



MOUNT ST. MARY HOSPITAL
 Medical QI & Interdisciplinary Team
 Medication Review Preparation Form

Date of Review: _____

Last GP Visit: _____

NURSE TO COMPLETE:

Are there any recent marked changes to the resident's health status? **YES / NO** Specify: _____

Referral to Geripsychiatrist at current facility? **YES / NO**

Is patient a fall risk? **YES / NO** Scott Score: _____ Date: _____ Number of falls in past 6 months or since last review: _____ Stands? **YES / NO** Walks? **YES / NO**

Are there any PRN's that are being used frequently that could be ordered regularly?

Are there any PRN's that have not been used in the past 60 days? Specify: _____

Are there any Nursing concerns about medications? See MAR & TAR & identify: _____

VITAL SIGNS	LATEST VALUE		PREVIOUS VALUE (as needed)	
	Value	Date	Value	Date
BP - Blood Pressure (mmHg):				
P - Pulse (BPM) If < 50 list previous:				
W - Weight (kg)				
BMI				

Nurses Signatures: _____

PHARMACIST TO COMPLETE:

Are all medications indicated (i.e. matching diagnosis)? **YES / NO** Specify: _____

Does the resident have a condition that is not being treated? **YES / NO** Specify: _____

Are there any medications that could be contributing to falls? **YES / NO** Specify: _____

LABORATORY VALUES	LATEST VALUE		PREVIOUS VALUE (as needed)	
	Value	Date	Value	Date
Ferritin - 20 - 160 ug/L				
Hgb - Hemoglobin F (120-150g/L); M (136-170 g/L)				
MCV - Mean Cell Volume (82 - 98 fL)				
B12 - Vitamin B12 (150 - 600 pm/L)				
Na+ - Sodium (135 - 145 mmol/L)				
K+ - Potassium (3.5 - 5.0 mmol/L)				
eGFR - Estimated Glomerular Filtration Rate ml/min)				
SCr - Serum Creatinine (60 - 100 umol/L)				
HgA1c - Average Blood Glucose Levels (%)				
INR - International Normalized Ratio				
TSH (0.34 - 5.6 mIU/L)				
Other Applicable Lab Values				

Pharmacist Signature: _____

