**Admission Medication Review Communication**

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| **Dr.** | **Fax:** |
| **Last Physician Visit:** | **Phone:** |

Admission medication reviews are conducted by the Medical Coordinator in order to rationalize therapy and reduce polypharmacy and its potential for adverse effects upon newly admitted residents to [facility name].

Resources consulted for these reviews include: Choosing Wisely Canada; SharedCare BC; Therapeutic Initiative & Provincial Academic Detailing (PAD).

**Use of Previous Medications:** The average length of stay in residential care is 20 months. As 19% of new admissions die within the first 6 months and 30% die within the first year, the benefit of preventative medications is doubtful at best. Please carefully consider the use of anti-coagulant medications in an environment where falls are common and lead to unnecessary investigations to rule out intracranial injury. Along with these considerations, review whether future diagnostic investigations are necessary for your residents.

**Hospital Transfers:** Whenever hospital transfer is being considered, please personally evaluate the resident to reduce unnecessary transfers with their attendant hazards to the elderly. If upon review, you agree with the need for transfer, please telephone Emergency and discuss with the ERP to eliminate miscommunication (which is a frequent occurrence even when documentation accompanies the resident, as it may be lost).

**Documentation:** As part of this review, the Medical Director will review PowerChart for recent consultations and relevant investigations. This will reduce unnecessary service duplication and provide the most current data for the health record.

Please ensure a physical examination and MOST are completed as soon as possible after admission. Lack of Medical Orders for Scope of Treatment (MOST) documentation is very stressful for staff when residents become ill, and physical examination will augment meaningful communication with family representatives and ensure unrecognized conditions receive appropriate treatment.

*Please carefully consider these recommendations*

*which are made in consultation with Pharmacy.*

**Medical Director Recommendations:**

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Medical Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attending Physician Response:**

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MRP Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_