

McLaren Flint
Department of Pharmaceutical Services
Medication Administration Communication Reconciliation Form

Date:

Time:

Nursing Unit:

Patient Name	Room Number	Medication	RN

Reason Code:

<input type="checkbox"/> Admin time changes	<input type="checkbox"/> Auto Stop Time Changed
<input type="checkbox"/> Wrong Dose, Form, Frequency or Route Entered	<input type="checkbox"/> Medication entered on wrong patient
<input type="checkbox"/> Missed New Order	<input type="checkbox"/> MAR Reconciliation Form not Sent to Pharmacy
<input type="checkbox"/> Missed Discontinue Medication Order	<input type="checkbox"/> Medication order not sent to Pharmacy
<input type="checkbox"/> PRN Entered as Scheduled, or Scheduled entered as PRN	<input type="checkbox"/> Other (Explain):

FAX TO PHARMACY ALONG WITH PHYSICIAN ORDER SHEET CONTAINING THE PATIENT NAME AND ROOM NUMBER

Notes:

Pharmacy Section

Action Taken: (Check all that apply)

<input type="checkbox"/> Order Changed	<input type="checkbox"/> Medication awaiting processing in Pharmacy queue
<input type="checkbox"/> Order not changed due to manufacturer recommendations	<input type="checkbox"/> Medication entered on patient profile prior to receipt of MAR correction form
<input type="checkbox"/> MD contacted for clarification	<input type="checkbox"/> Nurse contacted and agrees with plan of action
<input type="checkbox"/> Other (explain):	

PATIENT IDENTIFICATION

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MEDICATION ADMINISTRATION COMMUNICATION RECONCILIATION FORM