Appendix 1: Example of a final medication list at discharge. © 2017 Queen Elizabeth Hospital.
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Community Pharmacy

This copy of your medication list is provided to share with your community pharmacist if you choose.

Name: ZZ TEST, PATIENT FOURTEEN
MRN: 010199982
Attending Physician: Test, Physician, MD
Family Physician/Nurse Practitioner: No Family Doctor, Physician,

Medication List at Discharge:

acetaminophen (Tylenol Arthritis) 650 mg, Oral, 3 times a day, Refills: 2
acetylsalicylic acid (ECASA) 81 mg, Oral, once a day
citalopram 20 mg, Oral, once a day
dabigatran 150 mg, Oral, 2 times a day, Refills: 2
pantoprazole (Tecta) 40 mg, Oral, 2 times a day, Refills: 2
QUEtiapine 50 mg, Oral, bedtime, Refills: 2

Medications to Stop Taking (if applicable):

clopidogrel 75 mg, Oral, once a day
naproxen 375 mg, Oral, 2 times a day
RABEprazole 20 mg, Oral, once a day
warfarin 2 mg, Oral, once a day, based on daily INR’s

Comment:
Appendix 2: Hospital to home/alternate level of care (ALC): discharge evaluation checklist. © 2016 Queen Elizabeth Hospital. Reproduced with permission.

**Hospital to Home/Alternate Level of Care (ALC): Discharge Evaluation Checklist**

<table>
<thead>
<tr>
<th>Patient Initials:</th>
<th>Age:</th>
<th>MRN:</th>
</tr>
</thead>
</table>

Patient is being discharged to:
- Home
- Long Term Care
- Community Care
- Assisted Living
- Other: ______________ (optional)

Discharge:
- Date __________ Time __:__

Patient’s pharmacy (where patient’s medications will be dispensed): __________________________

1. Was BPMH completed (with compliance information)?
   - Yes if so was it completed prior to admission med rec? YES / NO
   - No

2. What was the position of the person who completed the BPMH? ______________

3. Was admission medication reconciliation completed?
   - Yes
   - No

4. Was the BPMH updated after admission med reconciliation was completed?
   - Yes
   - No

5. Was discharge med reconciliation completed?
   - Yes
   - No

6. Have any of the patient’s home medications been discontinued?
   - Yes
   - No

7. Have any of the patient’s home medications had dosage/frequency changes?
   - Yes
   - No

8. Were any therapeutic interchanges used while in hospital?
   - Yes
   - No

9. Have any new medications been added to the “Final Medication List” that were initiated in hospital?
   - Yes
   - No

10. Have any special authorization requirements been identified by a pharmacist in hospital?
    - Yes
    - No

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Appendix 3: Hospital to home/alternate level of care (ALC): hospital to community pharmacy feedback form. © 2016 Queen Elizabeth Hospital. Reproduced with permission.

**Hospital to Home/Alternate Level of Care (ALC): Hospital to Community Pharmacy Feedback Form**

Patient initials: ___________________ Pharmacy: ___________________
Age: _______ MRN/PHN: ___________________

To be completed within four days of patient discharge via a phone call to the patient’s pharmacy:

1. Was the discharge report provided to the pharmacy?
   - Yes if so when? Date ________ Time: ________
   - No if no, second follow-up date: ________

2. What information was missing or incomplete?
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

3. What other information would be helpful to you in caring for the patient?
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

4. Were any calls needed to clarify medication related question?
   - Yes if so, how many? ________ to whom (nurse/physician/pharmacist etc.)? ________
   - No

Additional follow-up information:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________