued.
6. Document the reason for clarification of the medication taken prior to admission by checking off the appropriate box ("omission" of the medication, different "dose/frequency", patient is "no longer taking" the medication or "other" with reason). Provide any other comments as appropriate (For example: Indicate reason for not changing the previous medication order based on new medication information)
7. Indicate the prescriber's name with whom the orders were clarified with "Orders clarified with".
8. Sign/print your name and record the date and time.
9. Make a copy of the completed form for pharmacy records.
10. Send the completed form to the unit for processing and inclusion in the patient's chart.

Nurses/Unit Clerks:

11. Transcribe ONLY orders that are checked in the box marked "continue" and discontinue any corresponding orders for the specified medication.
12. Discontinue the medication from the Medication Administration record if the medication (same dose/route/frequency) is checked off as "Do not order/Discontinue".
13. Transcribe all medication orders written in the "Prescriber's changed orders" section.
14. In the "Automatic Therapeutic substitution" section, discontinue the medication indicated and transcribe the new "Change to" medication order.
15. As per established procedures complete the transcription/verification section of the form.
16. File the completed form in the Orders section of the chart in reverse chronological order.

Prescriber:

17. Review and co-sign the order form within 24 hours from the time that the medication order was taken by a pharmacist.