ICU – Transfer Medication Reconciliation

Digital Health
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**Digital Health
Quick Reference Guide**

This Quick Reference Guide will explain how to:

Complete **Transfer Medication Reconciliation** for ICU Medical Officers. This will need to be done for ICU admissions and discharges from *within the same WH campus.*

For patients being transferred to a *different WH campus*, complete a **Cross-Encounter Reconciliation** prior to transfer instead. Refer to QRG '*Discharge – Cross-Encounter Transfer (for Medical Officers)*'.

! **Important – Transfer from ICU to ward**

The ICU Medical Officer is responsible for performing the medication reconciliation for both transfers INTO and OUT of ICU.

ICU Transfer Reconciliation

1. Click **Medical Officer View** from the Table of Contents on the left side.

   Medical Officer View

2. *For patients being admitted to ICU:*
   In the **ICU Admit mPage**, scroll down to the **Medications** component**.**

   ICU Admit
   Medications

   For patients being stepped down from ICU to ward:
   In the **ICU Transfer mPage**, scroll down to the **Medications** component.
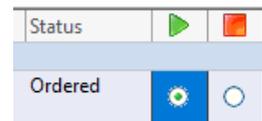
   ICU Transfer
   Medications

3. In Medications, click the **Transfer** blue hyperlink.

   Admission   Transfer   Cross Encounter Transfer

4. This will open the **Transfer Medication Reconciliation** window.

Status	▶	■
Ordered	◉	○

A) Select the **Green Play** (▶) radio button to continue the medication on transfer.

B) Select the **Red Square** (■) radio button to stop the medication on transfer.

		Order Name/Details	Status	▶	■			Order Name/Details
		Orders Prior to Reconciliation						*Orders After Reconciliation*
Medications								
		amiTRYPTYLine (Endep 25 mg oral tablet)	Prescribed	○	○			
		12.5 mg given as 0.5 tab(s), Oral, night, 1 box(es), 0 Refill(s)						
		piperacillin-tazobactam (additive) + Sodium Chloride 0.9% infusion 100 mL	Ordered	○	○			
		4.5 g, 200 mL/hr, IV Infusion, 8 hourly						
		SERTRALine (SERTRALine 100 mg oral tablet)	Documented	○	○			
		1 tab(s), Oral, morning, 30 tab(s), 0 Refill(s)						
		sodium citrate/sodium lauryl sulfoacetate/sorbitol (Microlax Enema rectal solution)	Ordered	○	○			
		1 enema(s), Rectal, daily, PRN: constipation						
Continuous Infusions								
		compound sodium lactate (Hartmann's) infusion (BAG BY BAG) 1,000 mL	Ordered	○	○			
		125 mL/hr, IV Infusion, Stop: 23/03/2023 21:17:00						
		Glucose 5% infusion 1,000 mL	Ordered	○	○			
		125 mL/hr, IV Infusion						
		novoRAPID (additive) 100 unit(s) + Sodium Chloride 0.9% infusion 100 mL	Ordered	○	○			
		TITRATE, IV Infusion						
		Potassium Chloride 10 mmol/100 mL with Sodium Chloride 0.29% infusion (BAG BY BAG) 100 mL	Ordered	○	○			
		200 mL/hr, IV Infusion, Stop: 14/06/2023 14:30:00						
		propOFol (additive) 1,000 mg + Neat Diluent infusion 100 mL	Ordered	○	○			
		TITRATE, IV Infusion						

❗ Important - Difference between Home Medications, Previously Prescribed Medications and Inpatient Medications

In this window, it is important to note the difference in icons:

- 🔲 = Home Medications
- 🔲 = Previously Prescribed Medications
- 🏥 = Inpatient Medications

Home Medications (🔲) and Previously Prescribed Medications (🔲) appear here as they have been previously documented in EMR, but they are **not** part of the current inpatient medication chart (MAR Summary).

- Select ▶ to convert the "Home Medication" or "Previously Prescribed Medication" to an Inpatient Medication
- Select ■ if a "Home Medication" or "Previously Prescribed Medication" is **not** to be continued while inpatient

Most "Home Medications" and "Previously Prescribed Medications" will NOT be continued into ICU, unless there is a clear clinical indication. BEFORE converting to inpatient medications, please confirm with the intensivist.

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5. The right side of the window will display **inpatient orders** <u>after</u> **reconciliation** indicated by the hospital icon 🏥 . It is important to check through these orders carefully to ensure you are continuing what is intended.

Once you are done with the Transfer Reconciliation, click **Reconcile and Sign.**

Reconcile And Sign
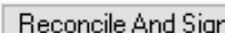
6. Remember to check **MAR** and **MAR Summary** and refresh it to ensure medications are charted as intended.

MAR Summary