MRN:_____ Name:_____ Admission Date/Time:_____ Comparison Date/Time:_____

GS Medication	Confidence	PAML Comparison	Admit Comparison	Discharge Comparison	Pharmacist Comments

Name
 	
DRF
 	
Drug Class
 	
☐ PRN
☐ OTC
 	
Comments
 	
For Additional Med
Name
	High
	Medium
	Low
		Comparison/Difference (select all that apply)
		Same Omission
		Dose Route
		Frequency Substitution
		Additional med Formulation
		Duplication Duration
		Other
		Details
		
		Questions for provider
		
		Provider Response
			Comparison/Difference (select all that apply)
			Same Omission
			Dose Route
			Frequency Substitution
			Additional med Formulation
			Duplication Duration
			Other
			Details
			
			Reason
			 Reconciliation Error
			 History Error
			 Intentional
			   Documented
			Questions for provider
			
			Provider Response
				Comparison/Difference (select all that apply)
				Same Omission
				Dose Route
				Frequency Substitution
				Additional med Formulation
				Duplication Duration
				Other
				Details
				
				Reason
				 Reconciliation Error
				 History Error
				 Patient Expired
				 Intentional
				   Documented
				Questions for provider
				
				Provider Response
					Need to notify team
					☐ Before admission orders
					☐ After admission orders but before dc orders
					☐ After discharge orders
					☐ Does not need to be notified
					Recommended action:
					_____
					Action taken by team, if any: _____
					Comments:
					_____
					
					In your opinion, is this discrepancy clinically relevant?
					☐ Yes
					☐ No

Name
 	
DRF
 	
Drug Class
 	
☐ PRN
☐ OTC
 	
Comments
 	
For Additional Med
Name
	High
	Medium
	Low
		Comparison/Difference (select all that apply)
		Same Omission
		Dose Route
		Frequency Substitution
		Additional med Formulation
		Duplication Duration
		Other
		Details
		
		Questions for provider
		
		Provider Response
			Comparison/Difference (select all that apply)
			Same Omission
			Dose Route
			Frequency Substitution
			Additional med Formulation
			Duplication Duration
			Other
			Details
			
			Reason
			 Reconciliation Error
			 History Error
			 Intentional
			   Documented
			Questions for provider
			
			Provider Response
				Comparison/Difference (select all that apply)
				Same Omission
				Dose Route
				Frequency Substitution
				Additional med Formulation
				Duplication Duration
				Other
				Details
				
				Reason
				 Reconciliation Error
				 History Error
				 Patient Expired
				 Intentional
				   Documented
				Questions for provider
				
				Provider Response
					Need to notify team
					☐ Before admission orders
					☐ After admission orders but before dc orders
					☐ After discharge orders
					☐ Does not need to be notified
					Recommended action:
					_____
					Action taken by team, if any: _____
					Comments:
					_____
					
					In your opinion, is this discrepancy clinically relevant?
					☐ Yes
					☐ No