



## Obstetrical Best Possible Medication History (BPMH), and Reconciliation at Admission and Discharge

ADMISSIONS	Allergies/ Intolerances (include type of reaction) <span style="float: right;"><input type="checkbox"/> None Known <input type="checkbox"/> Unable to Obtain</span>					
	Medications Taken Prior to Admission (Prescription, Non-prescription/Alternative) Medication, Dose, Route, Frequency, Last Dose			<b>Prescriber Review &amp; Order</b> Review each medication & check off appropriate box		
	<input type="checkbox"/> Takes No Medications	Information Source(s): <input type="checkbox"/> DPIN <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Patient/Caregiver <input type="checkbox"/> Other _____	<b>Admission</b>		<b>Discharge</b>	
			<b>Con- tinue</b>	<b>Do Not Order</b>	<b>Reason for NOT ordering</b>	<b>Con- tinue</b>
	<input type="checkbox"/> Prenatal vitamins 1 tablet po daily		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Use a second form if there is insufficient space <input type="checkbox"/> N/A <input type="checkbox"/> YES						
<b>DVT/VTE Prophylaxis (see back of orders for Risk Stratification)</b> <b>Level of Risk:</b> <input type="checkbox"/> Low <input type="checkbox"/> Moderate/High Risk <input type="checkbox"/> Highest Risk <input type="checkbox"/> Heparin 5000 Units Subcut BID <input type="checkbox"/> No Prophylaxis Required <input type="checkbox"/> Dalteparin 5000 Units Subcut Daily <input type="checkbox"/> Already Adequately Prophylaxed <input type="checkbox"/> Mechanical Prophylaxis-Antiembolic Stockings (AES) Rationale: _____ <input type="checkbox"/> Review with patient "Clot Prevention" teaching sheet			<b>Compliance and Assessment of Educational Needs</b> How often do you miss doses: _____ Why do you forget? _____ Have you stopped, started or changed any drugs in the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Who administers your medications? _____ Do you keep a medication list? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the list up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical History taken by: <i>Date &amp; Time</i>			Signature: _____			
Reconciliation ON ADMISSION completed by: <i>Date &amp; Time</i>			Signature: _____			
Admission Orders Transcribed: <i>Date/Time/Initials:</i>			Reviewed by: <i>Date/Time/Initials:</i>			
Orders faxed/scanned to Pharmacy: <i>Date/Time/Initials:</i>						

<b>Prescribers Instructions: On discharge, review pre-admission medications. A prescription must be written below for any additions or changed medication instructions, including any pre-admission medications discontinued or needing refills</b>		
DISCHARGE PRESCRIPTION	Patient Address: _____	Phone Number: _____
	<b>Rx</b> _____	Confidential Facsimile To: _____
	_____	Pharmacy Name: _____
	_____	Pharmacy Fax#: _____
	_____	<input type="checkbox"/> Faxed Initials: _____ Date/Time: _____
	_____	<b>OR</b> <input type="checkbox"/> Original Given to Client
	_____	<b>Prescriber Information</b>
	_____	Name: _____
_____	Signature: _____	
_____	License #: _____	
_____	Date / Time: _____	
Discharge Medication Reconciliation Verified by (Nurse's Signature): _____		
Retain in order section of patient's health record once completed. If prescription provided on discharge, photocopy and keep the copy in patient's chart		

## Risk Assessment and VTE Prophylaxis Recommendations

<b>Low Risk</b>	
<ul style="list-style-type: none"> <li>No reduction of mobility compared to usual state.</li> <li>Have reduced mobility, but an expected length of stay of 2 days or less and <b>no risk factors</b> (see Risk Factor Table)</li> <li>Same day surgery patients*</li> <li>Surgical procedure with a total anesthetic and surgical time of less than 60 minutes and <b>no risk factors</b> (see Risk Factor Table)</li> </ul>	Early Ambulation

<b>Moderate/High Risk</b>	
<ul style="list-style-type: none"> <li>Have had or are expected to have significantly reduced mobility for 3 days or more</li> <li>Are expected to have ongoing reduced mobility (compared to their usual state) AND have one or more <b>risk factors</b> (see Risk Factor Table)</li> <li>Surgical procedure with a total anesthetic and surgical time of 60 minutes or longer, or less than 60 minutes with one or more <b>risk factors</b> (see Risk Factor Table)</li> <li>Mechanical ventilation</li> </ul>	Unfractionated heparin 5000 unit subcut BID, <b>OR</b> Dalteparin 5000 unit subcut Daily

<b>Highest Risk</b>	
<ul style="list-style-type: none"> <li>Surgical or non-surgical trauma patient including those with spinal cord injuries/paralysis</li> <li>Major surgery (orthopedic, abdominal, cancer removal)</li> <li>Congenital and/or acquired coagulation disorder</li> </ul>	Dalteparin 5000 unit subcut Daily <b>OR</b> Rivaroxaban 10mg po Daily (approved post knee and hip replacement)

\*Same day surgery patients that are expected to have prolonged post-surgical immobility may require outpatient VTE prophylaxis

<b>Risk Factors</b>	<b>One or More Significant Medical Conditions</b>
• Dehydration	• Sepsis or severe acute infection
• Previous VTE	• Heart disease (CHF, MI, etc.)
• First-degree relative with a history of VTE	• Respiratory pathology
• Obesity (body mass index over 30 kg/m <sup>2</sup> )	• Inflammatory condition (i.e. IBD, Crohn, Colitis)
• Use of hormone replacement therapy	• Rheumatological disease
• Use of estrogen-containing contraceptive therapy	• Nephrotic syndrome
• Varicose veins with phlebitis	• Thrombophilic disease (i.e. antiphospholipid syndrome)
• ICU admission	• Cancer with or without active treatment
• Trauma (elevate to High Risk)	• Myeloproliferative disorders (elevate to High Risk)